

PENCALENICK SCHOOL

Allergy Safety Policy

School-based operational policy

This policy should be read alongside the Special Partnership Trust Medical Conditions Policy and Managing Medicines in School Policy.

Approved by	
Date approved	September 2026 TBC
Last reviewed	September 2026
Next review due	September 2027, or sooner following a serious incident, near miss or relevant change

1. Aims

This policy aims to:

- Set out Pencalenick School's approach to allergy safety, including reducing the risk of exposure to known allergens and the procedures in place in the event of an allergic reaction.
- Make clear how the school supports pupils with allergies so that they are safe, included, and able to participate fully in school life.
- Promote and maintain allergy awareness across the school community.
- Provide clear operational arrangements which complement, and do not replace, the Special Partnership Trust Medical Conditions Policy and Managing Medicines in School Policy.

2. Legislation and guidance

This policy is based on the Department for Education (DfE) statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, and Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools. It reflects the allergy safety requirements introduced through the Children's Wellbeing and Schools Act 2026 (commonly referred to as Benedict's Law) and should be implemented from September 2026.

It should be read alongside:

- Special Partnership Trust Medical Conditions Policy (2026).
- Special Partnership Trust Managing Medicines in School Policy (2026).
- The Equality Act 2010.
- The Children and Families Act 2014, including section 100.
- The Food Information Regulations 2014.
- The Food Information (Amendment) (England) Regulations 2019.

3. Roles and responsibilities

3.1 Trust Board / accountable body

The Special Partnership Trust Board retains the responsibilities set out in the Trust Medical Conditions Policy. At school level, allergy-related risks will be actively managed and Pencalenick will maintain a dedicated allergy safety policy setting out arrangements to reduce exposure to known allergens and emergency response arrangements.

3.2 Allergy Safety Lead

The named SLT Allergy Safety Leads for Pencalenick School are Ali Russell and Dee Dockery. They provide senior leadership oversight of allergy safety and the implementation of this policy.

The Allergy Safety Lead is responsible for:

- Implementing this school-based allergy safety policy and ensuring it remains consistent with Trust policy.
- Reviewing the policy at least annually, and sooner where a serious incident, near miss, change in guidance or change in school arrangements indicates that a review is required.

- Ensuring the policy is published and communicated to staff, pupils and parents/carers in an accessible way.
- Promoting and maintaining allergy awareness across the school community.
- Developing and reviewing arrangements for the safe, rapid-access storage, checking and disposal of adrenaline devices (ADs).
- Ensuring allergy information is current and readily available to staff who need it.
- Ensuring every pupil identified as having an allergy has an Individual Healthcare Plan (IHP), in accordance with the Special Partnership Trust Medical Conditions Policy.
- Ensuring pupils with a known food or insect-sting allergy have an up-to-date allergy action plan issued by an appropriate healthcare professional, where provided/required.
- Ensuring all staff receive regular allergy awareness and emergency-response training.
- Ensuring relevant activities are appropriately risk assessed.
- Ensuring serious incidents and near misses are recorded, reported and reviewed, with learning used to improve practice, IHPs and/or policy.

3.3 Headteacher

The Headteacher is responsible for implementation of the Trust Medical Conditions Policy within Pencalenick School, including ensuring sufficient trained staff are available to meet pupils' IHPs and respond to emergency situations. The Headteacher retains overall responsibility for the development and monitoring of IHPs, although operational tasks may be delegated to appropriately trained staff.

3.4 Staff responsible for spare adrenaline device checks

Christie Dixon and Nicola Pennicook (Care Practitioner) are the designated members of staff responsible for checking the school's spare adrenaline auto-injectors (AAIs).

- Check at least monthly that spare AAIs are present, correctly stored and in date.
- Arrange replacement AAIs before expiry and after use.
- Escalate any missing, damaged or out-of-date device immediately to the Allergy Safety Lead.

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Maintaining awareness of this policy and the pupils with allergies in their care.
- Recognising signs of allergic reaction and anaphylaxis and responding without delay.
- Reducing the risk of pupils coming into contact with known allergens.
- Supporting the wellbeing, dignity and inclusion of pupils with allergies.
- Following the pupil's IHP and allergy action plan.
- Knowing how to summon emergency help and where prescribed and spare emergency medication is located.
- Reporting any allergic reaction, medication error, serious incident or near miss through the school's agreed reporting systems.

