



St Nicholas Catholic Primary School

Allergy Safety Policy

Standalone policy under Benedict's Law

DfE statutory guidance: Supporting Children and Young People with Medical Conditions and Allergy (2026)

Reviewed annually · Published on school website

Policy type	Standalone Allergy Safety Policy (separate from the Medical Conditions Policy)
Statutory basis	Section 100, Children and Families Act 2014; Benedict's Law (Children's Wellbeing and Schools Act 2026); DfE statutory guidance 2026
Named governor	Siobhan Doherty
Named SLT lead	SENCO
Date adopted	September 2026
Review date	September 2027 (or sooner following a serious incident or near miss)
Published on website	Yes

1. Introduction and Rationale

St Nicholas Catholic Primary School is committed to the safety, wellbeing and full inclusion of every pupil, member of staff and visitor. We recognise that allergic conditions — including potentially life-threatening anaphylaxis — require clear, consistent and well-communicated arrangements to keep everyone safe.

This policy is a standalone Allergy Safety Policy, required separately from the school's Medical Conditions Policy by Benedict's Law and the Department for Education's statutory guidance Supporting Children and Young People with Medical Conditions and Allergy (2026). It applies to all pupils, staff and visitors on school premises and during all off-site activities.

This policy is named in honour of Benedict Blythe, a five-year-old who died from anaphylaxis at school in December 2021. His death and the campaigning of his family through the Benedict Blythe Foundation led to Benedict's Law, passed in February 2026. We are committed to ensuring that no child at our school is ever put at risk through lack of awareness, preparedness or swift action.

Anaphylaxis is a medical emergency.

Any pupil or adult experiencing anaphylaxis must receive an adrenaline auto-injector immediately and an ambulance must be called without delay. Do not wait to see if symptoms improve on their own.

2. Aims of This Policy

This policy aims to:

- Ensure all pupils, staff and visitors with allergies are identified and their needs are known to relevant staff;
- Minimise the risk of exposure to known allergens across all school environments and activities;
- Ensure all staff receive mandatory annual allergy awareness and emergency response training;
- Ensure appropriate adrenaline auto-injectors (AAIs), including school-owned spare devices, are held on site and are accessible;
- Ensure pupils at risk of anaphylaxis have Allergy Individual Health Care Plans (AIHCPs) including an Allergy Action Plan;
- Ensure the school responds promptly and correctly to allergic reactions and anaphylaxis;
- Support the wellbeing and full inclusion of pupils with allergies in all aspects of school life;
- Embed allergy safety in educational visits, The Hive after-school club, and all out-of-classroom activities;
- Record, report and learn from serious incidents and near misses.

3. Scope of This Policy

This policy applies to all pupils, teaching and support staff, lunchtime supervisors, site staff, The Hive staff, supply staff, volunteers, governors and visitors. It covers the school day, all wraparound provision and all off-site activities.

The following forms of allergy are in scope:

- Food allergy — including the 14 major allergens required to be declared under food information law: celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts and tree nuts, sesame seeds, soya, sulphur dioxide and sulphites;
- Allergic rhinitis and allergic conjunctivitis where they require management in school;
- Skin allergies including contact dermatitis and urticaria (hives);
- Insect venom allergy (e.g. bee or wasp stings);
- Drug or latex allergy, where relevant to the school environment;
- Oral allergy syndrome.

Food intolerance and coeliac disease — while requiring careful dietary management — are not typically associated with anaphylaxis. These are covered under the school's Medical Conditions Policy and food provision arrangements rather than this Allergy Safety Policy.

4. Roles and Responsibilities

4.1 The Governing Body

- Is responsible for ensuring this standalone Allergy Safety Policy is in place, published on the school website and reviewed at least annually;
- Appoints a named governor with lead responsibility for allergy safety;
- Ensures allergy safety is included on the school's risk register;
- Allocates sufficient resources for staff training, spare AAls and policy implementation;
- Receives reports of serious incidents and near misses and ensures learning is acted upon.

