EDSTART SCHOOLS

Allergy and Anaphylaxis Policy

TRUST-WIDE POLICY • SEPTEMBER 2026

Policy owner	Director of Education
Proprietor	EdStart Specialist Education Ltd
Applies to	All EdStart sites, pupils, staff, visitors, educational visits, enrichment, work experience, off-site education and alternative provision
Effective from	September 2026
Review	September 2027 or sooner following incident, near miss or national guidance change
Status	Trust-wide minimum standard; local pupil healthcare plans and site arrangements apply

1. Purpose

EdStart Schools is committed to ensuring that pupils with allergies can participate fully and safely in school life. Anaphylaxis is a severe and potentially life-threatening allergic reaction. A reaction can develop rapidly and requires immediate action.

- identify pupils with known allergies and maintain current information;
- reduce avoidable exposure to known allergens through proportionate risk management;
- maintain appropriate Individual Healthcare Plans (IHPs);
- ensure prescribed emergency adrenaline is rapidly accessible;
- ensure staff understand how to recognise and respond to anaphylaxis;
- consider allergy risks in lessons, food provision, enrichment, visits, transport, work experience and off-site provision;
- record and review allergic reactions, anaphylaxis incidents and significant near misses; and
- work with pupils, parents/carers and healthcare professionals.

This policy should be read alongside EdStart safeguarding, first aid, supporting pupils with medical conditions, educational visits and health and safety arrangements.

2. Responsibilities

Proprietor and senior leaders

The Director of Education provides Trust-wide oversight. Each Headteacher/Head of School is responsible for local implementation and for ensuring that:

- pupils with allergies are identified and relevant staff are informed;
- IHPs and emergency treatment information are current;
- emergency medication is accessible and expiry checks are recorded;
- appropriate staff training and device familiarisation are completed;
- allergy arrangements are included in educational visit and off-site risk assessments;

- catering and food-related activities appropriately manage allergens; and
- incidents and near misses are reviewed and lessons shared where necessary.

All staff

All staff must know which pupils they work with have significant allergies, how to recognise a serious reaction, where emergency medication is located and how to summon immediate assistance. Staff must never delay emergency treatment while attempting to contact a parent/carer.

3. Identifying pupils with allergies

Parents/carers should provide up-to-date information about diagnosed or suspected allergies, known allergens, previous reactions, prescribed medication, emergency treatment and relevant healthcare advice. Information will be recorded securely and communicated to staff who need it to keep the pupil safe.

Where appropriate, an IHP will be developed with the pupil, parent/carer and relevant healthcare professionals. It should identify allergens, symptoms, medication, emergency response and reasonable adjustments required.

4. Reducing exposure to allergens

EdStart recognises that it is not normally possible to guarantee an entirely allergen-free environment. The school will use proportionate risk management rather than unnecessarily excluding pupils.

- appropriate food-allergen controls and ingredient checking;
- avoiding food sharing where this presents a risk;
- handwashing, cleaning and minimising cross-contact;
- considering allergens in cooking, practical activities and enrichment;
- considering latex, medicines, insect stings and other non-food allergens;
- appropriate supervision and individual risk assessment where required; and
- reasonable adjustments that support safe participation.

5. Emergency adrenaline medication

Pupils prescribed emergency adrenaline must have rapid access to it throughout the school day and during off-site activities. Where developmentally appropriate and consistent with the pupil's healthcare plan, pupils should be encouraged to carry their own prescribed emergency adrenaline.

Emergency medication must not be locked away where this could cause dangerous delay. Where two adrenaline devices are prescribed, both should remain available. Sites should maintain suitable spare adrenaline auto-injector (AAI) provision following local needs and risk assessment and current legislation/guidance.

6. Recognising anaphylaxis

AIRWAY: swelling of tongue or throat; difficulty swallowing; hoarse voice.

BREATHING: difficulty breathing; wheezing; persistent cough; noisy breathing.

CIRCULATION: dizziness or collapse; pale/clammy appearance; confusion; reduced responsiveness or unconsciousness.

