Allergy & Anaphylaxis Policy	
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Policy Author	CFOO
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Related documents	• Medical/ first aid • Individual healthcare plans • Allergy action plans • Staff training records

Document Control

Date	Version	Comments
May 2026	V1	Draft policy
July 2026	V2	Approved by Trustees

Contents

1 Purpose and scope

This policy sets out how South Downs Education Trust (SDET) and its schools manage allergies and the risk of anaphylaxis. It applies to all pupils, staff, volunteers and visitors at Worthing High School (WHS) and Clapham and Patching C of E Primary School (C&P).

This policy is required under the statutory guidance 'Supporting children and young people with medical conditions and allergy' (DfE, 2026), which comes into force on 1 September 2026 under Benedict's Law. It sits alongside but is separate from the trust's Medical Conditions Policy.

The policy is intended to ensure that:

- every pupil with a known allergy can attend and participate in school life safely;
- all staff are trained to recognise and respond to allergic reactions, including anaphylaxis;
- emergency medication is available and accessible;
- individual needs are identified, recorded and communicated to all relevant staff; and
- incidents are recorded, reviewed and used to improve practice.

2 Definitions

Term	Definition
Allergy	An immune system response to a substance (allergen) that the body mistakenly identifies as harmful. Allergens include foods, medicines, insect venom, latex and other environmental triggers.
Anaphylaxis	A severe, life-threatening allergic reaction that requires immediate emergency treatment with adrenaline. Symptoms can include swelling of the throat, difficulty breathing, a drop in blood pressure and loss of consciousness.
Adrenaline auto-injector (AAI)	A pre-filled device used to administer adrenaline (epinephrine) in an emergency. Common brands include EpiPen, Jext and Emerade. Schools hold spare AAIs for emergency use on any pupil or adult.

Individual healthcare plan (IHP)	A written plan for a named pupil setting out their medical needs, the arrangements in place to support them and the action to take in an emergency.
Allergy action plan	A specific emergency response plan for a pupil at risk of anaphylaxis, forming part of or attached to their IHP.
Allergy lead	The designated member of staff at each school responsible for coordinating allergy management, training, and policy compliance.

3 Roles and responsibilities

3.1 The trust board

- Approves and reviews this policy.
- Ensures compliance with the statutory guidance and Benedict's Law.
- Receives an annual compliance update from the CFOO.

3.2 The Chief Finance and Operations Officer (CFOO)

- Holds overall operational responsibility for the implementation and monitoring of this policy across both schools.
- Ensures allergy leads are appointed at each school.
- Reports to trustees on compliance.
- Ensures this policy is published on both school websites and kept up to date.

3.3 Headteachers

- Hold day-to-day responsibility for allergy management in their school.
- Ensure the allergy lead has sufficient time and resource to carry out their role.
- Ensure allergy management is embedded in the school's safeguarding and risk management approach.
- Ensure new staff receive allergy training before working unsupervised with pupils.

3.4 The allergy lead (one at each school)

- Co-ordinates the identification of all pupils with known allergies.
- Manages the development, storage and review of individual healthcare plans and allergy action plans.
- Organises and records annual allergy awareness and emergency response training for all staff.
- Manages the supply, storage, expiry checking and replacement of spare AAIs.
- Maintains the incident log and leads on incident review.
- Liaises with families, healthcare providers and catering teams.
- Reports to the headteacher on compliance and any concerns.

3.5 All staff

All staff, regardless of role, have a responsibility to:

- complete allergy awareness and emergency response training annually;
- know the location of spare AAIs in their school;
- be aware of which pupils in their care have a known allergy and understand the basics of their allergy action plan;
- recognise the signs of an allergic reaction and anaphylaxis;
- follow the school's emergency response procedure and call for help immediately if they suspect anaphylaxis;

- report any allergic incident or near-miss to the allergy lead on the same day it occurs.

3.6 Catering staff and contractors

- Must complete the school's allergy awareness training or provide equivalent documented evidence of training that covers the same content.
- Must follow allergen control procedures in food preparation and service, including cross-contamination prevention.
- Must be aware of individual dietary requirements for pupils with known allergies, as communicated by the allergy lead.
- Must report any catering-related allergy incident or near-miss immediately.

