CASTLE CAMPS PRIMARY SCHOOL

ALLERGY SAFETY POLICY

including anaphylaxis management

Policy status	Draft revised policy
Version	2.0
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Date approved by Governing Body	To be completed
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Next review	September 2027, or earlier if required
Senior leader responsible	Headteacher / named allergy safety lead
Governing Body oversight	Named governor / Governing Body
Published	School website and available in hard copy on request

Policy basis. This revision has been prepared in light of the Department for Education statutory guidance, Allergy safety in schools (July 2026), the DfE policy template, the Anaphylaxis UK Allergy Safety Model Policy (July 2026), the Anaphylaxis UK Whole School Allergy Management Risk Assessment and the Individual Healthcare Plan template supplied to the school.

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1. Purpose, scope and statutory context

1.1 This policy sets out Castle Camps Primary School's arrangements for identifying, reducing and responding to allergy-related risks so that pupils with allergies are safe, included and able to participate fully in school life.

1.2 The policy applies to pupils, staff, regular volunteers and visitors where allergy safety arrangements are relevant. It covers food, insect stings, medicines, latex, airborne and contact allergens, and other known triggers.

1.3 Section 34 of the Children's Wellbeing and Schools Act 2026 amended section 100 of the Children and Families Act 2014 to require maintained schools, academies and pupil referral units to have an allergy safety policy, publish it, keep it under review and have regard to statutory guidance on allergy safety.

1.4 This policy should be read alongside the school's policies and procedures for Supporting Pupils with Medical Conditions, First Aid, Health and Safety, Safeguarding, Behaviour and Anti-bullying, Educational Visits, Data Protection and Food/Catering arrangements.

1.5 Allergy is an immune response to a normally harmless substance. Anaphylaxis is a potentially life-threatening allergic reaction that can develop rapidly and may affect the airway, breathing or circulation (ABC).

1.6 Food intolerance and coeliac disease require appropriate dietary management but do not cause anaphylaxis. Asthma may co-exist with allergy and can increase the complexity of an emergency; an asthma plan should therefore be linked to the pupil's IHP where relevant.

2. Aims and core principles

Castle Camps Primary School will:

- Minimise the risk of pupils, staff and visitors coming into contact with their known allergens through proportionate risk assessment and sensible controls.
- Maintain an allergy-aware rather than blanket allergen-ban approach, unless a specific restriction is identified as necessary through an individual or activity risk assessment.
- Ensure that pupils who need additional or different arrangements have these recorded in an Individual Healthcare Plan (IHP).
- Ensure rapid access to prescribed adrenaline and appropriate spare adrenaline devices, with the aim that adrenaline can be brought to the person and administered within five minutes.
- Provide at least annual allergy awareness and emergency response training for all staff who are present when pupils are on site.
- Promote inclusion, participation and wellbeing, including on trips, during sport, in wraparound provision and at school events.
- Record, investigate and learn from serious incidents and near misses in a no-blame, learning-focused way.
- Publish this policy and review it at least annually.

3. Roles and responsibilities

3.1 Governing Body

The Governing Body has overall responsibility for ensuring that the school has an effective, published and regularly reviewed allergy safety policy and that appropriate arrangements are in place to reduce exposure to known allergens and respond to anaphylaxis.

- Receive assurance that the policy is implemented in practice and that allergy safety is considered within the school's wider health and safety arrangements and risk register.
- Ensure the policy is reviewed at least annually and following significant incidents or near misses.
- Receive reports on serious allergy-related incidents and near misses, including lessons learned and actions taken.

- Nominate a governor to maintain oversight of allergy safety and liaise with the Headteacher/allergy safety lead.

3.2 Headteacher / allergy safety lead

The Headteacher retains day-to-day responsibility for allergy safety and may delegate operational tasks to a named member of the senior leadership team. The Headteacher/allergy safety lead will:

- Lead implementation and review of this policy and the whole-school allergy risk assessment.
- Maintain systems for collecting allergy information at admission and when circumstances change, and ensure relevant information is shared promptly with staff and the catering provider.
- Maintain an allergy register recording known allergens, medication, the presence of IHPs and Allergy/Asthma Action Plans, and relevant emergency arrangements.
- Ensure IHPs are created, reviewed and communicated where required.
- Ensure appropriate prescribed and spare medication is accessible, checked and replaced before expiry.
- Ensure all relevant staff receive annual allergy awareness and emergency response training, with induction arrangements for new, supply and cover staff.
- Ensure serious incidents and near misses are recorded, investigated, reported and used to improve arrangements.
- Coordinate with parents/carers, healthcare professionals, catering staff, the EVC, DSL and Health and Safety Adviser as appropriate.

