



Learning, growing, achieving, TOGETHER

St Meryl School

Allergy and

Anaphylaxis Policy

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Reviewed and ratified by the Governing body - September 2026

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1. AIMS AND OBJECTIVES

This policy outlines St Meryl School's approach to allergy and anaphylaxis management, including how the whole-school community works to reduce the risk of an allergic reaction occurring and the procedures in place to respond if one does.

At St Meryl School, the safety, wellbeing and inclusion of every pupil are of paramount importance. The school recognises that allergic disease is the most common chronic condition in childhood and that, although most allergic reactions are mild, anaphylaxis is a potentially life-threatening medical emergency.

This policy sets out how St Meryl School:

- identifies pupils with allergies and dietary requirements;
- works with parents and carers to develop individualised care arrangements;
- reduces the risk of allergic reactions occurring;
- provides safe and inclusive catering arrangements;
- ensures appropriate medication and emergency equipment are available;
- ensures staff receive appropriate allergy and anaphylaxis training;
- supports pupils to develop age-appropriate independence and self-advocacy;
- responds promptly and appropriately to allergic reactions and anaphylaxis;
- records and learns from allergic reactions and near misses; and
- promotes an allergy-aware and inclusive school community.

St Meryl adopts a whole-school approach to allergy management. Allergy management is the responsibility of the whole school community and is not solely the responsibility of office/medical staff.

This policy applies to all staff, pupils, parents/carers, contractors, volunteers and visitors to St Meryl and should be read alongside relevant school policies, including:

St Meryl School has developed this policy in accordance with the Department for Education's statutory guidance Allergy safety in schools (July 2026). The policy reflects the requirements of Section 34 of the Children's Wellbeing and Schools Act 2026 and will be reviewed annually.

- Medical Conditions Policy;
- First Aid Policy;
- Educational Visits Policy;
- Equality, Diversity and Inclusion Policy;
- Anti-Bullying Policy;
- Catering / Food Safety procedures; and
- Risk Assessment procedures.

The policy is published on the school website and is brought annually to the attention of pupils, parents, staff, volunteers and others working regularly within the school.

It will be updated sooner following a serious allergy incident, significant near miss, material change in a pupil's needs, or relevant change in government/clinical guidance.

Where the School is made aware that a member of staff or visitor has an allergy requiring emergency arrangements, proportionate information-sharing and emergency planning should be agreed, taking account of confidentiality, data protection and workplace health and safety duties. [DfE Allergy safety in schools, July 2026]

1. Take every allergy seriously – allergic reactions are unpredictable and every child with a diagnosed allergy should be supported through appropriate risk-reduction measures.
2. Every child matters – allergies are individual and an individualised approach should be taken in partnership with pupils and families.
3. Prioritise safety and inclusion over the status quo – arrangements should promote both safety and full participation in school life.

2. WHAT IS AN ALLERGY?

Allergy occurs when a person's immune system reacts to a substance that is usually considered harmless. The immune system identifies the substance as a threat and releases chemicals, including histamine, which cause the symptoms of an allergic reaction.

Whilst most allergic reactions are mild, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to many different substances. Serious allergic reactions are most commonly associated with foods, insect venom such as wasp and bee stings, medication and latex.

Allergic disease is particularly common in childhood. St Meryl School therefore recognises the importance of ensuring that the whole school community understands allergy, knows how to reduce risk and knows how to respond appropriately in an emergency.

3. DEFINITIONS

ANAPHYLAXIS

Anaphylaxis is a potentially fatal allergic reaction affecting the airway, breathing and/or circulation (ABC). It may occur with or without skin or gastrointestinal symptoms. If anaphylaxis is suspected, adrenaline must be administered without delay and 999 called. If in doubt, treat for anaphylaxis.

Anaphylaxis may involve problems affecting the ****airway, breathing or circulation****, with or without skin or gastrointestinal symptoms. If anaphylaxis is suspected, adrenaline should be administered without delay and emergency medical assistance requested.

ALLERGEN

An allergen is a normally harmless substance which, for someone with an allergy, triggers an allergic reaction.

