

MOORGATE PRIMARY SCHOOL

Allergy Safety Policy



Policy Co-ordinator	Mrs S Ellis
Designated Governor	Mrs S Yates
Date Implemented	September 2026
Review Date	September 2026
Next Review Date	September 2027

This Policy relates to (see highlighted)	
1.	Creating and maintaining a safe and secure learning environment.
2.	Identifying where there are child welfare concerns and taking action.
3.	Developing children's understanding, awareness and resilience through the curriculum.
4.	Adopting safer recruitment and selection procedures which prevent unsuitable persons from gaining access to children.

Links (Aims and Mission Statement)

<https://www.moorgate.bolton.sch.uk/about-us/mission-statement/>

Version Control

Current version	Previous version	Summary of changes made
Sept 2026		Implemented in line with statutory DfE guidance and 'Benedict's Law' requirements.

Policy review triggers

- at least annually;
- after any serious allergic reaction or anaphylaxis at school;
- after an allergy-related near miss where learning indicates arrangements could be improved;
- following a material change in a pupil's needs or the school site;
- following a change in DfE, DHSC, MHRA, Food Standards Agency, EYFS or Bolton Council guidance;
or
- when regulations are made under section 100B of the Children and Families Act 2014.

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1. Purpose, principles and scope

Moorgate Primary School is committed to providing a safe, inclusive environment in which pupils with allergies can attend, learn and participate fully in school life. Allergy can be a serious medical condition. Anaphylaxis is a potentially fatal medical emergency and requires prompt treatment with adrenaline.

This policy applies across the whole school day and to all school-organised activities, including breakfast and after-school provision, clubs, educational visits, sporting activities and residential visits. It applies to all pupils, including pupils in the Early Years Foundation Stage, subject to the additional requirements of the EYFS statutory framework.

The school will take reasonable and proportionate steps to:

- identify pupils with known or suspected allergies and understand the support they need;
- minimise the risk of exposure to known allergens without unnecessarily excluding pupils from normal school life;
- ensure pupils at risk of anaphylaxis have rapid access to prescribed adrenaline and that suitable spare adrenaline auto-injectors (AAIs) are available;
- ensure staff can recognise an allergic reaction, anaphylaxis and acute asthma, and know how to respond;
- use Individual Healthcare Plans (IHPs) where individual arrangements are required;
- work closely with parents, pupils, healthcare professionals and catering providers;
- promote pupils' wellbeing and address allergy-related stigma, anxiety or bullying; and
- record, review and learn from serious incidents and near misses.

Allergy-aware, not “allergen-free”

Moorgate Primary School cannot guarantee an allergen-free environment. The school will maintain an allergy-aware environment, actively managing identified risks and using individual arrangements where required. Blanket claims such as “nut-free school” can create a false sense of security and are not the school's preferred approach.

2. Legal and statutory framework

This policy has been developed with particular regard to the following legislation and statutory guidance:

- Children and Families Act 2014, section 100 – duty to make arrangements to support pupils with medical conditions.
- Children's Wellbeing and Schools Act 2026, section 34 – allergy safety duties, including the requirement for an allergy safety policy, annual review, publicising and website publication, and particular regard to statutory guidance.
- Children's Wellbeing and Schools Act 2026 (Commencement No. 3) (England) Regulations 2026 (S.I. 2026/933) – section 34 fully in force from 1 September 2026.
- Department for Education, Allergy safety in schools: statutory guidance, July 2026.
- Department for Education, Supporting pupils at school with medical conditions: statutory guidance (current version pending future update).
- Human Medicines Regulations 2012, as amended, including the Human Medicines (Amendment) Regulations 2017, which permit schools to obtain spare AAIs without a prescription for emergency use.
- Equality Act 2010 – severe allergy may amount to a disability; reasonable adjustments and non-discrimination duties may apply.
- Health and Safety at Work etc. Act 1974 and the common law duty of care.
- Education Act 2002 safeguarding duties and Keeping Children Safe in Education, where relevant.
- Food Information Regulations 2014, retained food information requirements and Food Standards Agency allergen guidance, including PPDS labelling requirements commonly known as Natasha's Law.