3.7 Parents and carers

- Are responsible for notifying the school of any known or suspected allergy at the point of admission or upon diagnosis.
- Must provide up-to-date information about their child's allergens, symptoms and prescribed medication.
- Are asked to contribute to and sign their child's individual healthcare plan and allergy action plan.
- Must ensure any prescribed AAI brought into school is in date and labelled with the pupil's name.
- Must inform the school promptly if there is any change in their child's allergy status or medication.

3.8 Pupils

- Pupils are encouraged, in an age-appropriate way, to understand their own allergies and to tell an adult immediately if they feel unwell or have been exposed to a known allergen.
- Pupils in secondary school who are assessed as competent and whose parents and the school agree may carry their own prescribed AAI. This will be recorded in the pupil's IHP. The school will hold a duplicate spare AAI regardless.

4 Identifying and recording pupils with allergies

The allergy lead at each school will maintain a current register of all pupils with known allergies. This register will be:

- established at the start of each academic year through review of admissions data, transfer information and direct contact with families;
- updated promptly when a new allergy is diagnosed or reported;
- shared in an appropriate format with all staff who supervise those pupils, including cover and supply staff;
- reviewed at the start of each term.

Staff will not rely on a pupil self-reporting an allergy as the sole identification method. The allergy register is the authoritative record.

5 Individual healthcare plans and allergy action plans

Every pupil with a known serious allergy must have an individual healthcare plan (IHP) and an allergy action plan. These documents:

- are co-produced with the family and, where possible, the pupil's GP or specialist;
- record the specific allergen(s), the pupil's typical symptoms, prescribed emergency medication and dosage, and the emergency response required;
- identify whether the pupil carries their own AAI and, if so, where it is kept;

- are reviewed at least annually, at transition between schools or year groups, and following any allergic incident;
- are held by the allergy lead, shared with all staff who supervise that pupil, and are immediately accessible in an emergency;
- are stored securely but not locked away: staff must be able to access them quickly.

Templates for IHPs and allergy action plans are held by the allergy lead. Families will be asked to complete and return forms at the start of each year and on any change in their child's condition.

6 Emergency adrenaline auto-injectors

Under the Human Medicines (Amendment) Regulations 2017, schools may hold spare AAIs without a prescription for emergency use on any pupil or adult experiencing anaphylaxis.

6.1 Procurement and storage

- The allergy lead at each school is responsible for procuring in-date spare AAIs.
- Spare AAIs are stored in [location to be confirmed by each school] - a clearly marked, accessible location known to all staff.
- AAIs must never be stored in a locked room, cabinet or location where access in an emergency could be delayed.
- The storage location must be clearly signposted.

6.2 Stock management

- The allergy lead checks expiry dates at the start of each term and orders replacements in advance of expiry.
- A log of AAI stock, expiry dates and any use is maintained by the allergy lead.
- Following any use of a spare AAI, a replacement is ordered immediately.

6.3 Pupil's own prescribed AAIs

- Pupils who carry their own prescribed AAI must store it in an agreed, accessible location (not locked away).
- The school holds a spare AAI for all pupils at risk of anaphylaxis, including those who carry their own device.
- Parents are responsible for ensuring their child's own AAI is in date and replaced promptly after use or expiry.

7 Staff training

All staff - including teaching staff, support staff, lunchtime supervisors, caretakers, minibus drivers, administrative staff and any other adults working in school - must complete allergy awareness and emergency response training.

Training will cover:

- what allergies are and which allergens are most commonly implicated in severe reactions;
- the difference between a mild allergic reaction and anaphylaxis;
- how to recognise the signs and symptoms of anaphylaxis;
- the school's emergency response procedure;
- how to administer an adrenaline auto-injector;
- the location of spare AAIs in the school; and
- how to record and report an incident.

Training is mandatory on induction for all new staff and must be refreshed annually for all existing staff. The allergy lead maintains a training record confirming the date of training and the name of the provider for every member of staff. Training records will be available for inspection.

Training may be delivered by approved providers including Anaphylaxis UK (AllergyWise for Schools), the Allergy Team or equivalent. Catering staff may additionally complete a Level 2 Allergy Awareness qualification specific to the school catering context.

