

Allergy Safety Policy 2026

St Paul's CofE Primary School & Nursery

Learning in God's Love

Purpose

To reduce allergy-related risk, ensure rapid and effective emergency response, and enable children with allergies to participate fully and safely in school life.

Policy owner	Headteacher - named senior leader for allergy safety
Operational coordination	School Business Manager and Office Team
Approval	Governing Body
Effective from	1 September 2026
Review cycle	At least annually and sooner where learning from an incident or near miss indicates this is needed
Next scheduled review	August 2027

"Stand firm in the faith; be courageous; be strong. Let all that you do be done in love."

1 Corinthians 16:13-14

Be Ready – Be Safe – Be Kind

Contents

1. Statement of intent and scope
 2. Legal and statutory framework
 3. Definitions
 4. Leadership and responsibilities
 5. Identifying allergy and planning individual support
 6. Allergy awareness, training and induction
 7. Minimising exposure to allergens
 8. Food allergy and catering
 9. EYFS arrangements
 10. Prescribed adrenaline and emergency medication
 11. School spare adrenaline devices
 12. Responding to allergic reactions and anaphylaxis
 13. Visits, trips and off-site activities
 14. Wellbeing, inclusion and bullying
 15. Serious incidents and near misses
 16. Information sharing and confidentiality
 17. Unacceptable practice
 18. Monitoring, governance and review
- Appendix A - Pupil allergy information and consent form
- Appendix B - Allergy incident / near-miss review record
- Appendix C - St Paul's Kitt Medical and Benedict's Law operational arrangements

1. Statement of intent and scope

St Paul's CofE Primary School & Nursery is committed to ensuring that children with allergies are safe, included and able to participate fully in school life. Allergy can be serious and, in some cases, life-threatening. The school will therefore identify known allergy, reduce foreseeable risks, plan individual support where required and maintain robust emergency arrangements for anaphylaxis.

The school cannot guarantee an allergen-free environment. Our approach is risk-based: we take reasonable and proportionate steps to reduce exposure to known allergens while avoiding practices that unnecessarily isolate children or create a false sense of security.

This policy applies across the school day and to school-led activities, including Nursery and Reception, lessons, lunch and breaktimes, clubs, educational visits, residential activities and other off-site provision. It also informs arrangements with catering and external providers operating on the school site.

Core principle

Allergy safety is a whole-school safeguarding and inclusion responsibility. It is not solely a catering, first-aid or office function.

2. Legal and statutory framework

This policy has regard to current legislation and statutory guidance, including:

- Children's Wellbeing and Schools Act 2026, section 34 (commonly referred to as Benedict's Law), including the duty to have, publish, publicise and review an allergy safety policy at least annually
- Children and Families Act 2014, section 100, as amended
- DfE (6 July 2026), Allergy safety in schools - statutory guidance issued under section 100 of the Children and Families Act 2014, as amended
- DfE statutory guidance: Supporting pupils at school with medical conditions
- The Human Medicines Regulations 2012, as amended, including provisions for emergency adrenaline auto-injectors and emergency asthma inhalers
- The Food Information Regulations 2014 and Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Early Years Foundation Stage statutory framework, where applicable
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- UK GDPR and Data Protection Act 2018
- Keeping Children Safe in Education

This policy should be read alongside the school policies and procedures for Supporting Pupils with Medical Conditions, First Aid, Food Safety/Hygiene and Dietary Needs, Educational Visits, Health and Safety, Safeguarding and Child Protection, Behaviour/Anti-Bullying, Data Protection and EYFS welfare arrangements.

3. Definitions

Allergy: an immune-system response to a substance that is normally harmless to most people. Allergies may include food, medication, insect venom, animal dander, pollen, latex and other contact or airborne allergens.

Allergen: a substance capable of triggering an allergic reaction in a susceptible person.

Allergic reaction: the body's response to an allergen. Symptoms may be mild or moderate but can progress unpredictably.

Anaphylaxis: a severe, potentially life-threatening allergic reaction involving Airway, Breathing and/or Circulation (ABC). It requires immediate adrenaline and a 999 ambulance response.

Adrenaline device (AD): a prescribed or emergency device that delivers adrenaline. This may include an adrenaline auto-injector (AAI) or, where prescribed, another licensed adrenaline device.

