Allergy and Anaphylaxis Policy

Rutherford School
Written: June 2026
Next Review Due: September 2026
Responsible Persons: Senior Nurse Manager, Head Teacher, Health and safety officer, Governing Body
Named Senior Leader for Allergy Safety: Headteacher
Operational/clinical lead: Senior Nurse Manager
Named Governor for Allergy Safety: To be confirmed by the Governing Body
Approved by: Governing Body Approval date: _____

Revision note: wording added or amended following comparison with the Department for Education Allergy Safety in Schools statutory guidance and policy template (published July 2026) is shown in blue.

1 Policy Statement

Rutherford School is committed to providing a safe, inclusive environment for all pupils, staff and visitors with allergies.

As a specialist PMLD setting, pupils are unable to independently recognise or communicate allergic reactions. Safe allergy management therefore relies on robust procedures, effective communication, vigilant observation and appropriately trained staff working alongside the school's nursing team.

The school adopts an allergy-aware approach rather than an allergy-free environment and will take all reasonable steps to minimise risk while enabling full participation in school life.

This policy has been revised to align with the Department for Education (DfE) Allergy Safety in Schools statutory guidance issued under section 34 of the Children's Wellbeing and Schools Act 2026. The current statutory duty applies to maintained schools, academies and pupil referral units. Although it does not yet apply directly to independent schools and non-local-authority-maintained special schools, Rutherford School adopts the guidance in full as best practice and in anticipation of the intended extension of regulatory requirements.

The policy applies alongside the school's duties under health and safety, equality, data protection, safeguarding and medicines legislation. It does not replace clinical advice, an Allergy Action Plan, Asthma Action Plan or an Individual Healthcare Plan (IHP).

2 Aims

The school will:

- Identify pupils and staff with known allergies.
- Minimise exposure to allergens wherever reasonably practicable.
- Ensure all staff can recognise and respond to allergic reactions and anaphylaxis.
- Maintain accessible emergency medication.
- Provide annual allergy and anaphylaxis training.
- Work closely with parents, carers and healthcare professionals.
- Review all allergy incidents to improve practice.
- Promote the attendance, inclusion, dignity, independence and emotional wellbeing of pupils with allergies.
- Ensure that pupils are not unnecessarily excluded from lessons, meals, therapies, enrichment, work experience, visits or residential activities because of allergy.
- Ensure staff can respond to a first presentation of anaphylaxis in a person with no known allergy.
- Prevent allergy-related bullying, teasing, stigma or deliberate exposure to allergens.
- Record, report and learn from serious incidents and near misses.

3 Scope

This policy applies to:

- Pupils
- Employees

- Nursing staff
- Volunteers
- Agency staff
- Governors
- Therapists
- Contractors
- Visitors

The training requirements apply to all permanent, temporary, supply, agency, peripatetic and pupil-facing staff, regular volunteers, catering staff and staff supervising breakfast, lunch, after-school or enrichment provision while pupils are on site. Contractors with no pupil-facing role are not required to undertake full training but must follow site safety instructions and report any allergy concern immediately.

4 Leadership and Responsibilities

Governing Body

Will ensure appropriate policies, resources and monitoring arrangements are in place.

- Appoint a named governor with oversight of allergy safety.
- Ensure the policy is approved, reviewed at least annually, published on the school website and available in hard copy on request.
- Scrutinise training, medication audits, incidents, near misses and actions arising from reviews.
- Ensure sufficient resources are available to maintain appropriate pairs and dosages of spare adrenaline auto-injectors (AAIs).

Named Senior Leader: Headteacher

The Headteacher is the named senior leader responsible for the strategic oversight of allergy safety. The Headteacher will:

- Ensure this policy is implemented and allergy safety is embedded across the school.
- Ensure roles and responsibilities are clearly defined.
- Ensure appropriate arrangements remain in place during staff absences, educational visits, transport transitions and activities outside normal routines.
- Oversee the response to serious incidents and near misses.
- Ensure identified actions are completed and learning is shared appropriately.
- Approve the policy and oversee its annual review.

Policy Author and Operational and Clinical Lead: Senior Nurse Manager

The Senior Nurse Manager is responsible for writing and maintaining this policy and coordinating its day-to-day implementation. The Senior Nurse Manager will:

- Review and update the policy at least annually, and following relevant incidents, near misses or changes in guidance.
- Maintain oversight of individual healthcare plans, Allergy Action Plans and emergency medication arrangements.
- Coordinate staff training and monitor relevant staff competencies.
- Ensure allergy information and emergency procedures are current and accessible to relevant staff.

