



Allergy Safety Policy Whole School, including EYFS, Junior School, Senior School and Sixth Form	
Policy Owner	Deputy Head (Pastoral) and First Aid and Health Coordinator
Version	2026.1
Effective from	1 st September 2026
Review Date	1 st September 2027, or earlier following a serious incident or near miss

The commitment to diversity, equality, and inclusivity is at the heart of our values at Austin Friars. Equality means creating an environment where pupils have the chance to achieve their full potential, free from barriers, prejudice, and discrimination. Inclusion is about recognising that each pupil is unique and that their needs can be met in different ways. Diversity means recognising, respecting, and celebrating the added value that differences bring. Our unwavering dedication to our school values – Truth, Love and Unity - is how we fulfil our mission at Austin Friars. It is through our commitment to diversity, equality, and inclusivity that our pupils are empowered to be authentic and succeed.

Austin Friars is an equal opportunities employer and is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment.

Policy statement

Austin Friars recognises that allergies can present a significant and life-threatening risk. This policy sets out how the School identifies pupils, staff and visitors with allergies, reduces the risk of exposure to known allergens, supports inclusion and wellbeing, and responds quickly and effectively to allergic reactions and anaphylaxis. It is written to support compliance with Benedict's Law principles and current DfE allergy safety expectations, and to align with the School's arrangements for supporting pupils with medical conditions.

This policy should be read alongside the First Aid (Health) Policy, Health and Safety Policy, Safeguarding Policy, Behaviour and Discipline Policy, Anti-Bullying Policy, Educational Visits Policy, Data Protection Policy and any Individual Healthcare Plan, Allergy Action Plan or Asthma Action Plan.

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1. Aims and principles

At Austin Friars our commitment to diversity, equality and inclusivity is at the heart of our values. We want every pupil to be safe, known, supported and fully included in School life, including pupils whose allergies or asthma may require additional arrangements. This reflects our Augustinian values of Unity, Truth and Love.

This policy aims to:

- **Set out a whole-school approach** to allergy safety, anaphylaxis prevention and emergency response.
- **Promote inclusion** so that pupils with allergies can participate in lessons, meals, clubs, sport, visits, residential and wider School life.
- **Provide clear responsibilities** for trustees, senior leaders, staff, catering providers, parents/carers, pupils and visitors.
- **Ensure rapid emergency response** through staff training, accessible medication and clear procedures.
- **Create a learning culture** by recording, reviewing and learning from serious incidents and near misses.

2. Legal and guidance framework

This policy has regard to the following requirements, guidance and good practice:

- [DfE statutory guidance: Allergy safety in schools](#), published July 2026.
- Department of Health and Social Care guidance on [using emergency adrenaline auto-injectors in schools](#).
- [The Human Medicines \(Amendment\) Regulations 2017](#), which permit schools in England to purchase spare adrenaline auto-injectors for emergency use.
- [The Food Information Regulations 2014](#) and [Food Information \(Amendment\) \(England\) Regulations 2019](#).
- [The Equality Act 2010](#), including duties relating to reasonable adjustments where a medical condition amounts to a disability.
- [The Education \(Independent School Standards\) Regulations 2014](#), safeguarding duties and wider health and safety duties.
- The School's First Aid (Health), Health and Safety, Safeguarding, Behaviour, Anti-Bullying, Educational Visits and Data Protection policies.

Benedict's Law context

Benedict's Law is the commonly used name for the strengthened allergy safety expectations introduced following the death of Benedict Blythe. Austin Friars will adopt the principles of these requirements by maintaining a dedicated allergy safety policy, annual allergy awareness training, robust IHP and Allergy Action Plan arrangements, spare adrenaline auto-injector provision, and routine incident/near-miss review.

Although the July 2026 DfE allergy safety guidance is directed first at maintained schools, PRUs and academies, it is explicitly useful for independent schools and the Government has signaled intention to introduce equivalent allergy safety requirements through relevant regulatory standards. Austin Friars therefore adopts this policy as expected practice and as part of its duty of care and safeguarding culture.