Near miss: an event that caused no harm but had clear potential to cause a serious allergy-related incident if circumstances had been slightly different.

Coeliac disease and food intolerance require appropriate dietary management but are not allergies and cannot themselves cause anaphylaxis. They are supported through the school's wider medical and dietary arrangements.

4. Leadership and responsibilities

Governing Body

- Ensures the school has a dedicated, published allergy safety policy and has regard to the DfE statutory guidance.
- Receives assurance that allergy-related risks are actively managed and that sufficient staff training and resources are in place.
- Receives periodic information on serious incidents and near misses and ensures learning is acted upon.
- Ensures this policy is reviewed at least annually.

Headteacher - named senior leader for allergy safety

- Has overall responsibility for implementation of this policy and for promoting a whole-school culture of allergy safety.
- Ensures allergy-related risks are considered within the school risk-management framework.
- Ensures staff receive at least annual allergy awareness and emergency response training and appropriate induction.
- Ensures arrangements are in place for identifying pupils with allergy, producing IHPs where required, rapid access to medication and emergency response.
- Ensures the policy is published and understood by staff and is reviewed in light of incidents, near misses, changes in guidance and the needs of the school community.

School Business Manager / Office Team

- Maintains central records of known allergies, IHPs, Allergy Action Plans, medication and consent.
- Coordinates medication receipt, storage, expiry checks and replacement arrangements.
- Maintains and checks school spare adrenaline devices and associated records.

Be Ready – Be Safe – Be Kind

- Administers the school's Kitt Medical arrangements, including the Kitt portal, check/expiry reminders, reporting use of spare adrenaline devices and ensuring replacement stock is in place.
- Ensures relevant information is available to staff who need it while respecting confidentiality.

All staff

- Complete required allergy awareness training and know how to summon help and locate emergency medication.
- Read and follow this policy and any relevant IHP/Allergy Action Plan.
- Take reasonable steps to reduce exposure to known allergens when planning lessons, activities, snacks, events and trips.
- Remain alert to signs of allergic reaction and act immediately if anaphylaxis is suspected.
- Report allergy-related incidents and near misses promptly.

Catering staff and providers

- Comply with food-allergen information law, food hygiene requirements and agreed school procedures.
- Maintain accurate allergen information, ingredient traceability and cross-contamination controls.
- Use a reliable process to identify pupils with dietary requirements and ensure the correct meal is served to the correct child.
- Notify the school promptly of ingredient, supplier or menu changes that could alter allergen risk, and report errors or near misses.

Parents and carers

- Provide accurate and current information about their child's allergy, known triggers, symptoms and treatment.
- Provide current medication and clinical plans where prescribed, and replace medication before expiry.
- Inform school promptly of any diagnosis, change in symptoms, treatment, medication or clinical advice.
- Work with school on the child's IHP and risk-management arrangements.

Pupils

Children will be supported, in an age- and developmentally appropriate way, to understand their allergy, avoid known triggers, seek help promptly, not share food or medication, and take increasing responsibility for self-management where safe and appropriate. Responsibility for safety remains with adults and is not transferred to the child.

5. Identifying allergy and planning individual support

The school will actively identify children with allergy on admission, during transition and whenever a new allergy is diagnosed or suspected. Information may be obtained from parents/carers, the child, previous settings and healthcare professionals.

- Known allergy, triggers and typical symptoms.
- Whether the child has prescribed medication or adrenaline devices and where these are kept.
- Whether an Allergy Action Plan and/or Asthma Action Plan has been issued by a healthcare professional.
- Whether the child requires an Individual Healthcare Plan (IHP).
- Key emergency contacts and any reasonable adjustments required.

Be Ready – Be Safe – Be Kind

A current record of pupils with known allergy will be maintained. Relevant staff will have access to the information they need to keep the child safe, including appropriate cover, supply, lunchtime, club and trip staff.

Individual Healthcare Plans

An IHP will be put in place where a pupil has an allergy that has a functional impact in school, creates a risk of harm, and requires arrangements additional to or different from those made generally. IHPs will be personalised and co-produced with the child and parents/carers, with reference to current healthcare advice.