Common allergens include food, medication, animal dander, pollen, latex and insect venom.

The 14 allergens required to be highlighted under UK food information legislation are:

- celery;
- cereals containing gluten;
- crustaceans;
- eggs;
- fish;
- lupin;
- milk;
- molluscs;
- mustard;
- peanuts;
- sesame;
- soya;
- sulphites/sulphur dioxide; and
- tree nuts.

ADRENALINE DEVICE (AD)

An adrenaline device (AD) is a single-use emergency medicine containing a pre-measured dose of adrenaline for the treatment of anaphylaxis. Prescribed devices may be an adrenaline autoinjector (AAI) or a licensed non-injectable nasal adrenaline device. The school will follow the instructions for the specific device prescribed to the pupil.

Clinical advice recommends that pupils at risk of anaphylaxis have two prescribed adrenaline devices available to them at all times. The school will ensure rapid access to both prescribed devices throughout the school day, including dining, playground, sports fields, outdoor lessons and educational visits, in accordance with the pupil's individual arrangements.

ALLERGY ACTION PLAN

An Allergy Action Plan is a document completed by a healthcare professional which identifies the pupil's allergy, symptoms and appropriate emergency treatment.

DESIGNATED ALLERGY LEAD

The Designated Allergy Lead is the member of staff responsible for overseeing allergy management across St Meryl School and acting as a principal point of contact for pupils, parents/carers and staff.

At St Meryl School, the Head Teacher, supported by the Office Medical Lead, acts as the Designated Allergy Lead, unless otherwise designated.

ALLERGY CARE PLAN

An Allergy Care Plan is an individual document outlining a pupil's medical condition, known risks, treatment, medication, emergency arrangements and responsibilities.

St Meryl School will put an Allergy Care Plan in place where a pupil's allergy has a functional impact in school, places the pupil at risk of harm, or requires arrangements that are additional to or different from those made generally. The IHP will be developed collaboratively with parents/carers and the pupil, taking account of current healthcare-professional advice.

RISK ASSESSMENT

A risk assessment identifies hazards associated with an activity and the measures required to reduce those risks.

Allergy should be considered as part of relevant risk assessments for activities both on and off the school site.

SPARE ADRENALINE AUTO-INJECTORS (AAIs)

Spare adrenaline auto-injectors (AAIs) are emergency devices maintained by the school in addition to pupils' own prescribed adrenaline devices. Current law permits schools to purchase spare AAIs without prescription for emergency use. DfE's July 2026 guidance expects schools to stock spare AAIs of appropriate doses and explains that they may be used for the purpose of saving a life, including where a person presents for the first time with anaphylaxis.

4. ROLES AND RESPONSIBILITIES

St Meryl School takes a whole-school approach to allergy management. Every member of the school community has a role in reducing risk, promoting inclusion and responding appropriately to allergic reactions.

4.1 Designated Allergy Lead

The Head Teacher is responsible for overseeing allergy management across the School and works with the office medical lead to:

- ensure the safety, inclusion and wellbeing of pupils with allergies;
- act as the principal point of contact for pupils, parents/carers and staff regarding allergy management;
- coordinate allergy care plans and Individual Healthcare Plans;
- ensure allergy information is accurate, current and appropriately communicated; • liaise with families regarding new diagnoses, changes in medical circumstances and medication;
- ensure appropriate emergency medication is available;
- maintain oversight of the school's spare adrenaline pens;
- ensure staff are appropriately trained in allergy awareness and anaphylaxis;
- ensure allergy is considered within relevant risk assessments;
- support the catering team in understanding individual pupil requirements;
- ensure allergy-related incidents and near misses are recorded and reviewed;
- ensure lessons learned are communicated appropriately;
- oversee the school's annual anaphylaxis training and drill;
- regularly review this policy and associated procedures; and
- report on allergy management arrangements to the Senior Leadership Team and, where appropriate, Governors.