4.2 The Headteacher

- Has day-to-day responsibility for the implementation of this policy;
- Appoints a named senior leader with responsibility for allergy safety;
- Ensures all staff complete mandatory annual allergy awareness and emergency response training;
- Ensures school-owned spare AAls are obtained, stored correctly, in date and accessible;
- Ensures IHCPs are in place for all pupils with a diagnosed allergy;
- Reports serious incidents and near misses to the governing body and, where required, to the HSE.

4.3 Named SLT Lead for Allergy Safety (SENCo)

- Maintains an up-to-date register of all pupils, staff and known visitors with allergies;
- Co-ordinates the development and annual review of Individual Healthcare Plans;
- Oversees staff training and maintains training records;
- Monitors the storage, expiry and replacement of spare AAls and pupils' own prescribed devices;
- Ensures all relevant staff are aware of the allergy needs of pupils in their class or setting;
- Supports the safe management of food provision, school trips and after-school provision;
- Records and reports serious incidents and near misses.

4.4 All Staff (including lunchtime supervisors, site staff, The Hive staff and supply staff)

- Complete mandatory annual allergy awareness and emergency response training;
- Are aware of which pupils in their care have allergies and the nature of those allergies;
- Know the location of school-owned spare AAls and pupils' own prescribed devices;
- Can recognise the signs of a mild-moderate allergic reaction and of anaphylaxis;
- Know the school's emergency response procedure and their individual role within it;
- Report any allergic reaction or near miss to the SLT lead and complete an incident record;
- Never give food to a pupil without checking allergy information first.

4.5 Parents and Carers

- Inform the school of any diagnosed or suspected allergy at admission or as soon as a diagnosis is made;
- Provide up-to-date medical information and, where relevant, a written allergy action plan from a healthcare professional, and update the school promptly if this changes;
- Provide two in-date prescribed AAls to be held in school at all times (where prescribed);
- Ensure prescribed AAls are in date and replace them promptly when required;
- Work with the school to develop and review their child's Individual Healthcare Plan;
- Inform the school of any changes to their child's allergy, triggers or medication.

4.6 Pupils

- Are supported, at an age-appropriate level, to understand their own allergy and how to manage it;
- Are encouraged to carry their own AAls where appropriate and agreed in their IHCP;
- Know to tell a member of staff immediately if they think they are having an allergic reaction;
- Are supported, not stigmatised, in relation to their allergy.

5. Identifying Pupils, Staff and Visitors with Allergies

5.1 At Admission

- All parents and carers are asked to declare any allergies as part of the school's admissions and medical information process;
- The school does not wait for a formal diagnosis before putting arrangements in place. If a parent reports a suspected allergy, the school acts on this information promptly;
- Allergy information is shared with all relevant staff — including lunchtime supervisors, The Hive staff and supply staff — before or on a pupil's first day.

5.2 Ongoing Identification

- A confidential register of pupils with allergies is maintained and updated at least termly by the SLT lead;
- Parents are asked to notify the school immediately if their child's allergies, triggers or prescribed medication change;
- Allergy information is communicated to all relevant staff at the start of each academic year and whenever a new pupil joins mid-year;
- Photographs of pupils with a significant anaphylaxis risk are displayed securely in relevant areas — including the school kitchen and medical room — for the benefit of all staff.

5.3 Staff and Visitors

- Staff with allergies are encouraged to inform the school so that appropriate adjustments can be made;
- Visitors and contractors are asked to declare any allergies that may require emergency treatment on their arrival.

6. Individual Healthcare Plans and Allergy Action Plans

6.1 Who Requires an IHCP

Any pupil with a diagnosed allergy that requires the school to put arrangements in place will have an Individual Healthcare Plan. This includes all pupils with a known or suspected risk of anaphylaxis, pupils with food allergies requiring dietary management in school, and pupils with allergic conditions that significantly affect their participation in school life.

6.2 Contents of an IHCP

Each IHCP will include:

- The pupil's name, date of birth, photograph and class;
- Details of the allergy and known triggers;
- Symptoms of a mild-moderate reaction and of anaphylaxis for that pupil;
- Details of prescribed medication, including the name, dose and administration route of any AAI;
- An Allergy Action Plan setting out the emergency response procedure;
- Details of the pupil's ability to self-manage and any support required;
- Storage location of the pupil's prescribed devices;
- Emergency contact details;
- Signatures of the parent or carer, the pupil (where appropriate) and the SLT lead.