3.3 All staff

- Understand and implement this policy and any relevant IHP, Allergy Action Plan or Asthma Plan.
- Know how to identify pupils with allergies, where emergency medication is kept and how to summon help.
- Complete required training and practise using trainer adrenaline devices.
- Consider allergy risks when planning lessons and activities, including food, craft, science, music, PE, Forest School/field activities and activities involving animals.
- Complete appropriate risk assessments for trips, visits, sporting events and higher-risk curriculum activities.
- Ensure pupils are not excluded unnecessarily and that reasonable adjustments are made.
- Report allergic reactions, serious incidents and near misses promptly.

3.4 Catering staff and food providers

- Comply with relevant allergen and food safety requirements and the school's allergy procedures.
- Maintain current allergen information for menus and communicate unexpected changes promptly.
- Use robust arrangements to identify pupils with allergies at the point of service and to check that the correct meal is given to the correct pupil; the system must not rely on one person alone.
- Prevent cross-contamination during preparation, handling and service.
- Ensure catering and lunchtime staff know how to report a near miss and how to respond if a reaction occurs.
- Work closely with the school and parents/carers where necessary.

3.5 Parents and carers

- Provide accurate, up-to-date information about their child's allergy, previous reactions and treatment at admission and whenever circumstances change.
- Provide any Allergy Action Plan or other clinical advice supplied by a healthcare professional and contribute to the child's IHP.
- Provide prescribed medication in the correct dose and ensure it is in date, including two adrenaline devices where prescribed.
- Inform the school of reactions or significant changes that occur outside school where these may affect school arrangements.
- Work with the school on safe participation in meals, events, trips and other activities.

3.6 Pupils

Pupils will be supported to take an age-appropriate role in managing their allergy. Where appropriate, they should:

- Know their main allergens and tell an adult immediately if they feel unwell or believe they may have been exposed.
- Avoid sharing or swapping food, utensils or food containers.
- Follow agreed arrangements for carrying or accessing medication.
- Take part in creating and reviewing their IHP where appropriate to age and understanding.

3.7 Health and Safety Adviser

- Provide competent health and safety advice and support the school in reviewing risk controls.
- Support audit and review arrangements where required, including learning from incidents and near misses.
- Advise on changes in relevant legislation and guidance.

4. Identification, records and information sharing

4.1 The school will collect medical and allergy information from parents/carers before admission and update it whenever the school is notified of a change. Information from a previous setting will be sought as part of transition where appropriate.

4.2 The school will maintain a controlled allergy register which records known allergens, whether medication is prescribed, where it is kept, and whether the pupil has an IHP, Allergy Action Plan and/or Asthma Plan. Relevant allergy information for staff will be readily available through the school's agreed systems.

4.3 Health information is special category data. Information will be shared only where necessary to keep the pupil safe and included, including with teaching staff, support staff, supply/cover staff, catering staff and trip leaders. Information will be shared in a controlled and respectful way in accordance with the school's data protection arrangements.

4.4 Staff and regular volunteers will be encouraged to disclose any allergy which requires workplace arrangements. Visitors who are likely to be served food or who may need specific safety arrangements will be asked, where appropriate, whether the school should be aware of an allergy.

4.5 Transition information will be shared securely with the receiving setting. A new IHP should be agreed for the new setting rather than assuming that previous arrangements remain appropriate.

5. Individual Healthcare Plans and Allergy Action Plans

5.1 A pupil will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact in school, places them at risk of harm and requires arrangements that are additional to or different from those made generally. This includes pupils who require medication, specific reasonable adjustments or active allergy management.

5.2 The IHP is a school-owned communication and planning document, not a clinical document. It will be co-produced with parents/carers and, where appropriate, the pupil, taking account of advice from healthcare professionals.

5.3 Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Plan, it will be referred to or attached to the IHP. The school will not make clinical judgements or alter clinical instructions.

5.4 IHPs will normally be reviewed at least annually, when there is a relevant change in staff or circumstances, when a revised clinical action plan is received, and following any serious incident or near miss. They will be shared with supply and cover staff where relevant.