3. Definitions and scope

This policy applies to the whole School, including EYFS, Junior School, Senior School, Sixth Form, before-school and after-school provision, clubs, school transport arrangements where applicable, trips, fixtures and residential visits.

3.1 Allergy

An allergy is an immune response to a substance which is usually harmless to most people. Allergens may include food, insect stings, medicines, latex, animals, pollen, mould, dust mites or other airborne/contact allergens.

3.2 Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction. It can affect Airway, Breathing or Circulation and requires urgent treatment with adrenaline and emergency medical support.

3.3 Food allergy, intolerance and coeliac disease

Food allergy involves the immune system and can be life-threatening. Food intolerance does not usually involve the immune system and is not treated as anaphylaxis, although it can still affect wellbeing and participation. Coeliac disease is an autoimmune condition triggered by gluten and requires strict dietary management. Pupils with any of these needs will be supported appropriately, with an IHP where necessary.

4. Roles and responsibilities

4.1 Board of Trustees

- Ensure there is clear oversight of allergy safety and that the policy is reviewed at least annually and after any serious incident or near miss.
- Ensure allergy risks are considered within the School's wider health and safety and safeguarding arrangements.
- Ensure reasonable resources are available for training, emergency medication and safe systems.

4.2 Head

- Ensure that the policy is implemented across the School.
- Ensure staff understand the importance of allergy safety and respond consistently.
- Ensure the School works with parents/carers and healthcare professionals to determine whether an IHP is required.

4.3 Deputy Head (Pastoral) / Allergy Safety Lead

The Deputy Head (Pastoral), working with the First Aid and Health Coordinator/First Responder, is the named senior lead for allergy safety. Responsibilities include:

- Maintaining and reviewing this policy and ensuring it is published and communicated.
- Ensuring allergy information, IHPs and Allergy Action Plans are up to date and available to staff who need to know.
- Ensuring staff receive annual allergy awareness and emergency response training.
- Ensuring serious allergy incidents and near misses are recorded, reviewed and shared appropriately for learning.

- Ensuring arrangements are in place for spare adrenaline auto-injectors, emergency asthma inhalers and associated records.
- Liaising with heads of school, tutors, catering, trip leaders, sport staff, transport staff and parents/carers as needed.

4.4 First Aid and Health Coordinator and First Responders

- Hold and update medical and allergy records provided by parents/carers.
- Coordinate IHPs for pupils who require medical or allergy arrangements in School.
- Maintain records of medication held in School, including prescribed adrenaline devices and spare AAI's.
- Check emergency allergy medication and related equipment at least monthly, or nominate and oversee trained staff to do so.
- Ensure relevant staff are informed of pupils with significant allergies or risk of anaphylaxis, while respecting confidentiality.
- Provide advice to staff and trip leaders on allergy risk assessment and emergency response.

4.5 Catering provider and catering manager

- Maintain safe food preparation, service and allergen information procedures.
- Ensure catering staff understand the identity of pupils with relevant food allergies and the arrangements for their meals.
- Provide clear allergen information for food supplied by the School, including the top 14 allergens where relevant.
- Prevent cross-contamination as far as reasonably practicable through hygiene, separation, cleaning and communication procedures.
- Notify the School of any menu, recipe, supplier or product change that may affect a pupil with a food allergy.

4.6 Teaching staff, support staff, volunteers and regular contractors with pupil-facing roles

- Complete required allergy awareness training and understand this policy.
- Know which pupils in their care have allergies and what arrangements apply.
- Take reasonable steps to reduce the risk of exposure to known allergens and include this in their risk assessments.
- Never delay emergency treatment when anaphylaxis is suspected.
- Report any allergic reaction, medication error, exposure, near miss or concern promptly to the First Aid and Health Coordinator and the Allergy Safety Lead.
- Ensure pupils with allergies are included in lessons, activities and trips through reasonable planning and adjustment.