4.2 School Medical / Healthcare Team

The medical lead in the office, is responsible for:

- collecting and coordinating medical information from families;
- obtaining relevant Allergy Action Plans and Individual Healthcare Plans;
- ensuring allergy information is reviewed at least annually and whenever circumstances change;
- maintaining records of prescribed medication;
- checking medication expiry dates and communicating with families when replacement medication is required;
- recording the brand, dose, expiry date and location of spare adrenaline pens;
- regularly checking spare adrenaline pens;
- replacing spare devices when necessary;
- providing or coordinating staff training in the use of adrenaline devices; and
- providing appropriate support to pupils in understanding and managing their allergies.

4.3 Admissions Team

The Admissions Team should:

- capture information about allergies and dietary requirements as early as possible;
- ensure relevant information is communicated to Office medical lead;
- ensure catering requirements are identified before food is provided at admissions events, Open Days or Taster Days;
- ensure parents/carers are informed about the School's catering and allergy arrangements; and
- liaise with Office medical lead where emergency medication arrangements are required.

4.3 All Staff

All St Meryl staff, including teaching staff, support staff, sports coaches, music teachers, club leaders and occasional staff, are responsible for:

- reading and following this policy and associated procedures;
 - promoting allergy awareness;
 - being aware of pupils with allergies and their individual requirements;
 - considering allergy risks when planning activities;
 - ensuring pupils have appropriate access to their medication in accordance with their age, capability and individual arrangements;
 - recognising the signs of an allergic reaction and anaphylaxis;
 - responding promptly to an allergic reaction following appropriate training;
 - participating in annual allergy and anaphylaxis training;
 - participating in anaphylaxis drills;
 - considering the safety, inclusion and wellbeing of pupils with allergies;
 - challenging and reporting allergy-related bullying;
 - forwarding relevant information received directly from parents/carers to Office medical lead; and
- ensuring pupils take their required medication and relevant healthcare documentation on educational visits, sports fixtures and other off-site activities.

4.4 All Parents and Carers

All parents and carers are responsible for:

- understanding and supporting the School's Allergy and Anaphylaxis Policy;
- informing Office medical lead of any diagnosed allergy or change in medical circumstances; • providing accurate information regarding allergies, dietary requirements and previous reactions;
- ensuring medication supplied to the school is prescribed, clearly labelled and in date;
- replacing medication before it expires;
- adhering to St Meryl School food restrictions when providing food for school activities;
- not sending food into School unless this is permitted under the school's arrangements; and
- encouraging their child to be allergy aware.

Parents/carers should distinguish between a medically diagnosed allergy and a dietary preference or lifestyle choice so that the school can appropriately assess and manage risk.

4.5 Parents of Children with Allergies

In addition to the responsibilities above, parents/carers of pupils with allergies should:

- work with the office medical lead to complete an Individual Healthcare Plan;
- provide an up-to-date Allergy Action Plan;
- provide two labelled, in-date adrenaline pens where prescribed;
- provide other prescribed medication, such as antihistamine or inhalers, as required by the pupil's individual plan;

- ensure their child has access to their medication when travelling to and from School;
- inform Office medical lead immediately of any changes to their child's allergy or treatment;
- provide replacement medication before existing medication expires;
- provide an up-to-date photograph of their child for use within allergy-management systems where appropriate;
- support their child to understand their allergy; and
- support their child to develop age-appropriate self-advocacy and risk-awareness skills.

4.6 All Pupils

All pupils should, in an age-appropriate manner:

- be allergy aware;
- understand that allergens can present risks to their peers;
- respect the measures used to keep pupils with allergies safe;
- understand that food should not be shared, swapped or thrown;
- be alert to allergy-related bullying;
- support peers appropriately in an emergency; and
- follow School rules relating to food and dietary requirements.

Older pupils will be supported to understand more about recognising an allergic reaction and how to seek help.