- A current photograph and emergency contact details.
- Known allergens and how the allergy affects the child.
- Practical risk-reduction measures and reasonable adjustments.
- Medication, storage, access and consent arrangements.
- Emergency response arrangements and the location of school spare adrenaline.
- Arrangements for lessons, meals, clubs, trips and transitions.
- The extent to which the pupil can self-manage safely.
- Review arrangements.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be attached to or clearly referenced by the IHP. Staff will follow the current clinical plan rather than rewriting clinical instructions in a way that could introduce error.

Where allergy is suspected but clinical advice is not yet available, the school will not dismiss the concern. Proportionate interim arrangements will be agreed with the pupil and parents while appropriate medical advice is sought.

6. Allergy awareness, training and induction

All staff who are present while pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision. First-aid training alone is not treated as sufficient allergy awareness training.

St Paul's uses Kitt Medical's online CPD-accredited Allergy and Anaphylaxis Training as its core annual allergy-awareness programme. Completion is mandatory for all relevant school staff and is tracked through the Kitt Medical portal and the school's staff-training records.

The Kitt Medical course is supplemented by a short St Paul's practical briefing. This covers the location and access arrangements for the school's Anaphylaxis Kitt(s), pupils' own prescribed medication, the allergy register and IHP/Action Plans, the school emergency response, use of a trainer adrenaline pen and the school's incident/near-miss reporting route.

New starters complete the Kitt Medical training as part of induction. Supply, agency, peripatetic and other temporary staff receive the essential St Paul's local allergy briefing before or at the start of pupil-facing work; regular or longer-term temporary staff are also expected to complete the full Kitt Medical course.

Training will ensure staff can:

- understand common allergy risks and how exposure can occur;
- distinguish allergy from food intolerance and coeliac disease;

Be Ready – Be Safe – Be Kind

- recognise mild/moderate reactions and signs of anaphylaxis involving Airway, Breathing or Circulation;
- locate and use relevant Allergy Action Plans, IHPs and emergency medication;
- administer an adrenaline device in an emergency and understand that adrenaline should not be delayed;
- call 999 and communicate effectively with parents/carers after immediate emergency action;
- reduce foreseeable allergen exposure and report incidents and near misses.

New staff will receive allergy-safety information as part of induction. Supply, agency and cover staff will receive proportionate information before or at the start of pupil-facing work, including emergency procedures and the location of emergency medication. Where a child requires a delegated clinical procedure beyond normal school-level allergy safety arrangements, any additional competency requirements will be met separately.

7. Minimising exposure to allergens

The school will take reasonable, proportionate steps to minimise exposure to known allergens. Controls will be tailored to the individual and the nature of the allergen; blanket bans will not be relied upon as the primary safety control unless a specific risk assessment identifies a justified need.

- Staff planning cooking, food tasting, craft, science, gardening, sensory play, music or animal-related activities will consider known allergy risks in advance.
- Food sharing will be discouraged and children will be taught not to swap food, drinks or medication.
- Hands and eating surfaces will be cleaned appropriately before and after food. Cleaning arrangements will be suitable for removal of food residues and avoidance of cross-contact.
- Reasonable measures will be taken for contact or airborne allergens, such as animal dander, pollen, latex or other identified triggers, based on individual risk assessment.
- Parents will be reminded to provide clear ingredient information where food is brought into school for an organised activity and the school will retain the right not to serve food where allergen status cannot be established safely.
- Allergy will be considered in individual and activity risk assessments, including external visitors and providers where relevant.

8. Food allergy and catering

The school and its catering provider will maintain clear allergen information and safe processes for purchasing, storing, preparing, cooking and serving food. The 14 regulated allergens will be identified in accordance with food-information law and pre-packed-for-direct-sale food will comply with Natasha's Law requirements.

- Current allergen and dietary information will be shared securely with catering staff and relevant lunchtime staff.
- A clear checking process will identify who is responsible for confirming that the meal or snack provided meets each child's requirements.
- Meal and snack service will use more than one reliable check to identify pupils with known allergies or dietary restrictions, for example the current school allergy/dietary record alongside the catering provider's own dietary information. Any discrepancy must be resolved before food is served.
- Ingredient or menu substitutions will be checked before service; assume that a replacement product has the same allergen profile.