4.7 Parents and carers

- Provide accurate, up-to-date medical, allergy and dietary information before admission and whenever circumstances change.
- Provide two in-date prescribed adrenaline devices where these have been prescribed, plus any other prescribed medication, inhaler, antihistamine or action plan.
- Ensure medication is replaced before expiry and that the School is notified of any change in diagnosis, medication, allergen, symptoms or emergency instructions.
- Follow School guidance about food brought onto the site, packed lunches, birthday treats and food for sharing.

- Work constructively with the School to develop and review IHPs, Allergy Action Plans and trip arrangements.

4.8 Pupils

Pupils will be supported to take increasing responsibility for their allergy as age, maturity and medical advice allow. Pupils with allergies should not share food, should follow their IHP, should tell an adult immediately if they feel unwell or believe they have been exposed to an allergen, and should use prescribed medication only as directed. Pupils without allergies are expected to show care and respect for peers by following School rules about food, hygiene and safe behaviour.

5. Identification, records and Individual Healthcare Plans

5.1 Identifying pupils with allergies

Parents/carers complete a Medical and Health Information form for all pupils. Parents/carers are responsible for informing the School of significant changes to their child's health during the annual update process and at any point in the year when a change occurs.

For new starters, Austin Friars will request information about allergies, asthma, dietary requirements, medication and previous reactions before the pupil starts. Where a pupil receives a new diagnosis or joins mid-year, the School will put interim arrangements in place as soon as practicable and will work towards a completed IHP within two school weeks, where one is required.

5.2 Register of pupils with known allergies

The School will maintain an allergy register for pupils with known allergies. Where relevant, this will include:

- Known allergens and likely risk factors for reaction or anaphylaxis.
- Whether the pupil has asthma or other condition which increases risk.
- Medication prescribed, including type, brand and dose of adrenaline device.
- Location of medication and spare devices.
- Whether parental consent is recorded for administration of emergency medication.
- A current photograph where parental consent has been provided.
- Links to the pupil's IHP, Allergy Action Plan and/or Asthma Action Plan.

The register will be accessible to staff who need the information to keep pupils safe, including relevant teaching staff, pastoral staff, first aiders, catering staff, trip leaders and sports staff. Information will be handled in line with data protection requirements.

5.3 Individual Healthcare Plans

An IHP will be put in place where a pupil's allergy has a functional impact in School, places them at risk of harm, or requires arrangements additional to or different from those generally available. A formal diagnosis is not required before reasonable support is put in place when the reported needs and risk indicate that arrangements are necessary.

The IHP will be developed by the School with parents/carers, the pupil where appropriate, and relevant healthcare advice. It will include:

- Allergy details, symptoms and known triggers.
- Pupil's level of responsibility for managing their own allergy.
- Medication details, dosage and storage arrangements.
- Emergency response steps and whom to contact.
- Arrangements for meals, snacks, lessons, practical activities, clubs, sport, trips and residential.

- Wellbeing considerations and reasonable adjustments.
 - Any Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional.
- IHPs will be reviewed at least annually and whenever there is a change in the pupil's health, medication, school circumstances, activity risk, or following an incident or near miss.

6. Allergy risk assessments

Allergy safety is managed through reasonable, proportionate risk assessment. A risk assessment will be completed or updated for any pupil at risk of anaphylaxis before activities where exposure to an allergen may be increased, including:

- Food preparation, cooking, tasting, science experiments involving food or biological materials, and design/technology activities involving food packaging or latex.
- Art, craft or sensory activities using food, seeds, pulses, natural materials, latex or animal products.
- Visits, fixtures, outdoor learning, residentials, overseas visits and Duke of Edinburgh activities.
- Animal handling, farm visits, guide dogs or visiting animals.
- Events where food is brought by families, pupils, external providers or guests.
- Changes to catering supplier, menu, venue or supervision arrangements.

Risk assessments must identify: the pupil(s) at risk; their known allergen(s); likely routes of exposure; medication access; staff training; communication arrangements; emergency response; and reasonable adjustments to enable safe participation.