5.5 Where a pupil is awaiting diagnosis but requires additional arrangements to remain safe and included, an interim IHP may be created based on the information available, without the school attempting to diagnose the condition.

5.6 The school may use the Individual Healthcare Plan template at Appendix C, adapted to the individual pupil.

6. Allergy awareness and minimising risk

6.1 Castle Camps Primary School will maintain an allergy-aware culture. Blanket bans, including generalised “nut-free” rules, will not normally be relied upon because they can create a false sense of security and do not address the wide range of possible allergens. A specific restriction may be introduced where supported by an individual risk assessment and/or medical advice.

6.2 A whole-school allergy management risk assessment will be completed and reviewed as part of the school's annual policy review and whenever a material change, serious incident or near miss indicates that controls should be reconsidered.

6.3 Staff planning activities will consider the risk of exposure to food, airborne and contact allergens. Particular attention will be given to:

- food used in lessons or rewards;
- cooking and food preparation;
- creative activities using packaging, pasta, seeds, glues or other materials;
- science activities such as bird feeders, planting or experiments involving food or biological materials;
- musical instruments that are shared, particularly mouth-blown instruments;
- PE, playgrounds, the school field and outdoor learning where medication access must remain rapid;
- animals visiting or kept on site;
- visitors, supply staff and contractors who have a pupil-facing role.

6.4 When an activity creates a significant risk for an individual pupil, a specific risk assessment will be completed and reasonable adjustments made so that the pupil can participate safely and inclusively. Cross-contamination, handwashing, cleaning and the location of emergency medication will be considered.

7. Food provision, curriculum activities and school events

7.1 Catering and mealtimes

- The school will provide the catering provider with current allergy information in a timely way and maintain a clear process for updates.
- Current allergen information will be available for menus. Unexpected changes to menus or ingredients that affect a pupil's safe choices will be communicated promptly.
- The catering provider will use a robust identification and checking process at the point of service; this will not depend on a single person recognising the pupil.
- Staff supervising meals will know which pupils have significant food allergies, what controls are in place and how to summon help.
- Pupils will be taught not to share or trade food, utensils or food containers.
- Arrangements will apply equally to school-led breakfast or after-school provision; where a third party provides this service, the school will share this policy and require equivalent arrangements.

7.2 Food brought into school and events

Where food is brought in for birthdays, celebrations, fundraising or PTA events, the organiser must consider allergy risks in advance. The school may restrict particular items or activities where a specific risk assessment identifies this as necessary. Parent/carer permission and alternative safe arrangements will be sought where needed to ensure inclusion.

For events involving food, staff will consider labelling, allergen information, cross-contamination, handwashing and whether food is appropriate for pupils with allergies. Cakes or sweets should not be assumed to be suitable or required as part of celebrations.

7.3 Curriculum food activities

Cooking and food-based curriculum activities will be adapted where reasonably possible so that pupils with allergies can participate. Recipes, ingredients, equipment, preparation surfaces, handwashing and cross-contamination will be risk assessed. Unlabelled food will not be used where allergen information cannot be verified.

8. Medication and prescribed adrenaline devices

8.1 Pupils at risk of anaphylaxis should have rapid access to their prescribed adrenaline devices at all times. In anaphylaxis, adrenaline should be administered as soon as possible and, in practice, within five minutes.

8.2 Where a pupil is competent to self-carry, this will be agreed in the IHP. For younger pupils, or pupils who do not self-carry, medication will be stored in a consistent, clearly identifiable container in an unlocked, readily accessible location known to staff. Medication must never be stored in a way that creates delay in an emergency.

8.3 A pupil's emergency medication kit should normally include:

- Two prescribed adrenaline devices, where prescribed;
- An up-to-date Allergy Action Plan;
- Any prescribed antihistamine or other medicine listed in the Action Plan;
- An asthma reliever inhaler and spacer where relevant and included in the plan.

8.4 Parents/carers are responsible for providing prescribed medication in date. The school will check medication held on site at least termly and will contact parents/carers before expiry. Staff will not withhold emergency treatment because an item is close to expiry if it is the only available medicine and the pupil's action plan indicates its use; emergency services should be contacted and the device instructions followed.

8.5 Adrenaline auto-injectors will be stored at room temperature, protected from extremes of heat and direct sunlight, in accordance with manufacturer instructions. Used auto-injectors will be handed to ambulance staff or disposed of as sharps through the school's approved clinical waste arrangements.