3.6 Parents/carers

Parents/carers are responsible for:

- Providing up-to-date information about their child's allergies, medical needs, dietary requirements, previous reactions and prescribed medication.
- Providing prescribed medication in accordance with Trust policy, including two in-date prescribed adrenaline devices where these have been prescribed, and replacing them in a timely way.
- Informing the school promptly and in writing of changes to medication or medical needs.
- Participating in the development and review of their child's IHP and supplying relevant healthcare plans.
- Following school guidance about food brought onto the school site or shared with others.

Parents/carers should report any change to medication through Nicola Pennicook (Care Practitioner). Nicola will complete the school's change-of-medication form and ensure the change is reflected in the relevant medical records and care arrangements. Medication and associated care arrangements are reviewed annually with parents/carers alongside the pupil's care plan/IHP, and sooner where a change in need or medication requires this.

3.7 Pupils

Pencalenick recognises that pupils' ability to understand, communicate and independently manage an allergy will vary. Expectations will therefore be individualised and set out in the pupil's IHP. Pupils will be supported, as appropriate to their age, cognition, communication and independence, to understand their allergens, seek help, recognise symptoms and participate in decisions about their care. No pupil will be expected to self-manage where this is not safe or appropriate.

4. Identifying individuals at risk

Allergy is a spectrum of conditions. Allergic reactions may be triggered by foods, insect stings, medicines, airborne allergens, animals, latex or other substances and can range from mild symptoms to life-threatening anaphylaxis.

4.1 Identifying pupils at risk

Pencalenick will:

- Obtain medical and allergy information as part of the admission and transition process before a pupil starts wherever possible.
- For a new diagnosis or a pupil joining mid-year, obtain relevant information promptly and make every effort to put appropriate arrangements in place within two weeks or before the pupil starts where this is necessary for safety.
- Use MediTracker and the school's agreed medical records to maintain current information and prompt parents/carers to review it.
- Ask parents/carers to notify the school promptly by telephone or through the school's agreed communication route of any change, followed by written confirmation where required under Trust policy.
- Cross-check relevant health information with the pupil's EHCP, IHP and healthcare information, while recognising that the most current medical advice must guide practice.

4.2 Identifying staff and visitors at risk

Staff are asked through the school/Trust employment arrangements to provide relevant medical information where this is necessary for workplace safety. Where a planned visitor will take part in activities involving food, animals or other potential allergens, relevant allergy information will be sought where proportionate and necessary for their safety.

4.3 Individual Healthcare Plans (IHPs)

In line with the Special Partnership Trust Medical Conditions Policy, Pencalenick will provide an IHP for every pupil identified as having an allergy. This school-level policy therefore intentionally differs from the generic model wording which suggests that some pupils with allergies may not require an IHP.

IHPs will be developed with the pupil, parents/carers and relevant healthcare professionals as appropriate, reviewed at least annually and sooner where needs change. They will identify the pupil's allergens, signs and symptoms, preventative measures, medication, emergency response, level of independence, communication needs, reasonable adjustments and any specific arrangements for lessons, mealtimes, transport, visits and residential or off-site activity where relevant.

4.4 Allergy and asthma action plans

Where a pupil has a food or insect-sting allergy, the school will seek an appropriate allergy action plan from the relevant healthcare professional. Where a pupil has asthma, an asthma action plan will be sought where appropriate. Relevant action plans will be linked to or held with the pupil's IHP and reviewed when updated.

4.5 Register of pupils with known allergies

The school will maintain an up-to-date allergy register within its agreed medical recording systems. It will include, as relevant:

- Known allergens and risk factors for anaphylaxis.
- The type and dose of any prescribed adrenaline device.
- Emergency medication arrangements and any recorded parental consent.
- A current photograph where this forms part of the school's agreed identification arrangements and appropriate consent/lawful basis is in place.
- The location of prescribed emergency medication and the pupil's IHP/action plan.

Information will be available quickly to staff who need it while being handled in accordance with data protection requirements.