4.7 Pupils with Allergies

Pupils with allergies will be supported, according to their age and capability, to:

- understand their allergy and known triggers;
- follow their individual allergy-management arrangements;
- avoid their allergen;
- follow the school's procedures for lunch and snacks;
- tell a member of staff immediately if they feel unwell or think they may be experiencing an allergic reaction;
- understand how and when their adrenaline device should be used;
- be aware of the location of their own adrenaline devices in school, where prescribed and where appropriate to their age and capability;
- speak to Office medical lead or another trusted member of staff if they have concerns about their allergy arrangements;
- report inappropriate behaviour or bullying relating to their allergy; and
- ensure they have their medication when travelling to and from School or participating in off-site activities, where age and capability appropriate.

From Year 5 onwards, pupils are supported to develop greater independence in managing and advocating for their dietary requirements and allergies. Pupils continue to use identification lanyards and receive support from catering staff when selecting food.

5. INFORMATION AND DOCUMENTATION

5.1 Register of Pupils with an Allergy

St Meryl School maintains a register of pupils with diagnosed allergies.

The register includes pupils:

- with a history of anaphylaxis;
- prescribed adrenaline pens;
- with medically diagnosed allergies where adrenaline has not been prescribed; and
- with significant dietary requirements requiring specific catering arrangements.

Relevant allergy information is shared with staff who need the information to safely support the pupil.

5.2 Medical Care Plans

Each pupil with a diagnosed allergy will have an Allergy Care Plan where appropriate.

The Medical Care Plan should include:

- known allergens and risk factors;
- a history of allergic reactions;
- prescribed medication and dosage;
- adrenaline pen arrangements;
- emergency procedures;
- parental consent for medication administration where required;
- a copy of the pupil's Allergy Action Plan (if relevant);
- an up-to-date photograph where appropriate; and
- any specific school-based risk-reduction measures.

The Allergy care plan and Allergy Action Plan should be reviewed annually and, whenever there is a significant change in the pupil's medical circumstances.

5.3 Family Updates

Families are required to inform Office medical lead in writing promptly of:

- new allergies;
- changes to existing allergies;
- changes in medical history;
- new or changed medication;
- changes to the pupil's Allergy Action Plan; and
- any significant allergic reaction occurring outside School.

The school will work with families to ensure that information remains current.

6. ASSESSING RISK

Allergy should be considered when planning activities, events and processes across the school.

Examples include:

- classroom activities involving food or food packaging;
- science experiments involving allergens;
- cooking and food technology;
- school celebrations and cultural events;
- clubs where food is provided;
- fundraising events;
- animals visiting the school;
- educational visits;
- sports fixtures;
- outdoor activities;
- catering arrangements; and
- any activity where pupils may be exposed to an unfamiliar allergen.

Staff should consider whether the use of an allergen is necessary and whether the activity can be adapted to reduce risk.

Pupils with allergies should not be unnecessarily excluded from activities. Where a risk is identified, the school will seek an appropriate adaptation that maintains both safety and inclusion.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in School

St Meryl School is committed to providing safe and inclusive meals for pupils with food allergies and dietary requirements.

The school works closely with its catering provider, HCL, to manage food allergies and dietary requirements.

Catering staff will:

- receive appropriate allergen-awareness training;
- follow food-safety and allergen-management procedures;
- use appropriate procedures to minimise cross-contamination;
- have access to relevant pupil dietary information;
- provide suitable meals for pupils with identified dietary requirements;
- communicate changes to ingredients or menus where relevant; and
- use appropriate dedicated utensils and serving arrangements.

- The school uses a range of visual identification systems to reduce the risk of errors. All pupils with allergies are required to wear a yellow lanyard with their name and their allergy clearly visible.

Dining Room Arrangements

Pupils with dietary requirements must always wear their lanyard to ensure catering staff know of their requirements. This information will already be passed on to the HCL staff on their Medical Care Plan.

Dedicated utensils are used where appropriate and kitchen staff follow strict procedures to reduce cross-contamination.

Food containing the relevant allergens will be managed in accordance with food-safety and allergen-management procedures, and ingredient information will be available as required.

7.2 Food Brought into School

St Meryl School operates a no-nut policy. Nuts, nut-containing products and foods such as Nutella must not be brought onto site.