9. Spare adrenaline devices

9.1 Castle Camps Primary School will hold spare adrenaline devices for emergency use. They are not a replacement for a pupil's own prescribed devices.

9.2 Spare devices will be stored in pairs in clearly labelled Emergency Anaphylaxis Kits, readily accessible and not locked away. The school will organise storage so that a pair can be brought to a person experiencing anaphylaxis within five minutes from any routinely used area of the school site.

9.3 The school currently holds four spare adrenaline auto-injectors in the staffroom. Stock will be maintained as appropriate to the age profile of pupils, with pairs of the relevant doses, and the specific brand, dose, quantity and expiry date recorded on the school's medication inventory.

9.4 The allergy safety lead or delegated competent member of staff will check spare devices at least monthly for expiry, damage and (where visible) clarity of solution, and will arrange replacement before expiry or immediately after use.

9.5 In an emergency, a pupil's own prescribed device should be used first where immediately available. A spare device may be used where the pupil has no prescribed device available, a prescribed device is unavailable or misfires, or a first episode of suspected anaphylaxis occurs, in accordance with current law, statutory guidance and the emergency protocol.

10. Educational visits, sport and extracurricular activities

10.1 Pupils with allergies will be enabled to participate in visits, sporting fixtures, clubs and extracurricular activities. Allergy must be specifically considered within the activity risk assessment.

10.2 Risk assessment will consider, as relevant:

- known allergens and the planned activities;
- food provision, packed lunches and cross-contamination;
- prescribed and spare emergency medication and how it will remain immediately accessible;
- the availability of a trained member of staff;
- transport arrangements;
- phone signal or alternative means of summoning help;
- proximity and access to emergency medical care;
- communication with the venue, host school, coach/provider and parents/carers;
- any reasonable adjustments or alternative arrangements required for inclusion.

10.3 Trip leaders will confirm before departure that pupils who require prescribed emergency medication have it available. The EVC and trip leader will decide, through risk assessment, whether additional school spare adrenaline devices should accompany the visit while maintaining suitable coverage for pupils remaining at school.

10.4 For sporting fixtures where food is provided, the school will inform the host of relevant allergies and confirm suitable food and emergency arrangements in advance.

11. Emergency treatment and management of anaphylaxis

11.1 Recognising anaphylaxis

Staff must treat suspected anaphylaxis as a medical emergency. Anaphylaxis can develop very rapidly and may occur without a rash or visible swelling. Serious symptoms are commonly grouped as ABC:

- **AIRWAY -** swelling of the throat or tongue, hoarse voice, difficulty swallowing or throat tightness.
- **BREATHING -** sudden wheeze, breathing difficulty, noisy breathing or persistent cough.
- **CIRCULATION -** dizziness, faintness, sudden sleepiness or confusion, pale or clammy skin, collapse or loss of consciousness.

11.2 Mild or moderate symptoms

Mild or moderate symptoms such as hives, tingling or itching in the mouth, swelling of the lips, face or eyes, stomach pain or vomiting must be taken seriously and managed in accordance with the person's Allergy Action Plan where one is available.

The person must not be left unattended and should be monitored closely because mild reactions can develop into anaphylaxis very quickly.

If symptoms worsen or any AIRWAY, BREATHING or CIRCULATION symptom develops, staff must treat this immediately as suspected anaphylaxis. Give adrenaline without delay and call 999. Do not wait for symptoms to become more severe.

11.3 Individual with an Individual Healthcare Plan and prescribed adrenaline auto-injectors

Where an individual has an Individual Healthcare Plan (IHP), Allergy Action Plan and/or prescribed adrenaline auto-injectors, staff should follow the individual's emergency plan.

If anaphylaxis is suspected:

1. Keep the person where they are, call for help and do not leave them unattended.

2. Lie the person flat with their legs raised. If breathing is difficult, they may sit up or be propped up, but they must not stand or walk.

3. Administer the person's prescribed adrenaline auto-injector immediately. Note the time it was given. Do not delay giving adrenaline. **If in doubt, give adrenaline.**

4. Call 999 immediately and state clearly: 'ANAPHYLAXIS'. The 999 call must not be delayed while waiting to see whether the adrenaline has worked.