5. Assessing risk

A specific allergy risk assessment will be completed where required, including for pupils at risk of anaphylaxis taking part in:

- Food preparation, cooking or food-technology activities.
- Science activities involving potential allergens.

- Craft or sensory activities involving food, packaging, latex or other known allergens.
- Animal handling or activities involving insects.
- Off-site visits, community activities, work-related learning and school trips.
- Residential activities or events outside normal school hours.
- Any other activity where the pupil's known allergen may reasonably be present.

Risk assessment will consider the pupil's SEND, communication, cognition, sensory profile, behaviour, level of independence and ability to recognise or report symptoms, so that controls are realistic for the individual pupil.

6. Minimising risk

6.1 Hygiene and food-sharing

- Pupils will be supported to wash their hands before and after eating, with the level of prompting or assistance matched to individual need.
- Food, drinks, containers and utensils must not be shared where this could create an allergy risk.
- Named or clearly identifiable food containers and drinking bottles will be used where required by an IHP or risk assessment.
- Staff will take reasonable steps to prevent cross-contact with known allergens during classroom, life-skills, cooking and enrichment activities.
- Where food is brought in from outside school for an organised activity, allergy information will be checked in advance and parental engagement sought where appropriate.

6.2 Catering

The school will work with its catering provider to provide safe food options and ensure relevant staff can identify pupils with food allergies. Allergen information will be provided in accordance with food-information legislation. Catering staff will follow appropriate food hygiene and cross-contamination controls, and changes to menus or ingredients will be managed so that known dietary requirements continue to be met.

6.3 Insect bites and stings

- Where a pupil has a known insect-sting allergy, controls will be specified in the pupil's IHP and relevant risk assessments.
- Outdoor food and drink will be managed carefully and covered where appropriate.
- Suitable footwear and clothing will be encouraged for outdoor activities where this reduces risk.
- Staff supervising outdoor learning will know how to access the pupil's emergency medication rapidly.

6.4 Animals

- Animal-related activities will be risk assessed where a pupil has a relevant allergy.
- Pupils will be supported to wash their hands after contact with animals.
- A pupil with a known animal allergy will not be required to have direct contact with that animal and reasonable adjustments will be made so that they can participate safely.

6.5 Visits, community activities and trips

Pupils with allergies will not be excluded from visits or trips solely because of their allergy.

- Relevant staff will be briefed on the pupil's allergy, IHP, action plan and emergency arrangements before departure.
- A specific risk assessment will be completed for pupils at risk of anaphylaxis.
- Prescribed adrenaline devices and other required emergency medication will remain immediately available throughout the activity.
- Appropriately trained staff will attend.
- Medication will be transported in a secure, clearly labelled bag in line with the Trust Managing Medicines in School Policy.
- The same competencies, policies and protocols that apply in school will apply off site.

7. Procedures for handling an allergic reaction

All staff will receive training to recognise mild and severe allergic reactions, including anaphylaxis, and to respond promptly. If a pupil has an allergy action plan, it must be followed.

In any suspected anaphylaxis emergency:

- Call for immediate assistance and obtain the pupil's prescribed adrenaline device or the school's spare AAI without delay.
- Administer adrenaline promptly in accordance with the pupil's action plan/training. If the pupil is able and it is appropriate, support them to self-administer.
- Call 999 without delay. Anaphylaxis is a medical emergency and requires hospital assessment even after adrenaline has been given.
- Give a second dose if required in accordance with the action plan, device instructions and emergency guidance.
- Do not delay emergency treatment while trying to contact parents/carers or check prior consent.
- Inform parents/carers as soon as possible once emergency action is underway.
- Record and report the incident in accordance with sections 9 and Trust procedures.

A spare school AAI may be used where the pupil does not have a prescribed device available, the prescribed device is unavailable or misfires, or in another life-threatening emergency where reasonable action is required to save life.

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who are prescribed adrenaline devices should have rapid access to them at all times. Two prescribed devices should be available in line with medical advice. Where a pupil can safely carry their own devices, this will be supported and recorded in their IHP. Where, because of age, cognition, communication, behaviour, physical needs or other considerations, it is not safe or appropriate for the pupil to carry them, staff will hold them in an agreed rapid-access location.