7. Reducing the risk of exposure

7.1 Austin Friars nut-free approach

Austin Friars is a nut-free School. The School does not knowingly provide food containing nuts or nut products and pupils should not bring nuts or nut products onto the School site. This reduces risk but cannot guarantee a completely allergen-free environment. The School will therefore combine the nut-free approach with robust identification, hygiene, training, emergency medication and individual risk assessment.

7.2 General hygiene and supervision

- Pupils will be reminded to wash hands before and after eating and after handling animals, plants, messy materials or food-based resources.
- Food, food containers, drinks bottles and utensils must not be shared.
- Named water bottles, lunch boxes and medication bags should be used where relevant.
- Food should only be eaten in agreed areas unless specifically authorised by staff.
- Classrooms used for food or messy activities must be cleaned appropriately afterwards.
- Staff will supervise younger pupils and pupils requiring additional support to follow safe eating and hygiene routines.

7.3 Food brought into School

- Parents/carers and pupils must follow the nut-free expectation and any specific guidance issued for packed lunches, snacks, parties, charity events or trips.
- Food for sharing must not be distributed without staff approval and allergen checks.
- Junior School morning snacks should follow current School expectations, including fresh fruit or vegetables unless an agreed medical adjustment applies.

- Birthday treats, bake sales and charity food events require advance consideration of allergy risk and clear labelling or alternative arrangements.

7.4 Insect stings, animals and airborne/contact allergens

- Outdoor activities should consider insect sting risk, especially in warm weather and around food, bins, flowers or long grass.
- Food and drinks outdoors should be covered where practical and spills cleared promptly.
- Pupils with known insect venom allergy should have medication available in line with their IHP.
- Pupils should wash hands after animal contact. Pupils with animal allergies will be supported to avoid relevant animals or have alternative arrangements.
- Cleaning products, latex, aerosols and other contact or inhaled allergens will be considered in departmental risk assessments where relevant.

8. Food, catering and allergen information

The School regards snack and meal times as an important part of the day and aims to provide nutritious food which meets pupils' individual dietary needs as far as reasonably practicable.

The catering provider – Thomas Franks, will maintain allergen information and safe preparation procedures. Food allergen information will cover the top 14 allergens where required and will be made available to pupils, parents/carers and staff. Staff must not guess whether a food is safe. **If allergen information is uncertain, the food must not be served to the pupil with the relevant allergy.**

Where a pupil has a food allergy, catering arrangements may include named meals, agreed serving points, staff checks, separate utensils, cleaning procedures, labelled packed meals, or alternative provision. These arrangements will be recorded in the pupil's IHP where required.

9. Medication, prescribed adrenaline devices and spare adrenaline auto-injectors

9.1 Prescribed medication

Parents/carers must provide medication in date, clearly labelled with the pupil's name, dosage, frequency and expiry date. Medication must be accompanied by appropriate written instructions and consent. Pupils who are prescribed adrenaline devices should normally have two devices available at all times, unless medical advice confirms otherwise.

Senior School pupils may carry their own adrenaline devices, inhalers or insulin if assessed as competent and if parents/carers have informed the School. Junior School pupils and pupils who are not ready to self-carry will have medication stored in an agreed, accessible place as set out in their IHP. Medication must never be locked away where it cannot be accessed quickly in an emergency.

9.2 Spare adrenaline auto-injectors

Austin Friars will maintain spare adrenaline auto-injectors for emergency use. Spare AAls are held for use when an individual is experiencing suspected anaphylaxis and their prescribed device is not available, cannot be administered without delay, has misfired, or where emergency action is otherwise required to save life.

Spare AAls will be:

- Stored in pairs in clearly labelled emergency allergy boxes.
- Kept separate from pupils' individually prescribed medication.
- Accessible to trained staff at all times when pupils are on site.