5. If there is no improvement after five minutes, administer the second adrenaline auto-injector.

6. If there are no signs of life, commence CPR and follow the emergency call handler's instructions.

7. Contact the parent/carer as soon as possible, **but this must not delay the administration of adrenaline or the 999 call.**

8. The person must be transferred to hospital by ambulance, even if they appear to have recovered.

11.4 Individual without their own adrenaline auto-injector

Anaphylaxis can occur in a person who has not previously been diagnosed with an allergy or who does not have their own prescribed adrenaline auto-injector.

If anaphylaxis is suspected:

1. Keep the person where they are, call for help and do not leave them unattended.

2. Lie the person flat with their legs raised. If breathing is difficult, they may sit up or be propped up, but they must not stand or walk.

3. Bring the school's Emergency Anaphylaxis Kit to the person immediately.

4. Administer the appropriate school spare adrenaline auto-injector without delay, in accordance with current legislation and statutory guidance. Where emergency treatment is required, checking prior consent must not delay potentially life-saving treatment.

5. Call 999 immediately and state clearly: 'ANAPHYLAXIS'. Do not wait to see whether symptoms improve before making the emergency call.

6. If there is no improvement after five minutes, administer a second appropriate adrenaline auto-injector.

7. If there are no signs of life, commence CPR and follow the emergency call handler's instructions.

8. Contact the parent/carer as soon as possible, where the individual is a pupil, **but this must not delay adrenaline or the 999 call.**

9. The person must be transferred to hospital by ambulance, even if they appear to have recovered.

In all cases of suspected anaphylaxis, rapid administration of adrenaline and an immediate 999 call are essential. Symptoms may begin mildly and then deteriorate rapidly. Staff must not wait for a reaction to become severe before acting once anaphylaxis is suspected.

11.5 Allergy and asthma

If a pupil with both a serious allergy and asthma develops breathing difficulties and there is uncertainty about whether the cause is anaphylaxis or asthma, staff should follow the pupil's emergency plan. Where anaphylaxis is suspected, **adrenaline takes priority.**

11.6 Hospital assessment

Anyone treated for suspected anaphylaxis must be taken to hospital by ambulance for medical assessment and observation, even if they appear to have recovered, because symptoms can recur.

11.7 Access to emergency medication

Emergency medication must be brought to the person. A person with suspected anaphylaxis must not be sent to the school office, medical area or elsewhere to collect medication. They must remain appropriately supervised at all times.

12. Training and emergency preparedness

12.1 All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes teaching and support staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and staff who supervise breakfast or after-school provision.

12.2 First aid training alone is not sufficient. Allergy training will cover:

- what allergy is, how reactions occur and the difference between allergy, coeliac disease and food intolerance;
- common food and non-food allergens and the fact that any food can cause a reaction;
- signs and symptoms of allergic reactions and anaphylaxis;
- emergency response, including calling 999 and locating/administering adrenaline and an asthma reliever inhaler;
- use of the types of adrenaline device present in school, including hands-on practice with trainer devices;
- how to use Allergy Action Plans, Asthma Plans and IHPs;
- risk reduction, cross-contamination and responsibilities in curriculum, meals, trips and events;
- how to record and report incidents and near misses;
- wellbeing, inclusion and the impact of living with allergy.

12.3 New staff will receive allergy safety information as part of induction. Supply and cover staff will receive essential information before taking responsibility for pupils, including how to identify relevant pupils and access emergency medication.

12.4 The school will hold an anaphylaxis emergency practice exercise at least annually. The response will be reviewed and any learning used to update procedures. Where appropriate, arrangements will also ensure emergency medication accompanies pupils during fire drills, lockdown practices and real evacuations.

13. Wellbeing, bullying and safeguarding

13.1 The school recognises that allergy and the risk of anaphylaxis can cause anxiety and can affect wellbeing, participation and a pupil's sense of belonging. Staff will provide reassurance through consistent safety arrangements, inclusive planning and age-appropriate education about allergies.

13.2 Bullying, intimidation, teasing, exclusion or deliberate exposure involving a person's allergy will be treated seriously and managed under the school's Behaviour and Anti-bullying policies. Examples include threatening someone with an allergen, deliberately contaminating food or equipment, or excluding a pupil because of their dietary needs.

13.3 Allergy awareness may be addressed through assemblies, PSHE and other age-appropriate learning. Any discussion of an individual pupil's condition will be agreed sensitively with the pupil and parents/carers.