- Requirements for School Food Regulations 2014.
- Early Years Foundation Stage statutory framework, where applicable.

Moorgate Primary School will also have regard to current Bolton Council procedures and information relevant to school meals, medical needs, health and safety, educational visits and emergency arrangements.

3. Definitions

Term	Meaning
Allergy	An immune-system reaction to a substance that is normally harmless, such as food, an insect sting, a contact allergen, medicine or an airborne allergen.
Allergen	A substance capable of triggering an allergic reaction.
Anaphylaxis	A potentially fatal systemic allergic reaction affecting Airway, Breathing and/or Circulation (ABC). Skin symptoms may be present, but are not required.
Adrenaline device (AD)	A device used to administer adrenaline in an emergency. This includes an adrenaline auto-injector (AAI) and, where individually prescribed, a licensed non-injectable device such as nasal adrenaline.
AAI	Adrenaline auto-injector, for example EpiPen or Jext. Brand and dose vary; staff must follow the device instructions and the pupil's current clinical plan.
Allergy Action Plan	A healthcare-professional-issued plan setting out symptoms and emergency treatment. The school must use the current original clinical plan rather than rewriting clinical instructions.
Individual Healthcare Plan (IHP)	A school plan documenting the individual arrangements required to support a pupil safely and inclusively.
Near miss	An event that did not cause serious harm but had the potential to do so, or exposed a weakness in allergy arrangements.

4. Governance, leadership and responsibilities

4.1 Governing Body

The Governing Body is the appropriate authority responsible for ensuring that the school complies with its statutory allergy safety duties. It will:

- approve and review this policy at least annually;
- ensure the policy is publicised and published as required;
- ensure allergy-related risks are considered within the school's health and safety and risk management arrangements;
- receive appropriate information about serious incidents and near misses while maintaining confidentiality;
- seek assurance that training, emergency medication and individual arrangements are in place; and
- ensure lessons from incidents, drills, complaints and audits are acted upon.

4.2 Headteacher

- has overall operational responsibility for implementation;

- ensures sufficient resources, staffing and training are available;
- ensures the named Allergy Safety Lead has appropriate authority to coordinate arrangements;
- ensures arrangements are in place for emergency response at all times pupils are on site; and
- ensures parents can raise concerns and that complaints are handled appropriately.

4.3 Named Allergy Safety Lead

The named Allergy Safety Lead is the Assistant Headteacher / Health and Safety Lead unless the Headteacher designates another senior leader in writing.

- maintains oversight of this policy, the allergy register and individual plans;
- coordinates whole-school allergy awareness and emergency response training;
- checks that supply, temporary and new staff receive appropriate information and training;
- coordinates audits of prescribed and spare adrenaline devices;
- works with the catering provider, First Aid Lead, SENDCo/EYFS lead and Educational Visits Coordinator as appropriate;
- reviews incidents and near misses and reports learning to the Headteacher and Governing Body; and
- initiates an earlier policy review where circumstances require.

4.4 All staff

- must know and follow this policy;
- must complete required allergy awareness and emergency response training;
- must know how to summon help and where emergency medication is stored;
- must follow a pupil's IHP and current Allergy/Asthma Action Plan where applicable;
- must not delay adrenaline where anaphylaxis is suspected;
- must consider allergen risks when planning lessons, celebrations, trips and other activities; and
- must report allergic reactions, medication use, incidents and near misses.

4.5 Parents and carers

- must tell the school promptly about diagnosed or suspected allergies and any changes;
- must provide the school with current clinical information and Action Plans where available;
- where adrenaline is prescribed, should provide the pupil's two current prescribed devices in line with medical/MHRA advice and agreed school arrangements;
- must ensure prescribed medication supplied to school is in date, labelled and replaced when required;
- must provide up-to-date emergency contacts; and
- should engage with the school and caterer about individual dietary arrangements.

4.6 Pupils

Pupils will be supported to develop age-appropriate independence. Depending on age, maturity and clinical advice, they should:

- tell an adult if they feel unwell or believe they have been exposed to an allergen;
- avoid sharing or swapping food, drinks, bottles or utensils;
- understand, at an age-appropriate level, their known allergens and treatment;
- carry and self-administer medication where this has been agreed as safe in the IHP; and
- seek help for a friend immediately if an allergic reaction is suspected.