8 Prevention and risk management

8.1 General environment

- The school does not operate a complete nut-free environment, as this cannot be guaranteed and may give a false sense of security. Instead, the focus is on risk awareness, individual planning and staff training.
- Pupils with known allergies are supported to understand the risks in their environment and to take appropriate precautions.
- Where a specific risk is identified for an individual pupil - for example, a high-risk allergen commonly present in the school environment - specific risk reduction measures will be set out in that pupil's IHP.

8.2 Food in school

- The school catering team follows allergen control procedures in line with the Food Standards Agency guidance and Natasha's Law (Food Information (Amendment) (England) Regulations 2019).
- Pupils with known food allergies have their dietary requirements communicated to the catering team by the allergy lead at the start of each year and on any change.
- Parents are advised that food brought from home for class activities, parties or celebrations could pose a risk to other pupils. Parents will be asked to notify the school in advance of bringing food in, and the allergy lead will advise on suitability.
- Staff are asked not to use food as a reward in classrooms without first checking the allergy register.

8.3 School trips and off-site activities

- Individual allergy action plans must be checked and relevant staff briefed before any off-site activity.
- Spare AAIs must accompany any group that includes a pupil at risk of anaphylaxis.
- At least one member of staff accompanying the group must be trained in AAI administration.
- The risk assessment for the trip must include consideration of allergy risk and emergency access.

8.4 New and undiagnosed reactions

Schools are one of the most common settings for a first-time severe allergic reaction. Not all pupils will have a known allergy at the time of a reaction. For this reason, all staff training covers recognition of anaphylaxis and use of spare AAIs regardless of whether a specific pupil has a known allergy, and spare AAIs are held for use in any emergency.

9 Emergency response procedure

If a pupil is suspected to be having a severe allergic reaction or anaphylaxis, the following steps must be followed immediately.

Step	Action
1	Recognise the signs: swelling of lips, mouth or throat; difficulty breathing or swallowing; hives or widespread redness; vomiting or stomach cramps; pale or floppy (young children); sudden collapse or loss of consciousness.
2	Act immediately. Do not wait for all symptoms to develop. Call for help and do not leave the pupil alone.
3	Administer the adrenaline auto-injector (AAI) as soon as anaphylaxis is suspected. If the pupil has their own prescribed AAI, use it. If not, or if unavailable, use the school's spare AAI. Administer to the outer mid-thigh.
4	Call 999 immediately. State that the pupil is having an anaphylactic reaction. Do not delay calling 999 to observe for improvement.
5	Lay the pupil flat with their legs raised unless they are having difficulty breathing, in which case allow them to sit up. Do not allow them to stand.
6	If no improvement after 5 minutes and a second AAI is available, administer it.
7	Stay with the pupil until the ambulance arrives and hand over the pupil's allergy action plan and details of medication given.
8	Contact the pupil's parents or carers as soon as practicable.
9	Record the incident in the school's incident log on the same day.

No pupil who has received an AAI should be sent home or left unsupervised. Hospital attendance is required following every administration of adrenaline, even if the pupil appears to have recovered, as symptoms can return (biphasic reaction).

10 Incident recording and review

Every allergic incident - including mild reactions, suspected reactions and near-misses - must be recorded in the school's allergy incident log on the day it occurs. The log will capture:

- date, time and location of the incident;
- name of the pupil (or adult) involved;
- suspected or confirmed allergen;
- symptoms presented;
- action taken, including any medication administered;
- outcome;
- whether an ambulance was called; and
- follow-up actions required.

The allergy lead will review the incident log at least termly and will:

- identify any patterns or recurring risks;
- update the relevant pupil's IHP and allergy action plan where necessary;
- consider whether policy, procedures or training require updating;

- brief the headteacher on any significant incidents or emerging concerns; and
- include a summary in the annual compliance report to trustees.

Where an incident involves a serious or unexpected anaphylactic reaction, the CFOO will be notified immediately and may need to consider reporting obligations under RIDDOR or other frameworks.