Prescribed ADs will not be locked away in a way that prevents immediate emergency access. This reflects the Trust Managing Medicines in School Policy requirement that inhalers and other emergency medication are readily accessible for immediate use.

The local storage arrangement must ensure that prescribed ADs are:

- Accessible at all times when the pupil is on site.
- No more than five minutes away from wherever they may be needed.
- Stored at room temperature in accordance with manufacturer instructions and protected from direct sunlight and extremes of temperature.
- Kept with, or clearly linked to, the pupil's allergy action plan/IHP so instructions can be accessed quickly.

The precise location of each pupil's emergency medication is determined individually and recorded within the pupil's IHP and the school's secure medical records. Depending on the pupil's needs and assessed level of independence, emergency medication may be carried with the pupil or held at an identified rapid-access location. Relevant staff are informed on a need-to-know basis. Individual pupil names, medical conditions and medication locations are not listed in this published policy. Arrangements must ensure rapid access across classrooms, dining areas, outdoor areas, PE/sports, community access, transport handover, visits and trips.

Where prescribed ADs travel between home and school, they will be transported in a secure, clearly labelled bag and handed directly between the responsible adult/passenger assistant and school staff. Receipt/return will be recorded in line with the Trust Managing Medicines in School Policy. Parents/carers remain responsible for ensuring prescribed devices supplied for their child are in date.

8.2 Spare ADs

Pencalenick stocks spare adrenaline auto-injectors for emergency use. At the date of approval, the school holds 24 spare EpiPen auto-injectors. Eight of these are distributed across the school's four ARB sites, with the remaining spare devices held across the main school site in designated rapid-access locations. Current arrangements permit schools to purchase spare AAls, but not non-injectable nasal adrenaline devices. If a pupil prescribed nasal adrenaline experiences anaphylaxis and their own device is unavailable, a school spare AAI may be used in an emergency.

The number, dosage and distribution of spare AAls will be reviewed against the needs of pupils on roll and the layout of the main school and ARB sites. Devices will be distributed so that emergency adrenaline can be accessed rapidly and, wherever required by the statutory guidance, within five minutes. The operational locations are communicated to staff and maintained within the school's secure medical arrangements rather than published in this policy.

Spare AAls will be:

- Stored in pairs in case a second dose is required.
- Clearly labelled as school spare emergency AAls and kept separate from individual pupils' prescribed devices.
- In an appropriate central or distributed rapid-access location that is accessible to staff at all times pupils are present.
- Stored at room temperature, protected from direct sunlight and extremes of temperature.
- Checked at least monthly by two designated members of staff, with replacement arranged before expiry or immediately after use.

8.3 Disposal

An adrenaline device is single-use. Following use, it will be handled and disposed of in accordance with the manufacturer's instructions and the school/Trust clinical waste or sharps arrangements as applicable.

8.4 Use of spare ADs without prior consent

The school will seek advance consent as part of the pupil's medical/IHP arrangements where appropriate. However, prior consent must not cause a potentially fatal delay: in a life-threatening emergency, anyone may take reasonable action to save a life, including administering adrenaline.

8.5 ADs off school premises

Pupils at risk of anaphylaxis must have access to their prescribed ADs during all off-site activity. A designated trained member of staff will ensure emergency medication remains immediately available and is transported securely. The visit risk assessment will consider whether a school spare pair should also be taken. Where spare AAls are taken off site, sufficient spare provision must remain available for pupils who remain at school.

9. Serious incidents and 'near misses'

A serious incident is an event relating directly to a medical condition, including allergy, in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm. A near miss is an event that did not result in harm but had the clear potential to do so.

9.1 Recording

Serious incidents and near misses relating to allergy safety will be recorded as soon as practicable on CPOMS under the Medical category. Nicola Pennicook (Care Practitioner) will ensure the school's specific medical incident reporting form is completed where required. Medication administration records and MediTracker will also be updated where relevant, in accordance with Trust procedures.

The record should include:

- Who was affected.
- What happened, when and where.
- Known or suspected cause.
- How staff and pupils responded and what support/treatment was provided.
- Whether emergency services or healthcare advice were sought.
- Medication administered, including device/dose where relevant.
- How the incident concluded and any immediate actions taken.