5. Identification and allergy register

The school will obtain relevant allergy information on admission, at transition, through annual data-checking arrangements and whenever a parent, pupil, healthcare professional or previous setting provides new information.

The school will maintain a secure allergy register. It will record, as appropriate:

- the pupil's name, year/class and photograph where proportionate and helpful for safety;
- known or suspected allergens and typical symptoms;
- whether the pupil is at risk of anaphylaxis;
- whether the pupil has an IHP, Allergy Action Plan and/or Asthma Action Plan;
- prescribed emergency medication, dose/device as stated on the clinical plan, storage location and expiry dates;
- food or other reasonable adjustments;
- emergency contact details; and
- the date information was last reviewed.

For pupils joining the school, arrangements should be made in time for the start of term wherever possible. For mid-year admissions or newly identified allergies, every effort will be made to put necessary arrangements in place promptly and, where appropriate, within two weeks.

Relevant allergy information may also be sought for staff and visitors where this is necessary for safe food provision or emergency response.

6. Individual Healthcare Plans and clinical plans

A pupil should have an IHP where their allergy has a functional impact in school, places them at risk of harm, and/or requires arrangements that are additional to or different from those made generally. The Headteacher will decide whether an IHP is required in discussion with parents and, where available, relevant healthcare professionals.

The IHP will be developed collaboratively and should cover, as relevant:

- the pupil's needs and the effect of the allergy on health, learning and wellbeing;
- reasonable adjustments and measures to minimise exposure to known allergens;
- food, snack and lunchtime arrangements;
- access to medication and emergency response arrangements;
- arrangements for PE, clubs, trips and residential visits;
- responsibilities of staff, parents and the pupil;
- information-sharing arrangements; and
- review dates and triggers.

Clinical instructions

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, the IHP should refer to or attach the current plan. Staff must not rewrite or simplify clinical instructions in a way that could introduce error. Updated clinical plans trigger a review of the IHP.

IHPs will normally be reviewed at least annually and earlier following a significant reaction, near miss, medication change, new clinical advice or change in circumstances.

7. Allergy awareness and staff training

Moorgate Primary School will provide whole-school allergy awareness and emergency response training at least annually. This is a school requirement adopted in line with the July 2026 DfE statutory guidance. First-aid training alone is not considered sufficient.

Training will be provided to all staff present when pupils are scheduled to be on site, including permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision. Contractors with no pupil-facing role are not normally included.

Training will cover:

- what allergy is, how reactions can occur and the difference between allergy, coeliac disease and food intolerance;
- recognition of mild/moderate allergic reactions, anaphylaxis and acute asthma;
- Airway, Breathing and Circulation (ABC) symptoms and the fact that anaphylaxis can occur without a rash;
- how to summon help and call 999;
- where prescribed and spare emergency medication is kept;
- how to administer the types of adrenaline device used or held by the school;
- the need to give adrenaline promptly and not use an asthma reliever instead of adrenaline for anaphylaxis;
- use of Allergy and Asthma Action Plans;
- risk reduction, food allergen awareness and cross-contamination controls;
- wellbeing, inclusion and allergy-related bullying; and
- incident and near-miss reporting.

New staff will receive allergy information and emergency arrangements as part of induction. Supply and cover staff will be given the information necessary to act safely before taking responsibility for pupils.

The school will retain a training record using Appendix 5. The school will also consider an annual simulated anaphylaxis drill to test how quickly help and medication can reach different areas of the site.

8. Reducing exposure to allergens

The school will take reasonable measures to minimise the risk of individuals coming into contact with known allergens. Measures will be proportionate to individual risk and will not unnecessarily exclude pupils.