6.3 Allergy Action Plans (Allergy IHCPs)

All pupils at risk of anaphylaxis will have an Allergy Action Plan as part of their IHCP. This is a brief, visual document — ideally produced or provided by a healthcare professional — that sets out the allergen(s) to avoid, the signs of a mild-moderate reaction and the initial response, and the signs of anaphylaxis and the emergency response including AAI use and 999 call. Allergy Action Plans are kept with or adjacent to the pupil's AAIs and are accessible to all relevant staff.

6.4 Development and Review

- IHCPs are developed in collaboration with parents or carers, the pupil (where appropriate) and with input from relevant healthcare professionals;
- IHCPs are reviewed at least annually, at the start of each academic year;
- IHCPs are also reviewed following any change in the pupil's condition, following a serious incident or near miss, or at the request of the parent, pupil or healthcare professional;
- Copies of the IHCP are provided to parents and held securely in school. Relevant information is shared with all staff with responsibility for that pupil.

7. Minimising the Risk of Allergen Exposure

The school cannot guarantee an allergen-free environment. Our aim is to reduce risk to a reasonable and practical level through a proactive, whole-school approach.

7.1 General Principles

- Allergy information is shared with all relevant staff, including supply staff, at the start of each year and on joining mid-year;
- A risk assessment is completed for any activity involving food, including cooking lessons, charity events, celebrations, trips and EYFS activities;

- Art, science and other curriculum activities that may involve allergens (e.g. clay, latex gloves, egg, nuts) are risk assessed and adapted where necessary.

7.2 Food Provision

- The school's catering provider is informed of all pupils' food allergies and must demonstrate compliance with the 14 major allergen labelling requirements under food law;
- The kitchen maintains allergy information for all pupils receiving school meals and displays individual allergy information for pupils at highest risk;
- Staff serving food are trained in allergen awareness and know which pupils have allergies;
- Cross-contamination risks in food preparation are actively managed. Separate utensils and surfaces are used for pupils with severe allergies where required;
- Pupils with food allergies are supervised at lunchtime by staff who are aware of their needs;
- The school requests that parents do not send food into school containing the specific allergen of any pupil at risk of anaphylaxis. This is communicated annually via the school newsletter and on the school website.

7.3 Celebrations, Events and Class Treats

- Any food brought in for celebrations or class events must be declared to the class teacher before being shared;
- Staff do not give food as a reward without first checking allergy information.

7.4 Curriculum Activities

- Risk assessments for art, DT, science and EYFS activities include consideration of potential allergens;
- Where a pupil's IHCP identifies a specific risk, activities are adapted and alternative materials are used;
- Parents are informed in advance of activities involving their child's known allergen.

8. Staff Training

⚠ Annual allergy awareness and emergency response training is mandatory for ALL staff from September 2026.

This includes all teaching staff, support staff, lunchtime supervisors, site staff and The Hive after-school club staff.

8.1 Annual Training for All Staff

All staff will complete annual training covering:

- What allergies are and the most common allergens associated with serious reactions;
- How to identify pupils with allergies and where to find their IHCP and Allergy Action Plan;
- How to minimise the risk of allergen exposure;
- Recognising the symptoms of a mild-moderate allergic reaction and of anaphylaxis;
- The school's emergency response procedure;

- How to use an adrenaline auto-injector (AAI), including the location of all spare devices;
- When and how to call 999.

Training is provided annually by a recognised provider. Both face-to-face and online training (e.g. Anaphylaxis UK's AllergyWise for Schools) are acceptable under Benedict's Law. Where online training is used, the school will obtain a free trainer AAI device from the EpiPen or Jext websites for practical familiarisation.

8.2 Additional Training

- Staff with additional responsibilities in relation to specific pupils receive further practical training in line with that pupil's IHCP;
- The Hive after-school club staff receive the same level of mandatory training as school staff;
- New staff and supply staff are briefed on allergy information and emergency procedures before working independently with pupils;
- New staff complete full allergy training as part of their induction.

8.3 Training Records

- The SLT lead maintains a training log recording each staff member's name, training completed, provider and date;
- Training records are reviewed annually and any gaps are addressed before the start of each academic year.