11 Communication and awareness

- This policy will be published on the website of each school and reviewed annually.
- Parents of all new pupils will be asked to provide allergy information as part of the admission process.
- At the start of each academic year, families of pupils with known allergies will be contacted to confirm details and update or re-sign the IHP and allergy action plan.
- All staff will be briefed on relevant pupils' allergies at the start of each year and when new information comes in.
- Relevant allergy information will be shared with any external provider, trip organiser or contractor who will be working with pupils.
- Pupil allergy information will be treated as confidential and shared only on a need-to-know basis in the interests of the pupil's safety.

12 Monitoring and compliance

The allergy lead at each school will compile an annual compliance summary covering:

- confirmation that an up-to-date allergy register exists;
- confirmation that all known-allergy pupils have a current IHP and allergy action plan;
- training completion records showing all staff trained within the last 12 months;
- AAI stock and expiry date records;
- a summary of incidents in the year; and
- any recommendations for policy or procedural changes.

The CFOO will consolidate the reports from both schools and present a combined trust-level compliance update to the board of trustees in the autumn term each year.

Governors of each school are asked to review allergy safety as part of their annual safeguarding and welfare monitoring cycle.

13 Equality and inclusion

The trust recognises that allergies are a protected characteristic under the Equality Act 2010 where they constitute a disability (broadly, a condition that has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities). The trust will not discriminate against any pupil on grounds of their allergy and will make reasonable adjustments to ensure full participation in school life.

This policy will be applied consistently to all pupils regardless of background. Dietary and allergen needs arising from religious or cultural practice will be treated with the same care as medically confirmed allergies.

14 Policy review

This policy will be reviewed annually by the CFOO and allergy leads and approved by the board of trustees. It will also be reviewed:

- following any significant allergic incident at either school;

- when new statutory guidance or legislation comes into force; or
- when there is a material change in the trust's staffing, school structure or catering arrangements.

15 Appendices

Appendix A: Signs and symptoms of allergic reactions and anaphylaxis

Type of reaction	Possible signs and symptoms
Mild to moderate allergic reaction	Itching, hives or redness of skin; runny nose or sneezing; watery eyes; swelling of lips or face; stomach cramps, nausea or vomiting; tingling or itching in the mouth.
Severe reaction (anaphylaxis) - requires immediate AAI and 999	Swelling of throat or tongue; difficulty breathing, wheezing or stridor; difficulty swallowing; hoarse voice; significant drop in blood pressure; rapid or irregular pulse; pale, grey or blue skin; sudden extreme fatigue or collapse; loss of consciousness. In young children: sudden limpness, going pale or floppy, or becoming unresponsive.

If in doubt, administer the AAI and call 999. Adrenaline is safe to give even if it turns out not to have been needed. Delay is dangerous.

16 Appendix B: The 14 major allergens (as listed under UK food law)

Allergen	Common sources in school settings
Cereals containing gluten (wheat, rye, barley, oats)	Bread, pasta, flour, biscuits, many processed foods
Crustaceans	Prawns, crab, lobster
Eggs	Baked goods, mayonnaise, sauces, pasta
Fish	Fish dishes, sauces, some dressings
Peanuts	Peanut butter, some baked goods, satay sauce, mixed nuts
Soybeans	Tofu, edamame, soy milk, many processed foods
Milk	Dairy products, butter, cheese, cream, many baked goods
Nuts (tree nuts)	Almonds, cashews, hazelnuts, walnuts, pecans, pistachios - in baked goods, chocolate, mixed nuts
Celery	Soups, salads, some stock products
Mustard	Mustard, salad dressings, some sauces
Sesame	Bread, hummus, tahini, some Asian dishes
Sulphur dioxide and sulphites	Dried fruit, some soft drinks, wine, vinegar
Lupin	Some flour, pasta and baked goods
Molluscs	Mussels, oysters, squid, scallops

17 Appendix C: Key contacts

Role	Name	Contact
CFOO (trust-level policy owner)	[Name]	[Email / phone]
Allergy lead - Worthing High School	[To be confirmed]	[Email / phone]
Allergy lead - Clapham and Patching	[To be confirmed]	[Email / phone]
WHS Headteacher	Adrian Cook	[Email / phone]
C&P Headteacher	[Name]	[Email / phone]
NHS emergency services	999	Emergency only
NHS non-emergency advice	111	Non-urgent medical queries