This restriction helps the school control potential allergens and maintain consistent dietary and allergen-management procedures.

St Meryl School includes a “no nut” agreement form as part of their enrolment pack.

7.3 Food Bans or Restrictions

St Meryl School operates a nut and sesame not permitted policy to reduce the risk to pupils with nut and sesame allergies.

The school recognises that no food restriction can eliminate all risk. Staff, pupils and families must therefore remain vigilant and follow the school's allergy-management procedures.

All food provided through School catering will be managed in accordance with applicable allergen and food-safety requirements.

7.4 Food Hygiene for Pupils

Pupils will:

- wash their hands before and after eating;
- not share, swap or throw food;
- follow instructions from catering and teaching staff;
- use the designated dining arrangements applicable to their dietary requirements; and
- follow School rules regarding food brought into School.

7.5 Food Technology

Pupils with food allergies will be supported to participate safely in Food Technology lessons. Staff will check ingredients and allergen information, make suitable substitutions where required, and take reasonable steps to prevent cross-contact through good hygiene, cleaning and safe food

handling. Staff will follow individual healthcare/allergy plans and the school's emergency procedures in the event of an allergic reaction

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

Allergy risk assessments expressly cover outdoor lessons and any other areas where pupils may be more than a few minutes from the main medical or spare-adrenaline location. The DfE guidance expects adrenaline to be capable of reaching the person within five minutes.

Allergies will be considered as part of the risk assessment for educational visits, trips, residential activities and sports fixtures.

Staff leading a visit will:

- have access to relevant allergy information;
- know which pupils have allergies;
- know what medication each pupil requires;
- ensure prescribed medication accompanies the pupil;
- ensure pupils with prescribed adrenaline pens have their required two devices;
- ensure medication remains accessible throughout the activity;
- ensure accompanying staff know how to respond to an allergic reaction;
- make appropriate catering arrangements;
- communicate dietary requirements to venues and providers in advance;
- ensure pupils receive appropriate meals at external venues; and • consider whether spare adrenaline pens should accompany the group.

For overnight visits, parents/carers and pupils may be consulted in advance regarding individual allergy-management arrangements.

9. INSECT STINGS

Pupils with a known insect-venom allergy will be supported in accordance with their individual healthcare arrangements.

Risk-reduction measures may include:

- avoiding walking barefoot or wearing open footwear where appropriate;
- avoiding strong perfumes where these may attract insects;
- keeping food and drinks covered when outdoors; and
- avoiding known insect nests.

Pupils should inform a member of staff if they identify a wasp or bee nest on the school site and should avoid the area.

The school will monitor grounds for wasp and bee nests and arrange appropriate action where necessary.

10. ANIMALS

Animal allergies may be triggered by dander, saliva, urine or other animal proteins.

Where animals are introduced to the school site or are included in an educational activity:

- a risk assessment will be undertaken where appropriate;
- pupils with known allergies will be considered;
- appropriate adaptations will be made;
- areas visited by animals will be cleaned appropriately;
- pupils and staff will wash their hands after contact with animals; and
- educational visits involving animals will be risk assessed.

No pupil should be unnecessarily excluded from an activity involving animals. Appropriate adaptations should be considered wherever reasonably practicable.

AIRBORNE / CONTACT ALLERGENS: Risk assessments should also consider relevant airborne and contact allergens, including pollen, Oak Processionary Moths, mould, dust, latex and other known triggers, where these create a foreseeable risk for an identified pupil. [DfE Allergy safety in schools, July 2026]

11. INCLUSION AND MENTAL HEALTH

St Meryl School recognises that living with an allergy can have an impact on a pupil's emotional wellbeing and may cause anxiety or concern about eating, school activities or having an allergic reaction.

The school is committed to ensuring that pupils with allergies are included fully in school life.

Therefore:

- pupils with allergies should not be unnecessarily excluded from activities;
- reasonable adaptations will be made where necessary;
- pupils may receive additional pastoral support where appropriate;
- pupils will be encouraged to discuss concerns with their trusted member of staff;
- pupils will be included in allergy-awareness activities in an age-appropriate manner;
- pupils with allergies will be treated with dignity and respect; and
- allergy-related bullying will be addressed in accordance with the School's Anti-Bullying Policy.