Be Ready – Be Safe – Be Kind

- Cross-contact risks will be reduced through appropriate storage, preparation, cleaning and utensil/equipment controls.
- Where allergen information is uncertain, the food will not be served to the affected pupil until its suitability is confirmed.
- Food-related allergen errors and near misses will be reported and reviewed.

The school does not describe itself as "allergen-free" or "nut-free" unless this can genuinely be guaranteed. Families and staff may be asked not to bring particular high-risk foods into a specific setting where an individual risk assessment supports this, but such measures do not replace supervision, training, emergency medication or individual planning.

9. EYFS arrangements

For children within the Early Years Foundation Stage, the school will additionally meet EYFS welfare requirements relating to food and allergies. Before admission, information will be obtained about special dietary requirements, food allergies, intolerances and health needs. This information will be kept up to date and shared with staff involved in preparing, handling or serving food.

- At each meal and snack time, staff will be clear who is responsible for checking that the food provided meets each child's requirements.
- Children will be appropriately supervised while eating and the school's safer-eating procedures will be followed.
- Relevant IHPs and Allergy Action Plans will be developed and reviewed with parents/carers and health professionals where appropriate.
- All EYFS staff will know the symptoms and treatment of allergy and anaphylaxis and understand that allergies can develop at any time.

10. Prescribed adrenaline and emergency medication

Children prescribed adrenaline devices should have rapid access to them at all times. In an anaphylaxis emergency, adrenaline must be brought to the child and administered as soon as possible; the child must not be sent to fetch medication or made to walk to another location.

- Pupils who are able to self-carry safely will be encouraged to do so following individual assessment and agreement with parents/carers and, where appropriate, healthcare professionals.
- Where a pupil is not able to self-carry, medication will be stored in an unlocked, clearly identified and readily accessible location known to staff.
- Clinical advice recommends that people at risk of anaphylaxis have access to two doses of adrenaline. School arrangements will reflect the pupil's current prescription and Action Plan.
- Medication will be stored according to manufacturer instructions and protected from inappropriate temperature or light.
- Expiry dates will be monitored and parents/carers asked to replace prescribed medication before it expires.
- Where a pupil has a prescribed non-injectable adrenaline device, the school will follow the current clinical plan. A school spare AAI may be used in an emergency where permitted by current guidance and law.

11. School spare adrenaline devices

The school maintains spare adrenaline auto-injectors for emergency use in accordance with the Human Medicines Regulations and current DfE/DHSC guidance. St Paul's currently provides this emergency stock through the Kitt Medical Anaphylaxis Kitt service.

- Each St Paul's Anaphylaxis Kitt is supplied with two 150 microgram and two 300 microgram adrenaline auto-injectors, giving a pair at each primary-school dose. Stock levels will remain appropriate to the pupil cohort, site layout and current clinical/manufacture guidance.
- The Anaphylaxis Kitt(s) will be wall-mounted, clearly identified and immediately accessible in an emergency. Access arrangements must not depend on locating a senior member of staff or delay treatment.
- Arrangements will ensure that an appropriate pair of adrenaline devices can be brought to any child experiencing anaphylaxis within five minutes. Site layout will be reviewed to determine whether more than one storage point is required.
- Spare devices and the Kitt will be physically checked at least monthly and after any use/opening for presence, condition, accessibility and expiry. Kitt Medical portal reminders and automatic expiry replacement support the process, but the school remains responsible for confirming that emergency stock is present and usable.
- Any use of a Kitt adrenaline device will be reported promptly through the Kitt Medical portal to trigger replenishment, alongside completion of the school's own incident/near-miss review record.
 - Used or expired AAls will be disposed of safely as sharps or handed to ambulance staff as appropriate.
 - The location of spare AAls will be communicated to all staff and included in induction/training.
- The current location(s) of the Anaphylaxis Kitt(s) will be recorded on the school's emergency-equipment information and staff briefing materials. The site arrangement will be tested so an appropriate pair of devices can be brought to any pupil experiencing anaphylaxis within five minutes.

Emergency consent

Advance consent for use of a school spare adrenaline device should be recorded where practicable. However, the Human Medicines Regulations do not require prior consent before a spare adrenaline device is used in a life-threatening emergency. Anyone may take reasonable action to save a life; treatment must not be delayed while checking consent.