Incidents and near misses will be reviewed in a learning-focused, no-blame manner while maintaining appropriate accountability and safeguarding.

9.2 Reporting and review

- Parents/carers will be informed as soon as possible.

- The Allergy Safety Lead and Headteacher/senior leader will be informed.
- The pupil and parents/carers will be given an appropriate opportunity to contribute their views to the review.
- Where the incident relates to a healthcare professional's care/action plan, the relevant healthcare professional will be informed as appropriate.
- External reporting, including RIDDOR or food-safety reporting, will be completed where the statutory criteria are met.
- The Allergy Safety Lead will consider whether the policy, risk assessment, staff training, local procedures or the pupil's IHP/action plan require amendment.

10. Allergy awareness

10.1 Staff training

All staff likely to be on site while pupils are present will receive allergy awareness and anaphylaxis training at least annually. This includes relevant permanent, temporary, supply, agency, peripatetic, catering and regular volunteer staff. New starters will receive appropriate allergy information and training as part of induction before taking unsupervised responsibility where allergy risk is relevant.

This aligns with the Trust Managing Medicines in School Policy requirement for annual anaphylaxis training for all staff from September 2026.

Training will cover:

- Common allergens and how exposure can occur.
- Signs and symptoms of allergic reactions and anaphylaxis.
- How to respond rapidly and call emergency services.
- How to locate and administer prescribed and spare adrenaline devices.
- How to use the types of device that may be encountered in school.
- Pupil-specific IHPs and allergy action plans where staff need to know them.
- Risk reduction, incident reporting and near-miss reporting.
- The impact of allergies on wellbeing, inclusion and participation.

The school will maintain access to appropriate AAI training devices so staff can practise safely. Pencalenick will undertake an anaphylaxis/allergy emergency drill at least annually, record the outcome and use learning to improve procedures. Any pupil involvement will be planned sensitively and with regard to their SEND, communication and emotional wellbeing.

10.2 Awareness of the policy

The policy will be published on the school website and communicated to staff and parents/carers. Pupils will be taught about allergy safety in an accessible, developmentally appropriate way, using communication supports, symbols, social narratives, modelling or repetition where required. Teaching will emphasise not sharing food or medication, seeking adult help and treating the medical needs of peers respectfully.

11. Wellbeing

Pencalenick recognises that living with an allergy can affect a pupil's sense of safety, participation, independence and emotional wellbeing. Pupils will not be unnecessarily restricted or excluded because of an allergy. Reasonable adjustments will be made so that pupils can participate safely in curriculum, enrichment, visits, PE, food activities and wider school life.

Support may include:

- A trusted adult and regular check-ins where appropriate.
- Accessible explanations of the pupil's allergy and safety plan.
- Support to develop safe independence without placing responsibility on the pupil beyond their abilities.
- Pastoral support following an allergic reaction, serious incident or near miss.
- Action under the school's behaviour/anti-bullying arrangements where a pupil is teased, threatened or deliberately exposed to an allergen.

12. Information sharing

Information about an individual's health is special category data under UK GDPR and will be handled in accordance with the Trust/school data protection arrangements. Relevant information will be shared with staff on a need-to-know basis so that they can keep the pupil safe. For pupils with SEND, information will be presented to staff in a clear operational format that identifies the pupil, allergen, symptoms, emergency medication, location of medication and required response.

13. Monitoring arrangements

The Allergy Safety Lead will monitor implementation of this policy. It will be reviewed at least annually and sooner where there is a serious incident or near miss, a significant change in a pupil's needs, a change in statutory guidance, or a material change to school premises or operational arrangements.

14. Links to other policies and procedures

- Special Partnership Trust Medical Conditions Policy.
- Special Partnership Trust Managing Medicines in School Policy.
- Health and Safety Policy.
- Data Protection Policy.
- Behaviour Policy / anti-bullying arrangements.
- Educational Visits and Off-site Activities procedures.
- School Food / Catering procedures.
- First Aid procedures.
- Safeguarding and Child Protection Policy.
- Risk Assessment procedures.