The King's (The Cathedral) School

Allergy Safety Policy

Policy Owner:	Mr O Pengelly
Approved by:	The Governing Body
Last reviewed on:	September 2026
Next review due by:	September 2027

Contents

1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and Guidance

This policy has been prepared in accordance with section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and the Department for Education's statutory guidance, *Allergy safety in schools*, sometimes referred to as Benedict's law, published in July 2026. The governing body will have regard to this guidance when carrying out its statutory responsibilities for allergy safety.

The policy also takes account of:

- the Equality Act 2010;
- the Human Medicines Regulations 2012 and the Human Medicines (Amendment) Regulations 2017;
- the Food Information Regulations 2014;
- the Food Information (Amendment) (England) Regulations 2019;
- the Requirements for School Food Regulations 2014;
- Department of Health and Social Care guidance on emergency adrenaline auto-injectors and emergency asthma inhalers in schools; and
- relevant Food Standards Agency guidance on allergen information, cross-contact and food labelling.

3. Roles and Responsibilities

3.1 The Governing Board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy Safety Lead

The nominated allergy safety lead is Mr Oliver Pengelly.

They are responsible for:

- Implementing this allergy safety policy

- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Ensuring:

    - All staff receive regular allergy awareness and AAI training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:

        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Operational Allergy Leads

The nominated Operational Allergy Leads are Sharon England and Kiri Baker. The Operational Allergy Leads are responsible for:

- Checking spare ADs are present and in date on a monthly basis
- Making sure that replacement ADs are obtained when expiry dates approach
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring that appropriate allergy information is collected, reviewed and communicated;
- Determining, in consultation with parents/carers and relevant healthcare professionals, whether a pupil requires an Individual Healthcare Plan (IHP); and
- Coordinating the development, implementation and review of IHPs where required.
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional

3.4 Teaching and Support Staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures including how to respond in an anaphylaxis emergency
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.5 Parents and Carers

Parents and carers are responsible for:

- Being aware of our school's allergy safety policy

- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.6 Pupils with Allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying an in-date AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD
- Reporting any accidental exposure or symptoms of an allergic reaction immediately to the nearest member of staff

3.7 Pupils without Allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying Individuals at Risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") to which they are allergic. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying Pupils at Risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. When the school is notified that a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information, as necessary.

We ask that parents/carers proactively inform us by either phone call to the school [01733 751541] or an email to pupilreception@kings.peterborough.sch.uk if their child's medical needs change during the school year.

4.2 Identifying Staff and Visitors at Risk

We will:

- For new staff, send a form prior to them starting their employment to confirm any allergies they have. When the school is notified that a member of staff has a new diagnosis, we will send a form and put arrangements in place within 2 weeks
- Routinely ask visitors to the school to notify us of any allergies they have prior to their visit or, if not possible, on arrival.

4.3 Individual Healthcare Plans (IHPs)

Pupils should have an IHP if they:

- Have a high-risk allergy or prescribed AD
- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The Operational Allergy Leads are responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and Asthma Action Plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of Pupils with Known Allergies

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed ADs (and if so, what type and dose).
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication.
- A photograph of each pupil to allow a visual check to be made.

The register is available digitally and a hard copy stored at Pupil Reception and can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing Risk

The School will undertake appropriate risk assessments whenever an individual's known allergy may present an increased risk of harm during a school activity. This may include curriculum activities involving food, practical science activities, educational visits, residential trips, animal encounters, food-related events and other situations where exposure to a known allergen may occur. Appropriate control measures will be implemented to minimise risk.

6. Minimising Risk

The School is an allergy-aware environment. Whilst reasonable steps will be taken to minimise the risk of exposure to known allergens, the School cannot guarantee a completely allergen-free environment.

6.1 Hygiene Procedures

- Pupils are reminded to wash their hands before and after eating.
- Sharing of food, food containers, and food utensils is not allowed.
- Pupils are encouraged to have their own named water bottles.

6.2 Catering

The School is committed to providing a safe and inclusive dining experience for pupils with food allergies whilst recognising that no environment can be guaranteed to be entirely allergen-free. The School therefore adopts an allergy-aware approach supported by appropriate allergen management procedures.

The School Catering Team will work to ensure that pupils with food allergies can safely access suitable meal options. Catering staff will receive appropriate allergy awareness training, understand allergen information requirements, and follow procedures to minimise the risk of cross-contamination during the preparation, storage and serving of food. Parents/carers will be able to discuss dietary requirements and allergen arrangements directly with the School Catering Team where appropriate.