13.4 A safeguarding referral may be considered where an incident or pattern of behaviour indicates that a child is being neglected, abused or placed at increased risk because of their medical condition, including repeated failure to provide essential medication.

14. Serious incidents, near misses and learning

14.1 The school will record allergic reactions, anaphylaxis, medication errors and near misses promptly using iAMCompliant and any other required school or statutory reporting system. A near miss includes an event in which harm was avoided but could reasonably have occurred, such as accidental allergen exposure without symptoms, a labelling error or emergency medication not being available as planned.

14.2 Serious incidents and near misses will be approached in a no-blame, learning-focused way. The school will investigate what happened, whether existing arrangements were followed and whether the policy, IHP, risk assessment, catering arrangements, training or supervision should change.

14.3 Parents/carers and, where appropriate, the pupil will be informed and given an opportunity to contribute to the review. Relevant learning and actions will be documented. The IHP and risk assessments will be updated where necessary.

14.4 The Governing Body will receive appropriate information about serious incidents and near misses. Statutory reporting, including RIDDOR where applicable, will be considered. Where unsafe food supplied by the school may constitute a food safety incident, the school will notify the relevant local authority environmental health service as required.

15. Monitoring, governance and publication

15.1 This policy will be reviewed at least annually and sooner where a serious incident, near miss, change in pupil needs, audit finding, change in law or updated statutory guidance indicates that review is required.

15.2 The whole-school allergy risk assessment, training records, spare medication checks, IHP arrangements and incident/near-miss learning will form part of monitoring and review.

15.3 The policy will be published on the school website, made available in hard copy on request, and communicated to staff, pupils and parents/carers in an appropriate way. All staff will be expected to know and understand the policy as part of annual training.

15.4 Pupils, parents/carers and staff with relevant experience of allergy will be invited to contribute to review where appropriate, so that the policy reflects the practical needs of the school community.

Appendix A - Emergency response summary

MILD OR MODERATE SYMPTOMS ONLY: follow the individual's Allergy Action Plan where available, stay with the person and monitor closely. Mild symptoms can progress rapidly. If symptoms worsen or any AIRWAY, BREATHING or CIRCULATION symptom develops, treat immediately as suspected anaphylaxis.

SUSPECTED ANAPHYLAXIS = LIE FLAT → ADRENALINE WITHOUT DELAY → CALL 999 IMMEDIATELY

- **AIRWAY -** swelling of the throat or tongue, hoarse voice, difficulty swallowing or throat tightness.
- **BREATHING -** sudden wheeze, breathing difficulty, noisy breathing or persistent cough.
- **CIRCULATION -** dizziness, faintness, sudden sleepiness or confusion, pale or clammy skin, collapse or loss of consciousness.

A. Individual with an IHP / prescribed adrenaline auto-injectors

1. Keep the person where they are, call for help and do not leave them unattended.

2. Lie the person flat with legs raised. If breathing is difficult, allow them to sit up or be propped up. Do not allow them to stand or walk.

3. Give the person's prescribed adrenaline auto-injector immediately. If in doubt, give adrenaline.

4. Call 999 immediately and say “ANAPHYLAXIS”. Do not wait to see whether the adrenaline works.

5. Give the second adrenaline auto-injector after 5 minutes if there is no improvement.

6. Start CPR if there are no signs of life and follow the emergency call handler’s instructions.

7. Contact the parent/carer once adrenaline has been given and the 999 call is underway.

8. The person must go to hospital by ambulance, even if they appear to have recovered.

B. Individual without their own adrenaline auto-injector

1. Keep the person where they are, call for help and do not leave them unattended.

2. Lie the person flat with legs raised. If breathing is difficult, allow them to sit up or be propped up. Do not allow them to stand or walk.

3. Bring the school's Emergency Anaphylaxis Kit to the person immediately.

4. Give the appropriate school spare adrenaline auto-injector without delay. Checking prior consent must not delay potentially life-saving treatment.

5. Call 999 immediately and say “ANAPHYLAXIS”. Do not wait to see whether symptoms improve.

6. Give a second appropriate adrenaline auto-injector after 5 minutes if there is no improvement.

7. Start CPR if there are no signs of life and follow the emergency call handler’s instructions.

8. Contact the parent/carer, where the individual is a pupil, once adrenaline has been given and the 999 call is underway.