- Pupils will be discouraged from sharing or swapping food, drinks, bottles, cups, cutlery or food containers.
- Eating surfaces and relevant preparation areas will be cleaned appropriately; warm soapy water will be used where this is necessary to remove food residues.
- Handwashing will be promoted before and after eating and after activities involving food or known allergens.
- Staff will consider allergies when planning cooking, science, art, craft, sensory play, music and animal-related activities.
- Materials such as play dough, glues, bird feed and used food packaging will be checked where they could contain an allergen relevant to a pupil.
- Food and drink belonging to pupils with allergies should be clearly identifiable where this assists safe practice.
- External providers will be given relevant allergy information where necessary and lawful.
- Specific risk assessments will be completed for higher-risk activities or environments.

No blanket “nut-free” claim

The school may discourage particular foods where this is a reasonable risk-control measure, but will not describe itself as “nut free”. Nuts are only one group of allergens, and a blanket ban may create false reassurance. Moorgate will remain actively allergy-aware and maintain robust emergency arrangements.

9. Food, catering and special diets

The school will ensure that catering arrangements comply with applicable food allergen information and school food requirements. The school will work with the catering provider, the pupil, parents and relevant healthcare professionals to agree appropriate dietary support.

Catering arrangements will include, as applicable:

- current allergen information for food provided;
- effective procedures for identifying pupils requiring a special medical diet;
- controls to reduce cross-contamination during storage, preparation and service;
- checking labels and ingredients when products or recipes change;
- clear identification of special meals and an agreed handover/serving process;
- staff availability to discuss provision with parents where required; and
- clear responsibility at each meal/snack time for checking that the correct food is provided to each relevant pupil.

Where Bolton Council School Meals is the school's catering provider, the school will use Bolton Council's current menu, allergen and special-diet processes and will liaise with the on-site catering manager. Bolton Council publishes current school-meal allergen information and states that its food-service staff receive allergen-control training.

Where food is prepacked for direct sale (PPDS), the school/caterer will follow applicable PPDS labelling requirements, including a full ingredients list with the regulated allergens emphasised. The school recognises these requirements are commonly known as Natasha's Law.

Reasonable dietary adjustments linked to an individual pupil's allergy should be recorded in the IHP where appropriate.

10. Food brought into school and curriculum activities

Food brought into school for packed lunches, birthdays, celebrations, fundraising, clubs, curriculum activities or other events may create additional allergy risk. Therefore:

- pupils must not share or swap food;
- staff must check relevant allergy information before distributing food;
- parents of pupils with significant food allergies should be consulted in advance where food will be shared or offered;
- unlabelled or homemade food will not be given to a pupil with a known food allergy unless a safe individual arrangement has been agreed;
- staff planning cooking or tasting activities must review ingredients and cross-contamination risks in advance;
- alternatives should be used for the whole group where this is a reasonable way to include a pupil safely; and
- food packaging used for craft or junk-modelling activities must be considered as a possible source of allergen residue.

11. Prescribed adrenaline devices

A pupil prescribed adrenaline should have rapid access to their prescribed emergency medication at all times. Current MHRA advice is that people prescribed AAI should have two devices available. The school will plan on the basis that both prescribed devices must be accessible.

Prescribed devices will:

- be in date and stored in accordance with the manufacturer's instructions;
- be clearly identified for the named pupil;
- not be locked away or stored where access is restricted;
- be positioned so they can be brought to the pupil promptly, including at lunch, break, PE and other activities;
- travel with the pupil on school trips and off-site activities in accordance with the IHP; and
- be accompanied by the current Action Plan where this supports safe emergency use.

Depending on age, maturity and clinical advice, a pupil may carry their own medication. Where this is not appropriate, the school will store it safely but make it immediately accessible to staff.

Some pupils may be prescribed licensed nasal adrenaline. Where this occurs, the school will follow the individual's current clinical plan and provide device-specific training. Current rules do not permit the school to purchase nasal adrenaline as school spare stock; school spare stock will therefore be AAI's unless the law changes.

12. School spare adrenaline auto-injectors

Moorgate Primary School will maintain suitable spare AAI's for emergency use. This is adopted as a school requirement in line with the DfE statutory guidance, which states that all schools are expected to stock spare adrenaline devices of the correct dosage for their pupils.