The School Catering Team will maintain appropriate arrangements to identify pupils with food allergies at mealtimes. These may include catering records, pupil photographs, staff awareness and confirmation of dietary requirements at the point of service. Wherever food is prepared, served or sold by the School, reasonable steps will be taken to ensure that allergen information is available and clearly communicated. This includes food provided through the Dining Hall, Henry's, Boizot's Café, curriculum activities and Food Technology lessons. Where menus, ingredients or suppliers change, reasonable steps will be taken to ensure that agreed dietary requirements continue to be met.

Pupils with food allergies will not routinely be segregated from their peers. Risk will be managed through effective communication, supervision and allergen management procedures.

Food brought into school by pupils, staff, parents/carers or visitors may also present an allergen risk. The School may issue guidance or restrictions where necessary to support the safety of individuals with allergies. Sharing or swapping food, food containers or eating utensils is not permitted.

Food used in curriculum activities, enrichment activities, visits and other school events will be planned with regard to known allergies and appropriate adjustments made where necessary to enable safe participation. Where food is provided at events organised by Friends of King's School or other third parties on the School site, organisers will be expected to follow relevant food safety and allergen management requirements.

Pupils entitled to benefits-based Free School Meals will continue to receive their entitlement. Where a pupil has a food allergy, the School and its Catering Team will work with parents/carers to identify suitable arrangements that allow the pupil to access an appropriate meal safely.

6.3 Insect Bites / Stings

When outdoors:

- Shoes should always be worn.
- Food and drink should be covered.

Pupils are encouraged to use insect repellent on outdoor residential trips.

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.
- Appropriate arrangements will be made to minimise exposure of pupils with animal allergies to animals used within the School environment.

6.5 Visits and Trips

No pupils with allergies will be excluded from taking part.

The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training.

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip.

Pupils at risk of anaphylaxis must have immediate access to their prescribed adrenaline devices throughout the visit in accordance with their IHP and Allergy Action Plan. Staff trained to administer adrenaline in an emergency will be present on the school trip.

Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5).

7. Procedures for Handling an Allergic Reaction

Any member of staff who suspects an allergic reaction must remain with the individual, summon assistance and follow the individual's Allergy Action Plan where one is available.

7.1 Mild to Moderate Reaction

Where symptoms do not affect Airway, Breathing or Circulation:

- Keep the individual under direct supervision;
- Follow their Allergy Action Plan;
- Administer prescribed antihistamine where authorised and directed by the plan;
- Contact the pupil's parent or emergency contact; and
- Monitor the pupil in a safe place for at least 60 minutes, because a mild reaction can develop into anaphylaxis.

7.2 Suspected Anaphylaxis

Anaphylaxis may be present where there are signs involving Airway, Breathing or Circulation. A skin rash does not need to be present. If in doubt, treat as anaphylaxis.

Staff must:

1. administer adrenaline immediately, bringing the device to the individual rather than moving them to the medication;
2. call 999 and state that anaphylaxis is suspected and adrenaline has been administered;
3. lace the individual flat on their back with their legs raised. If breathing is difficult, they may sit with their legs outstretched. They must not stand, walk or be allowed to move around;
4. use the individual's own prescribed adrenaline device first if it is immediately available;
5. use a school spare AD if the individual has no prescribed device, their device is unavailable, out of date or has misfired, or they have been prescribed nasal adrenaline but it is not available;
6. administer a second dose of adrenaline after five minutes if there is no improvement or symptoms worsen, and update the emergency services;
7. commence CPR if the individual becomes unresponsive and is not breathing normally;
8. contact the pupil's parent or carer without delaying emergency treatment;
9. arrange for a member of staff to accompany the pupil to hospital and remain until a parent or carer arrives; and

10. give used devices to ambulance personnel where possible and record the time each dose was administered.

Anyone who has received adrenaline must be assessed in hospital, even if they appear to have recovered. In a life-threatening emergency, any person may take reasonable action to save life, including administering adrenaline.

For a visual summary of the School's emergency anaphylaxis response procedure, see Appendix B: Emergency Anaphylaxis Response Flowchart.

8. Adrenaline Devices (ADs)

8.1 Prescribed ADs

Pupils prescribed adrenaline devices must have rapid access to two prescribed adrenaline devices at all times. As the school's standard arrangement, pupils who are considered by the School, parents/carers and relevant healthcare professionals to be competent to do so will carry one prescribed adrenaline device on their person at all times. Their second prescribed device will be stored at Pupil Reception alongside a copy of their Allergy Action Plan. Any alternative arrangement must be clearly documented within the pupil's individual Healthcare Plan and Allergy Action Plan.

The Operational Allergy Leads will conduct termly checks to ensure that pupils prescribed adrenaline devices have access to both prescribed devices in accordance with their IHP and Allergy Action Plan, and that all devices are present and in date. Where a device is not available, not in date, or the agreed arrangements are not being followed, parents/carers will be contacted and a further review undertaken if required.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2 Spare ADs and Inhalers

The Operational Allergy Leads are responsible for sourcing spare ADs and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

The School will maintain spare ADs for the age range of pupils on roll. The number and location of devices will be determined through a site assessment so that a pair can be brought to any routinely occupied part of the site within five minutes.