9. Recognising Allergic Reactions

All staff must be able to distinguish between a mild-moderate allergic reaction and anaphylaxis. The table below sets out the key symptoms. A reaction can develop rapidly. If in doubt, always treat as anaphylaxis.

MILD TO MODERATE REACTION	ANAPHYLAXIS — SEVERE (CALL 999 IMMEDIATELY)
Runny or blocked nose	Swelling of throat, tongue or lips (not just face)
Watery, itchy or red eyes	Difficulty breathing, wheezing or noisy breathing (stridor)
Sneezing	Difficulty swallowing or speaking
Rash, hives or itchy skin	Sudden drop in blood pressure — dizziness or faintness
Swelling of face or lips (not throat)	Loss of consciousness or collapse
Stomach pain, nausea or vomiting	Turning pale, blue or grey
Tingling in the mouth	Rapid, weak or absent pulse

Important: Anaphylaxis can occur in children with no previous history of a severe reaction. Always check the allergy register — but never assume that a child who

is not on the register cannot have a severe reaction. Symptoms can progress from mild to life-threatening very quickly.

10. Emergency Response Procedure

⚠ In any suspected anaphylaxis — CALL 999 FIRST, then administer the AAI.
Do not wait to see if the child improves. Do not send the child to the office. Bring help to the child.

10.1 Response to a Mild-Moderate Allergic Reaction

1. Stay with the child. Do not leave them alone.
2. Remove or avoid the allergen if it can be identified safely.
3. Administer antihistamine if prescribed in the child's IHCP.
4. Monitor the child closely — symptoms can progress rapidly to anaphylaxis.
5. Inform the SLT lead and contact the child's parent or carer.
6. Complete an incident record.

If symptoms worsen at any point, or if you are uncertain whether the child is having anaphylaxis — treat as anaphylaxis immediately.

10.2 Response to Suspected Anaphylaxis

7. **Call 999 immediately. State clearly that the child is having an anaphylactic reaction.**
8. Administer the pupil's own prescribed AAI (or a school spare AAI) without delay. Use the mid-outer thigh. Hold for 10 seconds. Note the time.
9. Lay the child flat with their legs raised. If they are struggling to breathe or are vomiting, support them in a sitting position. Do not stand them up or allow them to walk.
10. Send a second adult to meet the ambulance at the school entrance.
11. If there is no improvement after 5–10 minutes, administer a second AAI if available.
12. Inform the Headteacher and contact the child's parent or carer.
13. Pass the used AAI device(s) to the paramedics and give them the child's IHCP or Allergy Action Plan.
14. Complete a serious incident record as soon as possible after the emergency.

Even if the child appears to recover after an AAI is administered, the 999 call must still be made. Children must be assessed in hospital following any episode of anaphylaxis. Never send a child home without medical assessment following a suspected anaphylactic reaction.

11. Adrenaline Auto-Injectors (AAIs)

11.1 Pupils' Own Prescribed Devices

- Parents are required to provide two in-date, prescribed AAI devices for their child to be held in school;
- Devices are stored in an agreed, accessible location recorded in the pupil's IHCP;

- AAls are labelled with the pupil's name and are checked termly for expiry by the SLT lead;
- Parents are informed when their child's AAls are approaching their expiry date and asked to replace them promptly;
- Where agreed in the IHCP, pupils may carry their own AAI in a suitable pouch or bag;
- Pupils' prescribed AAls must accompany them on all educational visits and off-site activities.

11.2 School-Owned Spare AAls (Benedict's Law requirement)

From September 2026, the school is required to hold school-owned spare AAls that can be used on any pupil or adult experiencing anaphylaxis on the premises. These are not a second set of a named child's devices.

AAI Type (school-owned spare)	Quantity Required
150 micrograms (EpiPen Junior / Jext 150) — for under 6 years	Two spare devices
300 micrograms (EpiPen / Jext 300) — for 6 years and over	Two spare devices

- Spare AAls are available in the office and at the bottom of the UKS2 stairs. The location is known to all staff and clearly signed;
- Spare AAls are checked termly for expiry. When a device expires or is used, it is replaced promptly;
- Spare devices are obtained under The Human Medicines (Amendment) Regulations 2017, which permits schools to hold AAls without a prescription;
- All staff are trained in the use of spare AAls as part of annual mandatory training.