12.1 Minimum stock for a primary school

Pupil age group	Typical spare AAI strength	Moorgate minimum stock
Under 6 years	150 micrograms	One pair (2 devices)
6 years and over	300 micrograms	One pair (2 devices)

The school will consider additional pairs if the size or layout of the site means a pair could not be brought to any likely location within five minutes. Where a school operates across more than one site, appropriate stock should be available on each site.

12.2 Storage and access

- Spare AAI's will be stored in pairs.
- They will be stored at room temperature in accordance with manufacturer instructions, away from direct sunlight and extremes of heat, and will not be refrigerated.
- They will be readily accessible and will not be locked away.
- They will be clearly labelled as school spare devices.
- The school will aim to ensure an AAI can be brought to any pupil experiencing anaphylaxis within five minutes.
- The emergency anaphylaxis kit may also contain instructions, the emergency asthma inhaler/spacers where held, and other locally agreed items.

Emergency kit / stock	Agreed location
Spare AAI pair – 150 micrograms	Corridor outside the Head Teacher's office
Spare AAI pair – 300 micrograms	Corridor outside the Head Teacher's office
Additional pair(s), if required	Mini Moorgate (Tonge Family Hub)

12.3 Checks, replacement and disposal

A named member of staff will check spare AAI's at least monthly using Appendix 2. Checks will confirm presence, correct strength, expiry date, device condition and storage arrangements. Replacement stock will be ordered before expiry and immediately after use or where a device is damaged or misfires.

Used AAI's may be handed to ambulance staff, returned to a pharmacy or disposed of through an appropriate sharps arrangement. Expired devices will be disposed of safely in the same way.

12.4 Purchase of spare AAI's

Schools may purchase spare AAI's without an individual prescription from a pharmaceutical supplier such as a pharmacy. The supplier will require a request signed by the Headteacher/Principal on behalf of the school, stating the school name, quantity required and that the products are required for emergency administration to pupils.

12.5 Use of spare AAI and consent

A spare AAI may be used in an emergency where a person is experiencing anaphylaxis and their own prescribed device is unavailable, cannot be administered, has misfired, or where the person has no prescribed device. The 2026 statutory guidance makes clear that this can include a first presentation of anaphylaxis due to an unrecognised allergy.

Advance parental consent for use of a school spare AAI is good practice and should be recorded where practicable. However, prior consent must not delay life-saving treatment: in a life-threatening emergency, anyone may take reasonable action to save a life.

13. Emergency response: allergic reaction and anaphylaxis

ANAPHYLAXIS = ABC symptoms

Suspect anaphylaxis if there is a sudden problem with Airway, Breathing or Circulation. A skin rash or swelling may occur but is not required. If in doubt whether a reaction is anaphylaxis, treat with adrenaline.

13.1 Mild to moderate allergic reaction

Where symptoms are mild or moderate and there are no Airway, Breathing or Circulation symptoms:

- stay with the pupil and follow the current Allergy Action Plan/IHP;
- give medication such as an authorised oral antihistamine if the plan directs;
- inform the parent/emergency contact;
- observe the pupil in a safe place for at least 60 minutes because a mild reaction can progress; and
- if symptoms progress to ABC symptoms, treat immediately as anaphylaxis.

13.2 Suspected anaphylaxis

1. Stay with the pupil. Send someone to bring the pupil's prescribed adrenaline and the school spare kit. Do not make the pupil walk to the office or to the medication.
2. Position the pupil safely: lie them flat with legs raised. If breathing is difficult they may sit up gently, but they must not stand or walk.
3. Give adrenaline immediately. If the pupil's own prescribed device is immediately available, use it first. If it is not available, cannot be used or misfires, use a school spare AAI.
4. Do not delay adrenaline while seeking consent or while contacting emergency services.
5. Call 999 immediately and state "ANAPHYLAXIS". Give the school address/location and follow the call handler's instructions.
6. Arrange for someone to meet the ambulance and direct paramedics to the pupil.
7. Contact the pupil's parents/carers after emergency treatment has begun.
8. If there is no improvement after 5 minutes, give a second dose of adrenaline using the second prescribed or spare device.
9. If the pupil is known to have asthma and remains wheezy, follow the Allergy/Asthma Action Plan. Never give an asthma reliever instead of adrenaline to treat anaphylaxis.
10. The pupil must be assessed by emergency medical services and should be transferred to hospital following anaphylaxis, even if they appear to recover.