12. Responding to allergic reactions and anaphylaxis

Mild to moderate reaction

Possible symptoms include swollen lips/face/eyes, itchy or tingling mouth, hives or itchy rash, abdominal pain or vomiting, mild throat tightness or a sudden change in behaviour. Staff will follow the child's current Action Plan/IHP, remain with the child, administer medication where authorised and appropriate, inform parents/carers, and observe the child in a safe place for at least 60 minutes because symptoms can progress.

Anaphylaxis - Airway, Breathing or Circulation (ABC)

Signs may include swelling of the throat or tongue, hoarse voice, difficulty swallowing, sudden wheeze, persistent cough, breathing difficulty, noisy breathing, dizziness, faintness, sudden sleepiness/confusion, pale clammy skin or collapse. A skin rash does not have to be present.

IF IN DOUBT, TREAT FOR ANAPHYLAXIS

Give adrenaline immediately. Do not wait for 999 advice before giving adrenaline. Delayed adrenaline is associated with poorer outcomes.

1. Keep the person flat with legs raised unless their Action Plan or immediate clinical circumstances require a different safe position. Never allow a person experiencing anaphylaxis to stand or walk.
2. Bring the person's prescribed adrenaline device to them and administer it immediately. If it is unavailable, has misfired, or the person has no prescribed device, use an appropriate school spare AAI.
3. Call 999 immediately and state "anaphylaxis". Follow the emergency operator's advice.
4. Stay with the person and summon additional staff support. Send another adult to meet the ambulance and contact parents/carers after immediate life-saving action is under way.
5. If there is no improvement after five minutes, give a second dose of adrenaline using a second device.
6. If the person stops breathing, begin CPR and use the school defibrillator/AED in accordance with training and emergency instructions.
7. If the pupil has asthma as well as food allergy and is wheezing during suspected anaphylaxis, adrenaline takes priority. A reliever inhaler may be given after adrenaline if this is in the Action Plan or advised, but it must never replace adrenaline for anaphylaxis.
8. Any pupil treated for anaphylaxis requires emergency medical assessment. A member of staff will accompany the pupil to hospital if a parent/carer is not present, in accordance with school procedures.

After the emergency, the school will record the incident, preserve relevant information where needed, review what happened and update the pupil's IHP and wider arrangements as appropriate.

13. Visits, trips and off-site activities

Children with allergy will be included in educational visits, residentials, sport, clubs and other activities wherever reasonably possible. Allergy must not be used as a routine reason to exclude a child from normal school life.

- A specific risk assessment will be completed for a child at risk of anaphylaxis taking part in an off-site visit.
- The pupil's prescribed adrenaline devices and relevant Action Plan/IHP will accompany them and remain rapidly accessible.
- At least one member of accompanying staff will be confident and trained to administer adrenaline in an emergency.
- Food, travel, accommodation, activities and access to emergency medical help will be considered in planning.
- School spare AAIs may be taken on a trip where the risk assessment identifies this as appropriate, provided this does not leave the school site without adequate spare provision.

Be Ready – Be Safe – Be Kind

- If essential life-saving medication is unexpectedly unavailable, leaders will undertake an immediate risk assessment and seek appropriate advice; the child will not be excluded automatically without considering safe, reasonable alternatives.

14. Wellbeing, inclusion and bullying

Living with allergy can cause anxiety and can make children feel different or singled out. St Paul's will promote confidence, inclusion and age-appropriate independence while maintaining necessary safety controls.

- Children will not be unnecessarily isolated at mealtimes or excluded from activities because of allergy.
- Reasonable adjustments will be made where allergy has a substantial and long-term adverse effect and meets the definition of disability under the Equality Act 2010.
- Bullying, teasing, threats or deliberate exposure involving a known allergen will be treated seriously under the school's Behaviour and Safeguarding procedures.
- Allergy awareness may be taught to peers in a sensitive, proportionate way, agreed with the affected child and family where appropriate.
- Children will be supported to develop self-management skills without adults assuming that age alone means support is no longer needed.

15. Serious incidents and near misses

The school will record, report and review serious allergy-related incidents and near misses. Reporting may be initiated by staff, pupils, parents/carers or healthcare professionals, including where the consequences of exposure only become apparent after the pupil has left school.