12. Educational Visits, Trips and Off-Site Activities

- A pupil's prescribed AAls (both devices) must accompany them on every off-site activity without exception;
- The risk assessment for every educational visit includes consideration of allergy risks specific to the location, activity and pupils attending;
- The risk assessment will also consider whether it is appropriate to take one of the school's spare AAI devices;
- At least one member of staff on every off-site activity must have completed allergy awareness and emergency response training including AAI use;
- The lead staff member for each trip is briefed on which pupils have allergies and is provided with a copy of relevant IHCPs and Allergy Action Plans;
- Where a visit involves food (e.g. packed lunch, cafe, restaurant, farm visit), the allergy risk is specifically assessed and managed;
- Pupils with allergies are not excluded from any trip or activity. Reasonable adjustments are made to enable full participation;
- The Headteacher or governing body retains responsibility for approving any residential or overseas trip.

13. The Hive After-School Club and All Wraparound Provision

- The same allergy safety standards that apply during the school day apply in full to The Hive and any other wraparound provision;
- The Hive club lead and all staff working in The Hive complete the same mandatory annual allergy awareness training as school staff;
- The Hive maintains a copy of the allergy register and relevant IHCPs for all pupils attending each session;
- Pupils' prescribed AAIs are accessible during all Hive sessions;
- Any food provided during The Hive is managed in accordance with pupils' allergy information;
- Any allergic reaction occurring during a Hive session is recorded and reported immediately to the SLT lead and to the child's parent or carer.

14. Recording, Reporting and Learning from Serious Incidents

14.1 Recording

The school records all serious incidents and near misses involving an allergic reaction. A serious incident includes any episode of anaphylaxis; any allergic reaction requiring AAI administration; any significant reaction where an AAI was not administered; and any situation where a pupil was exposed to a known allergen even if no reaction occurred (a near miss).

Records include: the date, time and location; the pupil or individual involved; details of the incident; the response taken; and any follow-up actions.

14.2 Reporting

- A copy of any serious incident report is provided to the pupil's parent or carer within 24 hours;
- The governing body is informed of any serious incident at the next available meeting, or sooner where significant concerns are raised;
- Where an incident meets the RIDDOR threshold, it is reported to the HSE;
- Any incident involving a suspected allergen in food provided by a third-party supplier is reported to the relevant food safety authority.

14.3 Learning from Incidents

- Following any serious incident or near miss, the SLT lead reviews this policy and the specific arrangements that were in place;
- The outcome of the review is reported to the governing body;
- Where the review identifies gaps in training, policy or procedure, these are addressed without delay;
- This policy is updated where necessary following any review, and the revised version is published on the school website.

15. Wellbeing of Pupils with Allergies

We recognise that living with a significant allergy — particularly one that carries a risk of anaphylaxis — can cause anxiety for pupils and their families. Our school is committed to:

- Ensuring pupils with allergies feel fully included and are not made to feel different or singled out;
- Celebrating diversity and actively preventing bullying or stigmatisation related to a pupil's allergy;
- Taking seriously any reports of anxiety or distress from pupils or parents related to allergy management;
- Supporting pupils, at an age-appropriate level, to understand their allergy and build confidence in managing it;
- Ensuring pupils with allergies participate in all school activities, events, trips and clubs on an equal basis;
- Using language that is supportive, non-stigmatising and builds confidence in pupils and their families;
- Providing pastoral support, including access to the SENCO or pastoral lead, for any pupil experiencing distress related to their allergy.

16. Unacceptable Practice

In line with the DfE statutory guidance (2026), the following practices are unacceptable and must not occur at St Nicholas Catholic Primary School:

- Preventing a pupil from accessing or using their prescribed medication, including their AAI, when needed;
- Sending a pupil experiencing an allergic reaction to the school office unaccompanied. Help must come to the child;
- Delaying AAI administration or the call to 999 in any suspected case of anaphylaxis;
- Excluding a pupil from a trip, event, club or activity because of their allergy, without making reasonable adjustments;
- Giving food to a pupil without first checking their allergy information;
- Assuming all pupils with the same allergen require identical support;
- Ignoring the concerns of a parent, carer or pupil about allergy management;
- Penalising a pupil's attendance record for absences related to their allergy or medical treatment;
- Requiring parents to come into school to administer medication where the school can appropriately do so;
- Dismissing a reported allergy because a formal diagnosis has not yet been confirmed.