The administration of adrenaline, the time of administration, the device used and all subsequent actions must be recorded. The event must be reviewed as a serious allergy incident.

14. School trips, clubs, sport and residential visits

Pupils will not be excluded from trips, clubs, sport, residential visits or other activities solely because of an allergy. The school will make reasonable adjustments and conduct an individual risk assessment where required.

For a pupil at risk of anaphylaxis, the visit/activity leader will ensure:

- the current IHP and Action Plan have been considered;
- the pupil's two prescribed adrenaline devices accompany them and remain accessible;
- staff know the signs of anaphylaxis and how to administer the device;
- food and allergen exposure risks are considered in advance;
- the location and access to emergency medical care are considered;
- medication is not left inaccessible on a coach, in luggage or in a locked room; and
- where a school spare pair is taken, sufficient spare provision remains available on the school site.

Parents will not routinely be required to attend a visit simply because their child has an allergy.

15. Wellbeing, inclusion and bullying

The school recognises that allergy and the risk of anaphylaxis can affect confidence, wellbeing, attendance and participation. Staff will provide reassurance through clear, reliable arrangements and will involve pupils in decisions at an age-appropriate level.

The school will:

- avoid unnecessary segregation or stigma;
- support pupils to develop safe independence;
- consider the emotional impact of allergy-related restrictions and incidents;
- ensure reasonable adjustments promote participation; and
- respond promptly to allergy-related bullying or threatening behaviour.

Deliberately exposing, threatening to expose, or pretending to expose another pupil to a known allergen will be treated as a serious behaviour and safeguarding concern and addressed under the school's behaviour and anti-bullying procedures.

16. Information sharing and confidentiality

Health information is special category personal data under UK GDPR. The school will hold and share allergy information only where there is a lawful basis and it is necessary to keep the pupil safe or provide appropriate support.

Relevant information may be shared with class staff, teaching assistants, first aiders, lunchtime staff, catering staff, club staff, supply staff, visit leaders and others who need it to act safely. Information will be limited to what is necessary and stored securely.

Parents and pupils will be involved in decisions about information sharing where appropriate. The school will balance confidentiality with the need for staff to identify a pupil and act quickly in an emergency.

17. Serious incidents, near misses and learning

All significant allergic reactions, suspected anaphylaxis, use of adrenaline, failures of emergency equipment, food-allergen errors and significant near misses will be recorded.

The record should include:

- date, time and location;
- people involved and witnesses;
- known or suspected allergen/trigger;
- symptoms and progression;
- medication and device administered, dose and time;
- whether and when 999 was called;
- parent/carer notification;
- outcome and medical follow-up known to the school;
- what went well, what did not work and any immediate corrective action; and

- whether the IHP, risk assessment, training, catering arrangements or this policy need review.

Parents and healthcare professionals may also report incidents or near misses that become apparent after the pupil has left school. These reports will be taken seriously and incorporated into the review.

The Allergy Safety Lead will determine whether the event meets any external reporting requirement, including RIDDOR or food-safety reporting, and will report to the relevant body where the statutory criteria are met.

Serious incidents and material near misses will be reported to the Headteacher and Governing Body in an appropriately anonymised or confidential manner.

18. Unacceptable practice

It is unacceptable for the school to:

- prevent or delay a pupil's access to prescribed emergency medication;
- send a pupil who may be experiencing anaphylaxis to fetch help or medication;
- delay adrenaline while waiting for a parent or for 999 to be called;
- assume every pupil with the same allergy requires identical arrangements;
- ignore current medical advice or a pupil's current clinical Action Plan;
- unnecessarily prevent a pupil with allergy from attending lunch, clubs, trips, sport or other activities;
- routinely require a parent to attend school or a visit to administer medication;
- penalise a pupil for absence or appointments related to a medical condition without considering the circumstances and relevant duties;
- share health information more widely than is necessary; or
- treat an asthma inhaler as a substitute for adrenaline in anaphylaxis.