Skin symptoms such as hives, flushing or swelling can occur, but skin symptoms do not have to be present. Staff should be particularly alert where a pupil with food allergy and asthma suddenly develops breathing difficulty.

7. Emergency response to suspected anaphylaxis

ANAPHYLAXIS IS A MEDICAL EMERGENCY
GIVE ADRENALINE IMMEDIATELY. IF IN DOUBT, GIVE ADRENALINE.

1. Give the pupil's emergency adrenaline immediately.
2. Call 999 immediately and state "ANAPHYLAXIS".
3. Do not allow the pupil to stand or walk. Bring help and medication to them.
4. Keep the pupil lying down. If breathing is difficult, position appropriately to assist breathing.
5. Contact the parent/carer after emergency treatment has commenced.
6. If symptoms have not improved sufficiently, give a second dose of adrenaline after 5 minutes where available and in accordance with the emergency plan.
7. Continue monitoring. Commence CPR if required and follow the emergency call handler's instructions.
8. A pupil who receives emergency adrenaline must receive emergency medical assessment.

8. Spare school adrenaline auto-injectors

- stored safely but rapidly accessible;
- clearly identified and within expiry date;
- included in regular medication checks;
- available for off-site activities where required; and
- used in accordance with current law, national guidance and the pupil's emergency arrangements.

In an unforeseen life-threatening emergency, the overriding priority is to preserve life.

9. Educational visits, enrichment and off-site provision

Allergy arrangements travel with the pupil. Risk assessment must consider allergens at the destination, food arrangements, medication access, emergency communication, distance from emergency assistance, responsible adults and transport. A pupil must not be prevented from participating solely because they have an allergy where reasonable arrangements can safely enable participation.

10. Food and catering

Where EdStart provides or arranges food, appropriate allergen information and controls must be maintained. Relevant staff must know which pupils have identified food allergies. Food preparation, storage and service should minimise

unintended allergen cross-contact. Food must not be described as completely “allergen free” unless this can genuinely be guaranteed.

11. Training

All EdStart staff will receive allergy awareness information appropriate to their role. Staff expected to support pupils at risk of anaphylaxis will receive appropriate practical instruction in recognising anaphylaxis and administering the emergency adrenaline devices used within their setting. New staff will receive relevant information during induction and training will be refreshed following significant changes in guidance, equipment or pupil need.

12. Pupil dignity, inclusion and wellbeing

Having an allergy must not result in stigma, bullying or unnecessary exclusion. Staff will challenge behaviour that deliberately exposes another pupil to a known allergen or mocks, intimidates or threatens a pupil because of their allergy. Deliberate allergen exposure may constitute a serious behaviour and safeguarding concern.

13. Incidents and near misses

Every administration of emergency adrenaline, significant allergic reaction or serious allergy-related near miss must be recorded and reviewed. The review should consider the IHP, medication access, staff response, environmental/food controls, communication, lessons for other sites and whether the pupil’s arrangements require amendment.

14. Monitoring and September 2026 implementation standard

Each EdStart site should be able to demonstrate:

- an identified operational lead for allergy safety;
- an up-to-date allergy register and appropriate IHPs;
- staff awareness of pupils at risk;
- rapid access to prescribed emergency medication;
- appropriate spare emergency AAI arrangements;
- recorded medication and expiry checks;
- allergy/anaphylaxis staff training and device familiarisation;
- allergy risks included in visits and off-site education; and
- recording and review of incidents and near misses.

EDSTART EMERGENCY MESSAGE
RECOGNISE → ADRENALINE → 999 → POSITION → SECOND DOSE AFTER 5 MINUTES IF REQUIRED
Do not delay adrenaline. Do not make the pupil walk.

15. Review and approval

This policy will be reviewed at least annually and sooner following a serious allergic reaction, administration of emergency adrenaline, significant near miss, material national guidance change or significant organisational change.

Approved by	Kevin Buchanan
Approval date	September 2026
Next review	September 2027
Signature / role	K.Buchanan Director of Education