Reviews will be undertaken in a no-blame learning culture and will consider:

- what happened and the sequence of events;
- whether the child's IHP/Action Plan was current and followed;
- whether emergency medication was available and used promptly;
- whether communication, supervision, food systems, training or risk controls were effective;
- what actions are required to reduce recurrence;
- whether the pupil's IHP, this policy, risk assessments or staff training need amendment.

Serious incidents and near misses will be reported to senior leaders promptly. The Governing Body will receive periodic, appropriately anonymised information so that it can assure itself that lessons are identified and acted upon. External reporting to healthcare, safeguarding, environmental health or other authorities will be made where required or appropriate.

Where a Kitt Medical adrenaline device is used, or where the Kitt service requires notification, the Office Team will also complete the relevant Kitt Medical portal report. This supports device replacement and supplier records but does not replace the school's own incident/near-miss review and any statutory or clinical reporting.

16. Information sharing and confidentiality

Allergy and health information is special-category personal data. The school will share information on a need-to-know basis where this is necessary to protect health, safety and wellbeing. Relevant information may be provided to teaching staff, supply staff, catering staff, lunchtime staff, club staff, trip leaders and emergency responders as appropriate.

Be Ready – Be Safe – Be Kind

Information will be stored securely, kept accurate and up to date, and handled in accordance with the school's Data Protection Policy. The school will balance privacy and dignity with the need for staff to recognise pupils and act quickly in an emergency.

17. Unacceptable practice

The following are not acceptable at St Paul's:

- preventing rapid access to prescribed or emergency medication;
- delaying adrenaline while waiting for a first aider, senior leader, parent or 999 operator where anaphylaxis is suspected;
- asking a person experiencing anaphylaxis to walk to the office, medical room or medication;
- ignoring the views of the child, parent/carer or relevant healthcare professional without justified reason;
- assuming all people with the same allergy need identical support;
- assuming a child is not at risk because a diagnosis is not yet confirmed;
- using allergy as a routine reason to send a child home, exclude them from lunch, trips, clubs or normal activities;
- relying solely on a blanket food ban, first-aid qualification, signage or a general allergy list instead of individual planning, training and emergency arrangements;
- sharing sensitive health information more widely than is necessary for safety.

18. Monitoring, governance and review

The Headteacher is responsible for monitoring implementation of this policy. The policy will be reviewed at least annually and sooner where a serious incident, near miss, change in statutory guidance, change in school provision or emerging risk indicates that review is appropriate.

The annual review will consider training completion, medication and spare-device checks, individual plans, serious incidents and near misses, catering/allergen issues, feedback from pupils and families where appropriate, and any changes required to premises or practice.

The policy will be published on the school website, publicised to the school community, made available in hard copy on request and brought to the attention of staff through induction and annual training. At least once each academic year the school will undertake and record a simulated allergy/anaphylaxis emergency exercise using training equipment only. The exercise will test recognition of symptoms, summoning help, retrieval of the Anaphylaxis Kit, correct positioning, trainer-pen use, the 999 process and access for the ambulance, with learning fed back into training, risk assessment and policy review.

Appendix A - Pupil allergy information and consent form

This form supports initial information gathering. Where an IHP or healthcare-professional Allergy Action Plan is required, those documents take precedence for clinical instructions.

Pupil name	
Date of birth / year group	
Parent/carer name and contact	
Emergency contact	
Allergy/allergies and known triggers	
Typical symptoms / previous reactions	
Current clinical advice / healthcare professional	
Prescribed medication and dose	
Where medication will be kept	
Allergy Action Plan provided?	Yes / No
Asthma Action Plan provided?	Yes / No
IHP required / in place?	Yes / No
Food/dietary adjustments required	
Other reasonable adjustments / risk controls	
Date information last reviewed	

Consent and confirmation

I confirm that the information provided is accurate to the best of my knowledge and I will inform the school promptly of any change. I consent to school staff administering prescribed allergy medication in accordance with the current clinical plan and school procedures.

I understand that the school may hold spare adrenaline auto-injectors for emergency use. I give advance consent for an appropriate school spare AAI to be administered to my child in an

Be Ready – Be Safe – Be Kind

anaphylaxis emergency if needed. I understand that in a life-threatening emergency, treatment must not be delayed while checking whether prior consent has been recorded.