17. Equality Act 2010

Many allergic conditions — particularly those carrying a risk of anaphylaxis — constitute a disability under the Equality Act 2010 where they have a substantial and long-term adverse effect on normal day-to-day activities. The school has a duty to make reasonable adjustments, both anticipatory and for specific individuals, to ensure that pupils with allergies are not placed at a substantial disadvantage. The school will not discriminate against any pupil, member of staff or visitor on grounds of allergy.

18. Communication and Confidentiality

- Allergy information is held securely in line with the school's data protection and GDPR policy;

- Allergy information is shared with staff on a need-to-know basis. All staff who work with a pupil need to know about their allergy;
- The school communicates sensitively and clearly with parents about their child's allergy management;
- General allergen guidance relevant to all families (e.g. guidance on food brought into school) is communicated annually via newsletter and on the website;
- Individual allergy information is not disclosed to other parents or third parties without the consent of the parent and, where appropriate, the pupil.

19. Related Policies

This policy should be read alongside the following school policies:

- Medical Conditions Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Educational Visits Policy
- Food and Nutrition Policy
- Equality and Accessibility Policy

20. Policy Review

This policy will be reviewed and approved by the governing body at least annually, with the next scheduled review due September 2027. It will also be reviewed earlier in response to any serious incident or near miss; a change in statutory guidance; a significant change in school circumstances; or at the request of a parent, pupil or healthcare professional. The reviewed policy will be published promptly on the school website and shared with all staff.

St Nicholas Catholic Primary School

Allergy Incident / Near Miss Record

Completed under Section 14 of the Allergy Safety Policy (Benedict's Law, 2026)

Complete this form as soon as possible after the event. For any anaphylaxis or AAI use, also complete the actions in Sections 7–8 and inform the parent/carer within 24 hours.

1. Type of Record (tick all that apply)

☐ Anaphylaxis (severe reaction)	☐ Reaction requiring AAI administration
☐ Significant reaction — AAI NOT given	☐ Mild–moderate allergic reaction
☐ Near miss — exposure to a known allergen, no reaction	☐ Other (specify in Section 4)

2. Person Involved

Name		Pupil / staff / visitor	
Class / year (if pupil)		Known allergy?	☐ Yes ☐ No ☐ Suspected
On allergy register / has IHCP?	☐ Yes ☐ No	Suspected allergen	

3. When and Where

Date		Time	
Location			
Setting	☐ Classroom ☐ Lunch/dining ☐ Playground ☐ The Hive ☐ Off-site trip ☐ Other		

4. Details of the Incident

What happened, what the suspected trigger/allergen was, and how it came to staff attention:

Symptoms observed:

5. Response Taken

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First-aid steps used: ☐ Stayed with the child ☐ Removed allergen ☐ Antihistamine given ☐ Inhaler given ☐ Laid flat, legs raised

6. Adrenaline Auto-Injector (AAI) and 999

Was an AAI administered?	☐ Yes ☐ No	Device used	☐ Own ☐ School spare
Time 1st AAI given		Time 2nd AAI (if given)	
Was 999 called?	☐ Yes ☐ No	Time 999 called	
Administered by / who called 999			
Reminder: any pupil who has received an AAI or had suspected anaphylaxis MUST be assessed in hospital, even if they appear to recover. Never send the child home without medical assessment.			