- Located so that emergency medication can be accessed as quickly as practicable and with regard to the DfE expectation that devices should be no more than five minutes away from where they may be needed.
- Kept at room temperature, away from direct sunlight and extremes of temperature.
- Checked at least monthly for presence, expiry date and condition, with checks recorded.
- Replaced before expiry and after use.

The First Aid and Health Coordinator will maintain a record of spare AAIs, including brand, dose, expiry date, storage location, check dates and replacement actions. The School will aim to standardise brands where possible to reduce confusion, while recognising that pupils may be prescribed different devices.

9.3 Location of emergency medication

The First Aid and Health Coordinator will maintain the current location list for prescribed and spare allergy medication. At minimum, arrangements will cover the Senior School First Aid Room, Junior School agreed medical storage area, catering/refectory access arrangements, sports/fixture arrangements and any temporary off-site requirements. The live location list will be shared with staff through induction, annual training, staff briefings and trip planning processes.

9.4 Disposal

Used AAIs and sharps will be disposed of safely in line with manufacturer instructions and local clinical waste/sharps procedures. The used device should be handed to ambulance staff where appropriate, because it provides information about the medication administered.

10. Emergency response to an allergic reaction or anaphylaxis

All staff must treat suspected anaphylaxis as a medical emergency. Do not wait for symptoms to become worse. If in doubt, administer adrenaline and call 999.

10.1 Possible signs of a mild to moderate allergic reaction

- Itchy skin, rash, hives or flushing.
- Tingling or itching in the mouth.
- Swelling of lips, face or eyes without breathing difficulty.
- Abdominal pain, nausea or vomiting.
- Sneezing, runny nose or mild wheeze in a pupil known to have allergy/asthma.

10.2 Signs of anaphylaxis

- Difficulty breathing, wheeze, persistent cough, hoarse voice or throat tightness.
- Swelling of tongue or throat, difficulty swallowing or speaking.
- Dizziness, collapse, pale/clammy skin, weakness or loss of consciousness.
- Confusion, sudden drowsiness or feeling of impending doom.
- Any allergic reaction with breathing difficulty or circulatory symptoms.

10.3 Emergency procedure

1. Call for help immediately. Send someone to collect the pupil's medication and the nearest spare AAI box, and to alert the First Aid and Health Coordinator/First Responder.
2. Follow the pupil's Allergy Action Plan if available, but do not delay emergency treatment while looking for paperwork.

3. Administer adrenaline without delay if anaphylaxis is suspected. Use the pupil's own prescribed device if immediately available; otherwise use the School spare AAI if appropriate.
4. Call 999 and state: anaphylaxis. Ask for an ambulance. Give the School address or trip location clearly.
5. Lay the pupil flat with legs raised if possible. Do not allow them to stand or walk. If breathing is difficult, they may sit with legs outstretched. If unconscious and breathing, place in the recovery position.
6. If asthma symptoms are present, give reliever inhaler as directed by the pupil's asthma plan, but adrenaline is the priority for anaphylaxis.
7. If there is no improvement after 5 minutes, or symptoms return, administer a second AAI.
8. Contact parents/carers as soon as possible after emergency treatment has begun. Do not delay calling 999 or giving adrenaline in order to contact parents first.
9. Send a member of staff to meet the ambulance and direct paramedics to the casualty.
10. Record the incident, medication administered, times, staff involved and any learning points. Begin serious incident/near-miss review as appropriate.

11. School trips, sport, fixtures and off-site activities

No pupil will be excluded from visits, sport, fixtures, residentials or off-site activities solely because of allergy. The School will make reasonable adjustments and plan carefully so that pupils with allergies can participate safely wherever possible.

Trip leaders and activity leaders must:

- Check medical and allergy information during trip planning.
- Consult the First Aid and Health Coordinator for any pupil with allergy or anaphylaxis risk.
- Ensure the risk assessment covers allergens, food provision, venues, transport, emergency medication and access to emergency services.
- Ensure relevant staff know the pupil's IHP and emergency steps.
- Ensure medication, including prescribed and where appropriate spare AAIs, travels with the pupil and is accessible throughout the activity.
- Check that external providers, residential centres, restaurants, airlines or host families can meet agreed allergy arrangements.
- Plan packed lunches, snacks and mealtimes with parent/carer and catering input where needed.
- Include allergy arrangements in the trip briefing for staff and pupils as appropriate.