Spare ADs are stored at Pupil Reception, the Sports Pavilion and any additional locations identified through the school's site assessment. Locations will be reviewed annually and whenever school accommodation arrangements change. Staff should familiarise themselves with the locations of emergency anaphylaxis kits and spare ADs. A current list of locations is provided in Appendix A.

Spare ADs will be stored in clearly marked, unlocked emergency anaphylaxis kits, separate from medication prescribed to named individuals. Each kit will contain:

- an in-date AAIs of the appropriate dose;
- concise emergency instructions;
- a record of monthly checks; and

- where practicable, the emergency asthma inhaler and spacer held under the School's asthma arrangements.

8.3 Disposal

Used adrenaline devices will be handed to ambulance staff, returned to a pharmacy, or placed in an approved sharps container in accordance with manufacturer guidance.

8.4 Using Spare ADs in an Emergency Situation without Prior Consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off School Premises

Pupils prescribed adrenaline devices must have immediate access to their prescribed medication during all educational visits, residential visits, sporting fixtures and other off-site activities.

Prescribed adrenaline devices must remain readily accessible at all times and must not be stored in locations that could delay emergency treatment.

Further operational requirements are set out in the School's *Administration of Medication to Students on School Visits Policy* and *Trips and Visits Policy*.

9. Serious Incidents and 'Near Misses'

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

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident Recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected.
- What happened, when and where.
- Why the incident occurred (as far as is known).
- How staff and pupils responded and what was done to support the individual.

- Whether emergency services were called.
- How the incident concluded.

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident Reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible. In the case of a pupil aged 16 and over, the school will confirm that the pupil agrees that their parents/carers should be informed.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the Allergy Safety Lead. The Allergy Safety Lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): The Allergy Safety Lead will consider whether a serious incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Not all allergic reactions or hospital attendances will be reportable. Reporting will depend upon whether the incident arose out of or in connection with the way the School carried out a work activity. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]
- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy Awareness

10.1 Staff Training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs.

It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it.
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist.
- Understand the difference between food allergy, coeliac disease and food intolerance.
- Know where to find information on allergy triggers.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing.
- Understand the school's allergy safety policy.
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss').

10.2 Awareness of Allergy Safety Policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

10.3 Unacceptable Practice

It is not acceptable to:

- Prevent a pupil from readily accessing prescribed emergency medication;
- Send a pupil experiencing an allergic reaction to Pupil Reception or another location without suitable adult supervision;
- Require a pupil experiencing suspected anaphylaxis to walk to where medication is stored;
- Ignore the views of the pupil or their parents, or relevant healthcare advice;
- Assume that all pupils with allergy require identical arrangements;
- Assume that an undiagnosed pupil cannot be experiencing an allergic reaction;
- Assume that an older pupil requires no support because they usually self-manage;
- Routinely send pupils home, exclude them from meals, activities, clubs or trips, or require a parent to attend to provide support where reasonable school arrangements can be made;
- Segregate pupils with allergies at mealtimes;
- Penalise pupils for allergy-related absence, medical appointments or reasonable adjustments; or

- Permit allergy-related bullying, threatening behaviour, deliberate allergen exposure or misuse of another person's medication.

11. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care.
- Regular check-ins with their form tutor or trusted adult where required by the pupil's IHP or wellbeing needs.
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis.

The school will respond to any instance of bullying in line with its behaviour policy.

11.1 Wellbeing Support following an Incident or 'Near Miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding, and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information Sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring Arrangements

The Allergy Safety Lead will monitor implementation of this policy and report to the Senior Leadership Team and governing body at appropriate intervals. The policy will be reviewed at least annually, and earlier following any serious incident or near miss, material change in statutory guidance, or evidence that existing arrangements require improvement. The governing body, or a committee acting under delegated authority, will approve the policy.

Reviews will be informed by feedback from pupils with allergies, their parents or carers, relevant staff, catering representatives and, where appropriate, healthcare professionals. Consultation will be proportionate and will preserve the confidentiality of individual health information.

A summary of any serious incidents, near misses and resulting actions will be reported to governors as part of the annual review process.

14. Links to Other Policies

This policy links to the following policies and procedures:

- Administration of Medicines in School Policy

- Administration of Medication to Students on School Visits Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Data Protection Policy
- Behaviour Policy
- Student Mental Health and Wellbeing Policy

Appendix A – Emergency Anaphylaxis Kit Locations

Location	Devices
Pupil Reception	2 AAIs
Sports Pavilion	2 AAIs

Appendix B: Emergency Anaphylaxis Response Flowchart