7. Immediate Outcome

Outcome: ☐ Recovered, stayed in school ☐ Collected by parent/carer ☐ Taken to hospital by ambulance ☐ Other

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8. People Informed

Informed	Done?	Date / time / by whom
Parent / carer (within 24 hours)	☐ Y ☐ N/A	
Named SLT lead for allergy safety	☐ Y ☐ N/A	
Headteacher	☐ Y ☐ N/A	
Governing body (next meeting, or sooner)	☐ Y ☐ N/A	
Reported to HSE (if RIDDOR threshold met)	☐ Y ☐ N/A	
Reported to food safety authority (third-party food)	☐ Y ☐ N/A	

9. Follow-Up Actions and Learning

Actions taken to prevent recurrence; any changes to the IHCP, risk assessment, training or this policy:

Action	By whom / by when

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IHCP reviewed/updated as a result? ☐ Yes ☐ No ☐ N/A

Policy reviewed as a result? ☐ Yes ☐ No

10. Completed By / Reviewed By

Role	Name	Signature	Date
Completed by			
Reviewed by SLT lead			

Appendix 2

Allergy ICHP

Child's Name: Alex Taylor (fictional example)	
Date of birth: 14/03/2017	PUPIL PHOTOGRAPH (example only)
Year / class: Year 5 / Class 5	
Emergency contacts: Parent/Carer 1 – 07700 900123 Parent/Carer 2 – 07700 900456	
Staff who need to be aware: Class teacher, teaching assistants, office staff, lunchtime staff, SENCO/SEND Team, Hive staff, PE/Forest School staff, visit leaders and relevant supply/visiting staff on a need-to-know basis.	
Allergy information: Diagnosed IgE-mediated allergy to peanut and cashew. Risk of anaphylaxis following ingestion; cross-contact must be considered. Typical reaction: Mild/moderate signs may include hives, facial/lip swelling, itchy mouth, abdominal pain or vomiting. Severe signs may include throat/tongue swelling, persistent cough, wheeze or breathing difficulty, dizziness, pallor, floppiness or collapse.	
Has this allergy been diagnosed by a medical professional? YES	
Has an Epi-Pen/adrenaline auto-injector been prescribed for this allergy? YES – two AAls prescribed; see current allergy action plan.	
How the allergy is managed: Avoid peanut and cashew; check ingredient/allergen information; prevent food sharing; use good hand hygiene and appropriate surface cleaning; follow the pupil's current allergy action plan. Care or action plans / prescribed medication: Current BSACI/healthcare-professional allergy action plan held in school. Two prescribed adrenaline auto-injectors (AAls) available and kept with the pupil's emergency medication. Child's responsibility: Tell an adult immediately if they think they have eaten an allergen or feel unwell; do not share food; check with an adult before eating unfamiliar food. The child is not expected to manage an emergency alone.	
Impact on education: No expected impact on learning when agreed controls are in place. Anxiety around unfamiliar food or activities may require reassurance and advance planning.	

Arrangements for support: Relevant staff are informed of the allergy and know where the pupil's AAls and action plan are kept. Emergency medication remains readily accessible and moves with the pupil.

Specific support and adaptations: Risk assess food-based lessons, celebrations, cookery, Forest School and other activities involving food. Check ingredients in advance and provide a safe alternative where needed without unnecessarily excluding the pupil.

Measures to reduce the risk of contact with known allergens: No food sharing; allergen information checked; hands washed with soap and water before/after eating where appropriate; tables/equipment cleaned; staff supervise food activities and reduce cross-contact risk.

Support at meal and snack times: Catering/lunchtime staff are aware of the allergy. The pupil eats food confirmed as suitable, does not share food or utensils, and is supervised appropriately without being unnecessarily isolated from peers.

Maintaining educational progress: Full access to the curriculum and wider school life. If an allergic reaction or related medical absence affects attendance, school will support catch-up/reintegration as required.

Trip risk assessment – allergy management

Control measures: Visit leader confirms two in-date prescribed AAls, action plan and emergency contacts are taken; relevant adults are briefed; food arrangements and allergen controls are checked in advance; medication remains immediately accessible throughout the visit.

Emergency response: Follow the pupil's allergy action plan. Stay with the pupil and send for emergency medication/help immediately.

What to do if anaphylaxis is suspected: Give an AAI without delay, call 999 and state 'anaphylaxis'. Lie the pupil flat with legs raised; if breathing is difficult, allow them to sit up. Do not let them stand or walk. If there is no improvement after 5 minutes, give the second AAI if available. Contact parents/carers and remain with the pupil until the ambulance arrives.

Spare adrenaline device: A school spare AAI may be used in line with the school's Allergy Safety Policy and current guidance if the pupil's own device is unavailable or does not work, where the required consent/arrangements are in place.