- Work with the Headteacher, Health and Safety Officer and named governor to review allergy safety arrangements.
- Escalate any concerns, gaps in provision or clinical risks to the Headteacher.

Nursing Team

Will:

- Maintain Individual Healthcare Plans
- Deliver or coordinate staff training
- Monitor emergency medication
- Provide clinical advice
- Support risk assessments
- Maintain the central allergy register and copies of current Allergy Action Plans and Asthma Action Plans.
- Check prescribed and spare emergency medication at least monthly and before trips, recording expiry dates, condition, dosage and replacement actions.
- Ensure emergency kits are clearly labelled, stocked in pairs and accessible within five minutes.
- Provide or arrange post-incident support and contribute to incident and near-miss reviews.

Catering and Food-Service Staff

- Comply with food information and allergen legislation and provide accurate written information about the 14 regulated allergens in food supplied by or on behalf of the school.
- Follow documented procedures to prevent cross-contact during ordering, storage, preparation, cooking, serving and cleaning.
- Communicate recipe, ingredient or supplier changes before food is served and never make unverified assurances that food is allergen-free.
- Engage with parents/carers and the school nursing team when individual meal arrangements are required.

All Staff

All staff are responsible for:

- Knowing which pupils have allergies
- Following Individual Healthcare Plans
- Supervising pupils during meals and activities
- Recognising signs of allergic reactions
- Acting immediately in an emergency
- Reporting all incidents
- Knowing how to access the allergy register, emergency medication and the relevant IHP or Action Plan.
- Considering allergy risk when planning food, craft, science, music, sensory, animal-assisted, horticulture, therapy and community activities.
- Reporting hazards, medication concerns and near misses without delay.
- Bringing emergency medication to the person; the person must not be made to walk to the medication.

Parents, Carers and Young People

- Provide accurate, current information about allergies, symptoms, triggers, medication and healthcare advice at admission and whenever circumstances change.
- Provide two in-date prescribed adrenaline devices where prescribed, together with the current Allergy Action Plan and consent documentation.
- Inform the school promptly of any reaction occurring outside school which may be linked to exposure at school.
- Engage in the development and review of the IHP and emergency arrangements.

5 Identification, Records and Information Gathering

Allergy information will be gathered at admission from the pupil or young person, parents/carers, previous education setting and relevant healthcare professionals. The school will not wait for a formal diagnosis before putting proportionate interim safety arrangements in place where an allergy is suspected.

A central allergy register will record pupils, staff and regular visitors known to have allergies, their known triggers, typical symptoms, whether they are at risk of anaphylaxis, whether they have asthma, the medication prescribed, where it is stored and whether an IHP and/or Action Plan is in place.

Records will be checked at least termly and updated immediately following a diagnosis, change in condition, change in medication, new healthcare advice, incident or near miss.

Key information will be made available to staff who need it, including class, therapy, nursing, catering, transport handover and trip staff, in a format appropriate to the setting and individual. Information will not be displayed or shared more widely than necessary.

6 Individual Healthcare Plans and Action Plans

A pupil or young person will have an IHP where their allergy has a functional impact, places them at risk of harm, or requires arrangements additional to or different from those generally available.

The IHP will identify allergens, symptoms, reasonable adjustments, risk controls, communication needs, medication, storage and access arrangements, emergency action, named contacts, participation in trips and activities, and arrangements for absence or transition.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be attached to or clearly referenced within the IHP. An updated Action Plan will trigger review of the IHP.

IHPs will be developed with the pupil or young person where possible, parents/carers, nursing staff, education staff and relevant healthcare professionals. They will be reviewed at least annually and sooner following any change, serious incident or near miss.

IHPs are live documents. The current version will be shared with the pupil or young person, parents/carers and staff who need the information to provide safe support.

7 Allergy Risk Management

The school will:

- Maintain up-to-date healthcare plans
- Supervise all eating and drinking
- Check food allergen information
- Prevent food sharing
- Clean tables and equipment before and after meals

- Risk assess curriculum activities involving food or allergens
- Consider allergies when planning educational visits

Food Provided by the School

- Food allergen information will be accurate, accessible and available before food is chosen or served.
- Individual meal arrangements will be documented and communicated to relevant staff. Staff will check the correct meal is given to the correct pupil and will not rely solely on memory, plate colour or verbal assurance.
- Ingredient substitutions, recipe changes and supplier changes will be checked before service. Where safety cannot be verified, the food will not be served to the affected person.
- Cross-contact controls will include handwashing, clean work areas and utensils, safe storage, separation where needed, and effective cleaning. Hand gel does not remove food allergens and is not a substitute for washing with soap and water.