Parent/carers name	
Signature	
Date	

Appendix B - Allergy incident / near-miss review record

Complete for any significant allergic reaction, use of emergency adrenaline, allergen error with potential for harm, or other allergy-related near miss. This record does not replace first-aid, safeguarding or statutory reporting requirements.

Date / time / location	
Person affected	
Type	Serious incident / allergic reaction / near miss
Known allergen or suspected trigger	
What happened	
Symptoms observed	
Medication given, by whom and time	
999 called? Time and outcome	
Parent/carer informed? Time	
Relevant IHP / Action Plan followed?	
Immediate actions taken to make situation safe	
Contributing factors / system issues	
Learning identified	
Actions, owner and deadline	
IHP / risk assessment / policy / training updated?	
Senior leader review	
Governor reporting required / completed	

Appendix C - St Paul's Kitt Medical and Benedict's Law operational arrangements

This appendix records the minimum operational arrangements used at St Paul's to turn the statutory policy into day-to-day practice. It should be checked as part of the annual policy review and after any serious incident or near miss.

Area	St Paul's operational requirement	Evidence / frequency
Leadership	Headteacher remains the named senior leader for allergy safety. School Business Manager / Office Team coordinate records, medication and Kitt Medical administration.	Confirm annually and after leadership changes.
Kitt Medical stock	Maintain appropriately located Anaphylaxis Kitt(s) with two 150 microgram and two 300 microgram spare AAls per Kitt, subject to current guidance and site/pupil risk.	Physical check at least monthly and after use/opening; Kitt portal reminders/replacement records.
Accessibility	Kitt location(s) are clearly communicated and emergency access must be immediate. Devices must be capable of reaching any pupil with suspected anaphylaxis within five minutes.	Annual timed site check and after premises/layout changes.
Staff CPD	All relevant staff complete Kitt Medical Allergy and Anaphylaxis CPD annually. First-aid training alone is not sufficient.	Kitt portal completion report plus school training matrix.
Local briefing	Annual/induction briefing covers Kitt location/access, pupils' own medication, allergy register, IHP/Action Plans, emergency process, trainer pen and incident reporting.	Induction/briefing attendance record.
Pupil planning	Maintain an up-to-date allergy register and IHP/clinical Action Plan where required,	Review at least annually and whenever needs/medication change.

Be Ready – Be Safe – Be Kind

Food and wraparound	including medication location and emergency arrangements. School meals, Nursery, Breakfast Club and After School Club use current allergen information and more than one reliable check before serving a pupil with a known dietary requirement.	Catering/wraparound procedure checks; review after menu/supplier changes or near misses.
Trips and activities	Allergy risk is considered in trips, Forest School, farm/animal activities, cooking, food tasting, sensory play, science and other relevant activities. Prescribed medication remains immediately accessible.	Activity/trip risk assessment and pupil IHP/Action Plan.
Emergency drill	Run a simulated anaphylaxis response using training equipment only, including retrieval of Kitt and ambulance access.	At least annually; record learning/actions.
Incident / near miss	Complete the school incident/near-miss review. Where a Kitt device is used, report through the Kitt portal promptly to trigger replacement.	Every relevant incident/near miss; actions tracked to completion.
Policy communication	Publish the Allergy Safety Policy on the website and publicise it to staff, parents/carers and pupils in an age-appropriate way.	At least annually and after substantive revision.

Reference documents

- Department for Education (2026), Allergy safety in schools - statutory guidance.
- Department for Education (2026), Allergy safety policy - template.
- Department for Education, Supporting pupils at school with medical conditions - statutory guidance.
- Department for Education, Early Years Foundation Stage statutory framework.
- Department of Health and Social Care, guidance on emergency adrenaline auto-injectors in schools.
- Food Standards Agency guidance on allergen information and Natasha's

Be Ready – Be Safe – Be Kind



Allergy Safety Policy 2026

- Kitt Medical, Anaphylaxis Kitt service, school CPD training, portal check/expiry reminders and incident-reporting resources (operational provider resource; not a substitute for DfE statutory guidance).
- Children's Wellbeing and Schools Act 2026, section 34 and associated explanatory notes on allergy safety provisions in schools.

Be Ready – Be Safe – Be Kind