For overseas or residential visits, allergy planning should start early and should consider translation of allergy information, local emergency numbers, medical facilities, food labelling standards, travel insurance and medication carriage requirements.

12. Staff training and allergy awareness

All staff likely to be present when pupils are on site will receive allergy awareness and emergency response training at least annually. New starters will receive allergy safety information through induction before taking responsibility for pupils. This includes teaching staff, support staff, catering staff, office/reception staff, pastoral staff, site staff with pupil-facing roles, breakfast/after-school staff, regular volunteers and relevant peripatetic or agency staff.

Training will cover:

- What allergy is and how allergic reactions can occur.
- Common allergens and the difference between food allergy, food intolerance and coeliac disease.
- The link between food allergy and asthma, and why asthma may increase risk.
- How to recognise mild reactions, severe reactions and anaphylaxis.

- How to respond in an emergency, including calling 999 and using prescribed or spare AAls.
- Where allergy information, IHPs, medication and spare AAls are located.
- Hygiene, food sharing, cross-contamination and safe supervision routines.
- Inclusion, wellbeing and the impact of allergy on anxiety, social participation and bullying.
- How to report concerns, incidents and near misses.

Austin Friars will maintain records of training completion and will provide refresher reminders through staff briefings, INSET, induction, trip planning and catering meetings. Training pens should be available so staff can practise device technique safely.

13. Pupil wellbeing, inclusion and bullying

Austin Friars recognises that pupils with allergies may experience anxiety, social isolation, embarrassment, frustration or bullying connected with their allergy. The School promotes a culture in which allergy is understood, pupils are not made to feel difficult or different because of their needs, and reasonable adjustments are normalised as part of inclusion.

Support may include:

- Regular check-ins with the First aid and Health Coordinator, a form tutor, teacher, Head of School, or another trusted adult.
- Clear reassurance that adults know the pupil's allergy arrangements and emergency actions.
- Pastoral support from Heads of School, the Deputy Head (Pastoral), the First Aid and Health Coordinator or other appropriate staff.
- Education through PSHE, assemblies, tutor time or age-appropriate curriculum opportunities.
- Adjustments to meals, seating, clubs, trips or practical lessons without unnecessary attention on the pupil.
- Prompt action under the Anti-Bullying and Behaviour policies where allergy-related teasing, exclusion, threats, contamination, misuse of medication or deliberate exposure occurs.

Deliberate exposure

Deliberately exposing a pupil to a known allergen, threatening to do so, interfering with medication, or using allergy as a basis for bullying will be treated as a serious safeguarding and behaviour matter.

14. Serious incidents and near misses

A serious incident is any event relating directly to a medical condition or allergy in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or emergency services.

A near miss is an allergy-related event that did not result in harm but had clear potential to do so. Near misses matter because they may reveal weaknesses in communication, training, supervision, catering, risk assessment or medication access.

14.1 Examples

- A pupil is given, or nearly given, food containing a known allergen.
- Allergen information is missing, wrong or unclear.
- Medication is unavailable, expired, inaccessible or not taken on a trip.
- An AAI misfires or a second device is not available.
- A member of staff is unaware of a pupil's allergy or IHP in a relevant situation.
- An allergic reaction occurs in School or after delayed symptoms following suspected exposure at School.

14.2 Recording and review

All serious incidents and near misses must be recorded as soon as feasible and shared with the Deputy Head Pastoral (Allergy Safety Lead) and First Aid and Health Coordinator. Records should include what happened, when and where, who was affected, what was done, medication administered, whether emergency services were called, parental communication, immediate outcome and any learning points.