Food Brought onto the Premises

- Parents, carers, staff and visitors will be informed of relevant restrictions and asked not to bring unlabelled home-made food for general sharing unless specifically agreed and risk assessed.
- Food for celebrations, community lunches, fundraising, staff rooms or gifts must be labelled and managed so that allergen information is available and cross-contact is minimised.
- The school will not describe itself as “allergy-free” or guarantee that an allergen is absent from the site.

Airborne, Contact and Non-Food Allergens

- Reasonable measures will be used to manage known airborne and contact allergens, including latex, cleaning products, plants, animals, insect stings, perfumes, aerosols and materials used in art, sensory or therapy activities.
- Individual risk assessments will identify necessary substitutions, cleaning, ventilation, protective equipment, seating, timing or supervision arrangements.

Curriculum, Therapy and Enrichment Activities

- Staff planning any activity will check ingredients and materials in advance, including hidden food ingredients in craft, play, sensory, science and beauty products.
- Activities will be adapted for the whole group where practical so that a pupil with allergy is not singled out or unnecessarily excluded.
- Activities involving animals, gardening, cooking, tasting, cultural foods or community venues will have specific controls recorded in the activity risk assessment.

8 Prescribed and Spare Emergency Medication

Prescribed Medication

- Pupils prescribed adrenaline must have rapid access to both prescribed devices at all times, including during meals, breaks, therapies, outdoor activities, transport handover and visits. Adrenaline should be capable of reaching the person within five minutes.

- Prescribed devices will be clearly labelled for the named individual and stored in accordance with manufacturer instructions. They must not be locked away or stored where access depends on one individual member of staff.
- Arrangements for devices to travel between home and school will be documented. Where the school retains devices, parents/carers must ensure separate devices are available for journeys and home use.
- The school will keep a record of the devices supplied, dosage, location, expiry date, Action Plan and consent. Parents/carers will be notified in good time when replacement is required.

Spare Adrenaline Auto-Injectors

- The school will stock spare AAIs of appropriate dosages for emergency use. Spare AAIs supplement and do not replace an individual's own prescribed devices.
- Spare AAIs will be stored in clearly marked emergency anaphylaxis kits, in pairs, readily accessible and not locked away. The number and location of kits will be determined so that a pair can reach any person on the site within five minutes. Each occupied school site will hold appropriate devices.
- Kits will include clear instructions, a record sheet and, where applicable, the school's spare salbutamol inhaler and spacers. Spare AAIs will be clearly distinguished from medication prescribed to a named person.
- The nursing team will check stock, dosage, packaging and expiry dates at least monthly and after every use. Used AAIs will be handed to ambulance staff or disposed of safely through an appropriate pharmacy/clinical waste route. Used, damaged or expired devices will be replaced without delay.
- In an emergency, the person's own prescribed adrenaline should be used first when immediately available. A spare AAI may be used when the person has no prescribed device, the prescribed device is unavailable, out of date, damaged, empty or misfires, including where anaphylaxis is the first presentation of an unrecognised allergy.
- Advance consent for use of spare adrenaline will be sought and recorded as good practice. However, prior consent is not required where reasonable action is necessary to save a life, and treatment must not be delayed while consent is checked.

Emergency asthma inhalers have different legal requirements and may only be used in accordance with current national guidance, including the applicable written-consent requirements.

9 Recognising Allergic Reactions and Anaphylaxis

Allergic reactions may affect one or more body systems. Symptoms can include itching or tingling, rash or hives, swelling, vomiting, abdominal pain, sneezing, watery eyes, coughing, wheeze, breathing difficulty, dizziness, confusion, collapse or reduced responsiveness.

Anaphylaxis is a severe, rapidly developing and potentially fatal allergic reaction. Treat as anaphylaxis where there are airway, breathing or circulation problems, or where there is sudden severe illness following likely allergen exposure. Skin symptoms may be absent.

Where a person has both asthma and food allergy and develops sudden breathing difficulty, staff must consider anaphylaxis and give adrenaline without delay. Adrenaline given in this context is very safe and may be lifesaving.