9. The person must go to hospital by ambulance, even if they appear to have recovered.

KEY REMINDERS: bring medication to the person; do not send them to fetch it. Do not allow a person with suspected anaphylaxis to stand or walk. Contacting parents/carers must not delay adrenaline or the 999 call.

Appendix B - Individual anaphylaxis risk assessment

Complete with parents/carers and the pupil where appropriate. Share with everyone who needs the information to keep the pupil safe. Review at least annually and after a change in condition, serious incident or near miss.

Pupil name:	Date of birth:
Class / year group:	Key worker / teacher:
Date of assessment:	Review due:
Allergy / allergens:	Known triggers / exposure routes:
Allergy Action Plan attached? Yes / No	IHP attached? Yes / No
Prescribed adrenaline devices? Yes / No	Two prescribed devices available? Yes / No
Other prescribed emergency medication:	Asthma Plan / inhaler required? Yes / No
Location of pupil medication:	Location of school spare adrenaline:
Parent/carer contact:	Healthcare professional / school nurse (if involved):

Consider the following activities and record specific controls where needed:

Activity / hazard	Control measures	Who / when
Classroom activities and craft materials		
Cooking / food preparation		
Science activities		
Music / instrument sharing		
Meal times / packed lunches / snacks		
Celebrations and school events		
Indoor and outdoor PE		
Playground / field / outdoor learning		
Animals on site or visiting		
Breakfast / after-school provision		
Offsite trips / sporting fixtures / transport		
Fire drills, lockdown and evacuation		

Activity / hazard	Control measures	Who / when
Visitors / supply staff / cover arrangements		

Emergency response / signs specific to this pupil (read alongside Section 11 and Appendix A):

How the pupil may present:
Action to take:
Additional considerations / reasonable adjustments:

Signatures:

School representative / role:	Date:
Parent/carer:	Date:
Pupil (where appropriate):	Date:

Appendix C - Individual Healthcare Plan template

This template is adapted from the supplied Anaphylaxis UK Individual Healthcare Plan. It should be personalised to the pupil and used with any clinical Allergy Action Plan and/or Asthma Plan.

Name:	Photograph:
Date of birth:	Class:
Emergency contact:	People who need to know:
Information sharing / parental consent:	
Date issued:	Next review:
Last discussed with parents/carers:	
Medical condition / allergy:	
What the condition means for me / known allergens and triggers:	
Physical restrictions or reasonable adjustments, if any:	
How the condition is managed:	
How the condition affects health, learning and wellbeing:	
Meal and snack considerations:	
School arrangements - medication and access:	
School arrangements - awareness and information sharing:	
School arrangements - curriculum and activities:	
School arrangements - staff training:	
School environment and risk reduction:	

Visits, trips, sport and extracurricular activities:
Emergency response (read alongside Section 11 and Appendix A):
Can the pupil recognise worsening symptoms and alert an adult?
Pupil comments:

Signatures:

School: name and role	Date:
Parent/carer	Date:

Appendix D - Whole-school allergy risk assessment arrangements

Castle Camps Primary School will use a whole-school allergy management risk assessment, drawing on the Anaphylaxis UK template supplied to the school, to test whether practical arrangements are robust across the school day and school activities.

The assessment will consider, as relevant:

- medication storage, identification and access within five minutes;
- annual staff training, induction and cover arrangements;
- catering, lunchtime supervision and menu/allergen information;
- breakfast and after-school provision;
- food brought into school, celebrations and PTA events;
- cooking, craft, science, music and other curriculum activities;
- PE, playtimes, outdoor learning and school animals;
- visitors and supply staff;
- day trips, residential visits, transport and sporting events;
- communication systems, emergency services access and nearest medical care;
- learning from incidents and near misses.

Where the whole-school assessment identifies a medium, high or extreme risk, further controls will be identified and implemented before the activity proceeds. Individual risk assessments and IHPs will be used alongside the whole-school assessment where a pupil needs specific arrangements.

Reference documents

- Department for Education, Allergy safety in schools: statutory guidance (July 2026).
- Department for Education, Allergy safety policy - template (July 2026).
- Anaphylaxis UK, Allergy Safety Model Policy (July 2026).
- Anaphylaxis UK, Whole School Allergy Management Risk Assessment (2024).
- Anaphylaxis UK, Individual Healthcare Plan template (2024).
- Department for Education, School food standards: allergy guide (September 2026).
- Department for Education, Supporting pupils with medical conditions at school.