The School will approach reviews in a no-blame spirit of learning. The pupil and parents/carers will be given an opportunity to discuss what happened and contribute views to the lessons-learned process. The Deputy Head Pastoral will consider whether changes are required to this policy, the pupil's IHP, the allergy register, catering arrangements, training, trip procedures or supervision.

Where a RIDDOR report, HSE notification, local authority food safety report, safeguarding referral or healthcare professional notification is required, the School will follow the relevant reporting process.

15. Information sharing, confidentiality and data protection

Information about allergy and health is special category data and will be handled in line with UK GDPR and the School's Data Protection Policy. Information will be shared on a need-to-know basis to keep pupils safe and enable inclusion. This may include relevant staff, first aiders, catering staff, trip leaders, transport staff, external providers, emergency services and healthcare professionals where appropriate.

Staff must keep medical information confidential and must not discuss a pupil's allergy unnecessarily. However, confidentiality must not prevent appropriate information sharing where this is needed to protect life, health, safety or welfare.

16. Monitoring, review and quality assurance

This policy will be reviewed annually by the Deputy Head Pastoral, First Aid and Health Coordinator and with the relevant trustee oversight. It will also be reviewed sooner if there is a serious incident, near miss, significant change in legislation/guidance, change in catering/food provision or a material change in School arrangements.

The annual review will consider:

- Policy compliance against DfE allergy safety guidance and Benedict's Law principles.
- Accuracy of the allergy register and IHPs.
- Training completion and confidence of staff.
- Medication location, expiry and monthly check records.
- Incident and near-miss trends and lessons learned.
- Catering, packed lunch, visits and extracurricular arrangements.
- Pupil and parent/carer feedback where relevant.

Appendix A: Emergency anaphylaxis response card

SUSPECTED ANAPHYLAXIS: ACT FAST

1. Give adrenaline immediately.
- ↓
2. Call 999 and say ANAPHYLAXIS.
- ↓
3. Lie pupil flat with legs raised unless breathing is difficult.
- ↓
4. Give a second AAI after 5 minutes if no improvement or symptoms return.
- ↓
5. Do not leave the pupil.
- ↓
6. Inform parents after emergency action has begun.
- ↓
7. Record and report.

Appendix B: Allergy safety checklist

Area	Austin Friars expectation	Evidence / owner
Policy	Dedicated allergy safety policy published and reviewed annually.	Deputy Head (Pastoral) / Trustees
Identification	Medical forms, annual update, allergy register and staff communication.	First Aid and Health Coordinator
IHPs	IHP where allergy requires additional arrangements or risk management.	First Aid and Health Coordinator / parents
Training	Annual allergy awareness and emergency response training for relevant staff.	Deputy Head (Pastoral) / First Aid and Health Coordinator
Food	Nut-free approach, allergen information, catering controls and no-guessing rule.	Catering Manager / First Aid and Health Coordinator
Medication	Prescribed medication and spare AAIs accessible, checked and recorded.	First Aid and Health Coordinator
Trips	Allergy risk assessment and medication plan for visits, fixtures and residentials.	Trip leader / EVC / First Aid
Wellbeing	Pastoral check-ins and anti-bullying response where allergy affects inclusion.	Heads of School / tutors
Incidents	Serious incidents and near misses recorded, reviewed and acted upon.	Deputy Head (Pastoral) / First Aid and Health Coordinator
Review	Policy, register, training and provision reviewed annually and after incidents.	Deputy Head (Pastoral) / Trustees

Appendix C: Incident and near-miss record fields

Below are the suggested things that need to be recorded for an incident or near-miss:

- Date and time of incident or near miss.
-
- Name and role/year group of person affected.
- Location and activity.
- Known allergy and suspected allergen/exposure route.
- Symptoms observed and time symptoms started.
- Medication given, dose, device brand and time administered.
- Whether 999 was called and ambulance outcome.
- Staff involved and actions taken.
- Parent/carers communication and pupil voice where appropriate.
- Immediate remedial action.
- Lessons learned and changes to IHP, training, catering, risk assessment or policy.
- Whether external reporting was required and completed.