10 PMLD Considerations

As pupils are non-verbal or have profound communication needs, allergic reactions may present as:

- Sudden distress
- Behavioural change
- Facial swelling
- Increased secretions
- Persistent coughing
- Colour change
- Breathing changes
- Reduced responsiveness
- Unexpected vocalisation or unusual silence
- Change in muscle tone, posture or movement
- Retching, vomiting, swallowing difficulty or refusal
- Sudden sleepiness, pallor, floppiness or loss of usual engagement
- Changes detected through pulse oximetry or other clinical observations, where used as part of the person's usual healthcare support

Staff should never wait for pupils to communicate symptoms and should always act on clinical concern.

Staff must compare presentation with the pupil's usual baseline and follow the individual Action Plan, while recognising that anaphylaxis may present differently from previous reactions.

11 Emergency Procedure

If anaphylaxis is suspected:

1. Stop the activity immediately and remove the allergen where this can be done safely.
2. Call for assistance and alert the nursing team, but do not delay treatment while waiting for nursing staff.
3. Administer adrenaline immediately using the person's prescribed device or an appropriate spare AAI. Aim to administer within five minutes. Do not wait to call 999 before giving adrenaline.
4. Immediately dial 999, state "anaphylaxis", give the school location and access instructions, and send someone to meet the ambulance.
5. Place the person flat with legs raised. If breathing is difficult, they may sit with legs extended. If pregnant, position on the left side. If unconscious, place in the recovery position. Do not allow the person to stand, walk or suddenly sit up.
6. Monitor airway, breathing and circulation continuously. Begin CPR and use an automated external defibrillator if required and within staff training.
7. Administer a second AAI after five minutes if symptoms have not improved or have worsened, using a second device.
8. Arrange transfer to hospital by ambulance even if the person appears to recover. A parent/carer must not transport a pupil instead of an ambulance.
9. Inform parents/carers and the Headteacher as soon as emergency treatment is underway.

10. Record medication given, device details, times, symptoms, suspected trigger and actions. Retain relevant packaging and provide information to ambulance staff.
11. Complete incident reporting, notify relevant healthcare professionals where appropriate and undertake a formal review.

Staff must never delay treatment while waiting for nursing staff.

A person experiencing suspected anaphylaxis must never be left alone.

12 Educational Visits, Community Activities and Transport

- All pupils with allergies will be enabled to participate safely in educational visits and community activities through proportionate planning and reasonable adjustments.
- A specific risk assessment will be completed for any pupil at risk of anaphylaxis. It will consider food, venue, travel, staffing, communication, emergency access, mobile phone coverage, nearest emergency services and safe storage/access to medication.
- The pupil's two prescribed adrenaline devices and current Action Plan must accompany them. A trained member of staff who knows the pupil's plan must be present. Medication must remain immediately accessible and must not be placed in inaccessible luggage or left on a vehicle.
- The school may take an appropriate pair of spare AAIs on a trip where risk assessment identifies this as necessary, provided sufficient spare provision remains available on the school site.
- Allergy information will be shared with transport providers and escorts only to the extent necessary for safe travel and emergency response. Handover arrangements will confirm the location of emergency medication.

13 Staff and Visitor Allergies

The school will support staff with allergies through:

- Workplace risk assessments
- Reasonable adjustments
- Staff awareness
- Emergency procedures

Staff prescribed an adrenaline auto-injector are expected to carry it unless alternative arrangements have been agreed.

Staff should inform the Headteacher or designated manager of any allergy that may require workplace arrangements and provide emergency information voluntarily where this is needed to protect life.

Regular contractors and visitors will be invited to disclose relevant allergy information where they may need support. Reception and event arrangements will identify how emergency medication can be accessed.

In a life-threatening emergency affecting a staff member or visitor, trained staff may use an appropriate spare AAI for the purpose of saving life and must follow the emergency procedure in this policy.

14 Training

All staff will receive annual allergy and anaphylaxis training, including:

- Recognition of allergic reactions
- Use of adrenaline auto-injectors

- Emergency procedures
- PMLD-specific presentation of symptoms
- The nature and risks of allergy, including food allergy, asthma, eczema, allergic rhinitis and other conditions which may co-exist.
- The difference between food allergy, coeliac disease and food intolerance.
- How allergic reactions occur, common triggers and how to find individual allergy information.
- Recognition of the full range of allergic symptoms and anaphylaxis, including first presentation in a person with no known allergy.
- How to locate and administer prescribed and spare emergency medication, including practical device training.
- Calling emergency services, positioning, monitoring, second-dose arrangements and informing parents/carers.
- The impact of allergy on attendance, inclusion, anxiety and wellbeing.
- Responsibilities for reducing exposure and reporting incidents and near misses.
- The content and practical application of this policy, the allergy register, IHPs and Action Plans.