19. Communication and publication

From 1 September 2026 the Governing Body must ensure the policy is made generally known within the school and to parents, brought to the attention of pupils, parents and all persons working at the school at least annually, and published on the school website.

Moorgate Primary School will therefore:

- publish the current policy on the school website;
- make a hard copy available on request;
- include allergy safety in annual staff training and induction;
- remind parents of the policy and their responsibility to update medical information at least annually;
- raise age-appropriate awareness with pupils without singling out individual children; and
- ensure regular volunteers and relevant external staff receive the information needed for their role.

20. Complaints

Parents or pupils who are concerned about allergy arrangements should raise the matter promptly with the class teacher, Allergy Safety Lead or Headteacher so that any immediate safety issue can be addressed. Formal complaints will be considered under the school's Complaints Policy. A complaint or concern involving an allergy safety failure will also be considered as a potential incident or near miss for learning purposes.

21. Monitoring, audit and governor assurance

The Allergy Safety Lead will complete at least an annual allergy safety audit and provide assurance to the Headteacher/Governing Body. Monitoring should include the items below.

Area	Assurance required	RAG / outcome	Action / owner / due date
Policy	Approved, published, communicated and review date current		
Allergy register	Up to date; new admissions and changes captured		
IHPs / Action Plans	Current, accessible to relevant staff, reviews completed		
Prescribed adrenaline	Two devices available where prescribed; expiry and access checked		
Spare AAls	Correct strengths, pairs, in date, accessible and within five minutes		
Training	All relevant staff completed annual awareness/emergency training		
Catering	Allergen information and special-diet process understood		
Trips / clubs	Risk assessments and medication arrangements effective		
Incidents / near misses	Recorded, investigated and learning closed out		
Communication	Website, parents, pupils, staff and volunteers covered		

22. Key sources and references

The following sources were checked when this policy was prepared. The school should use the current version of each source when reviewing the policy.

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

<https://www.gov.uk/government/publications/allergy-safety-in-schools> (published 6 July 2026)

Children's Wellbeing and Schools Act 2026 – section 34 –

<https://www.legislation.gov.uk/ukpga/2026/21/section/34>

Children's Wellbeing and Schools Act 2026 (Commencement No. 3) (England) Regulations 2026 – S.I. 2026/933

– <https://www.legislation.gov.uk/uksi/2026/933/made>

Department for Education – Supporting pupils at school with medical conditions –

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Department of Health and Social Care – Using emergency adrenaline auto-injectors in schools –

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Department for Education – Allergy guidance for schools / school food standards resources –

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

Food Standards Agency – PPDS allergen labelling guidance for schools, colleges and nurseries –

<https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries>

Bolton Council – School meals – <https://www.bolton.gov.uk/school-information/school-meals>

Bolton Council – School meals downloads and current allergen information –
<https://www.bolton.gov.uk/downloads/download/34/school-meals>

Appendix 1 – Anaphylaxis Emergency Procedure

ANAPHYLAXIS IS A MEDICAL EMERGENCY

If a pupil has sudden Airway, Breathing or Circulation (ABC) symptoms, give adrenaline without delay. A rash is NOT required. If in doubt, treat for anaphylaxis.

1	STAY WITH THE PUPIL. Call for help. Bring the pupil's adrenaline and the school spare kit to them. Do not make them walk.
2	POSITION SAFELY. Lie flat with legs raised. If breathing is difficult, allow gentle sitting up. Do not let the pupil stand or walk.
3	GIVE ADRENALINE NOW. Use the pupil's prescribed device if immediately available; otherwise use a school spare AAI. Do not wait for consent or for 999.
4	CALL 999. Say "ANAPHYLAXIS". Give the exact school location and follow instructions. Send someone to meet the ambulance.
5	SECOND DOSE AFTER 5 MINUTES if there is no improvement.
6	CONTACT PARENTS after emergency treatment has started. Continue to monitor breathing and responsiveness.
7	HAND OVER TO PARAMEDICS. Record the event, medication and times. The incident must be reviewed.