New staff will receive training as part of their induction.

Supply, agency, temporary and cover staff will receive allergy safety information before they assume responsibility for pupils. Training records, dates and attendance will be retained. Additional role-specific instruction and competency assessment will be provided where an IHP requires healthcare support beyond whole-school allergy awareness and emergency response training.

15 Wellbeing, Inclusion and Bullying

The school recognises that allergy and the risk of anaphylaxis can cause significant anxiety for pupils, families and staff. Support will be individualised and may include trusted-adult support, preparation for changes, accessible communication, reassurance, debriefing and liaison with relevant professionals.

Pupils with allergies will be included in meals, curriculum activities, therapies, celebrations, work experience and visits wherever reasonably possible. Adjustments will avoid unnecessarily isolating or singling out the pupil.

Teasing, bullying, coercion, threats or deliberate exposure involving allergens will be treated seriously under the Behaviour and Anti-Bullying Policy and, where appropriate, safeguarding procedures.

After a serious incident or near miss, the school will consider emotional support for the individual, family, staff responders and witnesses.

16 Information Sharing and Confidentiality

Health information is special-category personal data. The school has lawful bases to collect, use and share information where necessary to provide education safely, protect vital interests, comply with legal duties and deliver agreed healthcare arrangements.

Information will be accurate, proportionate, securely stored and shared only with people who need it for allergy prevention, support or emergency response. The pupil or young person and parents/carers will be involved in decisions about routine sharing wherever appropriate.

Essential emergency information may be shared without delay where necessary to protect life. Records will be managed in accordance with the school’s Data Protection Policy and retention schedule.

17 Serious Incidents and Near Misses

All allergic reactions, anaphylaxis events, medication errors, delays, unavailable medication, suspected exposures and near misses must be reported through the school's incident reporting system as soon as practicable.

The Headteacher and Senior Nurse Manager will ensure proportionate investigation. The review will consider the individual plan, training, supervision, communication, food controls, medication access, environmental factors, policy compliance and the experiences of the pupil or young person and family.

Relevant healthcare professionals or teams will be informed where clinical review or updated advice may be required. External reporting will be completed where required by law or regulatory arrangements.

Actions will be recorded, assigned, monitored to completion and shared with relevant staff. A serious incident or near miss will prompt review of the individual IHP and consideration of whether this policy, training or risk assessments require amendment.

Parents/carers and young people will be able to report a delayed reaction or concern that becomes apparent after returning home. Reports will be taken seriously and reviewed.

18 Policy Awareness and Publication

This policy will be published on the school website and made available in hard copy on request.

All staff will be made aware of the policy through induction and annual training. Key emergency instructions and medication locations will be communicated in a manner that remains visible to staff but protects individual confidentiality.

Age- and developmentally-appropriate allergy awareness will be promoted among pupils and young people where this is meaningful and safe. Any peer awareness about an individual's condition will be agreed with the pupil or young person and parents/carers and will not replace staff responsibility.

19 Monitoring and Review

The Headteacher and Lead Nurse will monitor:

- Staff training
- Medication audits
- Incident reports
- Compliance with Individual Healthcare Plans
- The accuracy of the allergy register and Action Plans.
- The accessibility, dosage, stock and expiry of prescribed and spare emergency medication.
- Food-service and cross-contact controls.
- Visit and activity risk assessments.
- Staff, pupil and parent feedback on safety, inclusion and wellbeing.
- Completion and impact of actions arising from incidents and near misses.

This policy will be reviewed annually or following any significant incident or changes in statutory guidance.

The governing body will review the policy at least once every year and make changes it considers appropriate following serious incidents or near misses. The next planned review is September 2026, or earlier if required.

20 Associated Documents

- Supporting Pupils with Medical Conditions Policy
- Administration of Medication Policy
- Educational Visits Policy
- First Aid Policy
- Individual Healthcare Plans
- Feeding and Dysphagia Procedures
- Risk Assessment Procedures
- Behaviour and Anti-Bullying Policy
- Safeguarding and Child Protection Policy
- Data Protection Policy
- Health and Safety Policy
- Food Safety and Catering Procedures
- DfE Allergy Safety in Schools statutory guidance and Allergy Safety Policy template (July 2026)
- Department of Health and Social Care guidance on the use of adrenaline auto-injectors in schools
- Emergency asthma inhalers for use in schools guidance