Remember

Never give an asthma reliever instead of adrenaline for anaphylaxis. If a pupil with food allergy and asthma suddenly has breathing difficulty, consider anaphylaxis.

School spare AAI location(s):

School address / location information for 999:

Appendix 2 – Monthly Spare AAI Check Record

Complete at least monthly and additionally after use, damage, stock replacement or a change of storage location. Check that devices are present, the correct strength, in date, intact and stored correctly. Record and close out any action.

Academic year: _____ Primary location: _____ Checker(s): _____

Month	Date	150 µg pair present/in date	300 µg pair present/in date	Storage / access OK	Expiry dates recorded	Action required / replacement	Initials
Sep							
Oct							
Nov							
Dec							
Jan							
Feb							
Mar							
Apr							
May							
Jun							
Jul							
Aug							

- ☐ Both devices in each pair are present and sealed/intact.
- ☐ Correct strengths are held for the school's age range.
- ☐ Expiry dates leave sufficient time to order replacements.
- ☐ Devices are at room temperature and protected from sunlight/extreme heat.
- ☐ Devices are not locked away and remain rapidly accessible.
- ☐ Signage/labels clearly distinguish school spare devices from named pupils' medication.
- ☐ A pair can reach all relevant areas of the site within five minutes.

Appendix 3 – Allergy / Anaphylaxis Incident and Near-Miss Form

Use for significant allergic reactions, suspected anaphylaxis, use/misfire/unavailability of adrenaline, food-allergen errors, or any event that could reasonably have caused serious harm.

Date / time	
Location	
Pupil / person involved	
Class / year	
Known allergy / trigger(s)	
What happened?	
Known or suspected allergen / exposure route	
Symptoms and progression	
Medication given (device / dose / time)	
Was a school spare AAI used?	☐ Yes ☐ No If yes, strength: _____
999 called?	☐ Yes ☐ No Time: _____
Parent / carer informed?	☐ Yes ☐ No Time: _____
Outcome / medical follow-up known	
Witnesses / staff involved	
Immediate actions taken to make safe	
Completed by / date	

Review and learning

Classification	☐ Serious incident ☐ Near miss ☐ Other
What worked well?	
What failed / could be improved?	
IHP / Action Plan review needed?	☐ Yes ☐ No
Risk assessment / catering / training review needed?	☐ Yes ☐ No
External reporting considered	☐ RIDDOR ☐ Food safety ☐ Healthcare professional ☐ Other: _____
Actions / owner / deadline	
SLT / governor reporting completed	Date: _____ By: _____

Appendix 4 – Individual Allergy Risk Assessment

This risk assessment supports, but does not replace, an IHP or healthcare-professional-issued Allergy/Asthma Action Plan.

Pupil / class / year	
Assessment date / review date	
Assessor(s) / parent involvement	
Known allergen(s) / trigger(s)	
Type of reaction / previous severity	
Is anaphylaxis a known risk?	☐ Yes ☐ No ☐ Under investigation
Prescribed medication / where stored	
Current Allergy / Asthma Action Plan	☐ Attached ☐ Not applicable Date issued: _____
Activities / locations where exposure could occur	
Existing controls	
Further controls / reasonable adjustments required	
Trips / clubs / PE / dining specific arrangements	
Emergency response / staff who need to know	

Risk rating and action plan

Hazard / scenario	Who may be harmed and how?	Current controls	Further action	Owner / due date

Overall residual risk after controls: ☐ Low ☐ Medium ☐ High

Parent / carer consulted: _____ Pupil consulted (where appropriate): _____

Assessor signature: _____ Headteacher / Allergy Safety Lead: _____ Date: _____

Appendix 5 – Allergy Awareness Training Record

Record annual whole-school allergy awareness and emergency response training, including practical familiarisation with the adrenaline devices used or held by the school. Retain evidence of the training content/provider where available.

[illegible]

Minimum training coverage checklist: allergy awareness • mild/moderate reaction • anaphylaxis/ABC • 999 response • location of medication • prescribed and spare adrenaline devices • second dose after 5 minutes • acute asthma • IHP/Action Plans • risk reduction • food allergen awareness • wellbeing/bullying • incident and near-miss reporting.