The school will seek to balance safety, independence and inclusion at every stage of a pupil's development.

12. ADRENALINE DEVICES

St Meryl School follows current government and clinical guidance regarding adrenaline devices. Current DfE guidance distinguishes prescribed adrenaline devices, which may include AAls or licensed nasal adrenaline, from school “spare” devices: at present, schools may purchase AAls, but not nasal adrenaline devices, as spare stock.

12.1 Storage of Prescribed Adrenaline Devices

All classrooms have a blue First Aid Box clearly visible and unobstructed in their classroom cupboard. These boxes contain basic first aid supplies, as well as individual pupils' inhalers and prescribed adrenaline auto-injectors where applicable.

- Pupils' prescribed epipens are kept in their classroom cupboards.
- Emergency First Aid is kept in the non-fiction library, which is found immediately to the right of the main entrance. The Emergency First Aid consists of:
 - **1 AED Defibrillator, located on the top shelf in a clear plastic box.**
 - **2 epipens, located in a red first aid bag**
 - **Asthma inhaler located in the same red first aid bag.**

For pupils prescribed adrenaline devices:

- two in-date adrenaline pens must be provided to the school by the family;
- the devices must be clearly labelled;
- the devices must remain readily accessible;
- devices must not be locked away in a manner that prevents timely access;
- storage arrangements will be appropriate to the pupil's age and capability;
- the devices will be checked regularly;
- expiry dates will be monitored;
- replacement devices will be requested from parents/carers before expiry; and
- devices must be stored in accordance with the manufacturer's instructions and protected from excessive heat, cold and direct sunlight.

Pupils can be encouraged, where age, capability and individual arrangements permit, to keep their two prescribed adrenaline devices with them so that they remain rapidly accessible, including when travelling to and from School. Where this is not appropriate, the devices will be kept in their classroom cupboards and must be capable of being brought to the pupil without delay.

Younger pupils will have their medication managed in accordance with their individual arrangements, ensuring that it remains immediately accessible.

12.2 Spare Adrenaline Auto-Injectors (AAIs)

St Meryl School maintains spare adrenaline auto-injectors (AAIs) on site in appropriate doses. Spare AAIs are stored in pairs, clearly labelled, unlocked and readily accessible. Arrangements will ensure that adrenaline can be brought to a person experiencing anaphylaxis as soon as possible and, in practice, within five minutes.

Spare devices are maintained as an additional emergency provision and do not replace a pupil's requirement to have their own prescribed devices.

Office medical lead is responsible for:

- determining the appropriate number and dosage of spare devices;
- maintaining the school's spare adrenaline pen register;
- checking expiry dates;
- ensuring appropriate storage;
- arranging replacement devices;
- ensuring locations are clearly identified to relevant staff; and
- ensuring staff understand how to access them.

Spare AAIs may be used in accordance with current law and government guidance for the purpose of saving a life, including where a pupil or other person presents with suspected anaphylaxis for the first time. Spare AAIs do not replace the requirement for a pupil at known risk of anaphylaxis to have access to their own two prescribed devices.

12.3 Adrenaline Devices and Clubs

- All club managers are informed where the Emergency Medication boxes are kept.
- Children with allergies are highlighted on the club registers, with details of their allergies.
- Club managers are expected to report any incident where they have needed to use emergency first aid, using the blue book that accompanies the devices.
- All club managers will sign an agreement on the lettings policy to take responsibility for any use of emergency first aid, and report this.

12.4 Adrenaline Devices on Off-Site Activities and Outdoor Lessons

A pupil prescribed adrenaline devices will not attend a school trip, residential visit, sports fixture or off-site lesson without the prescribed devices required by their individual arrangements.

The trip leader will ensure that:

- two prescribed devices accompany the pupil;
- the devices remain accessible at all times;
- devices are not stored in inaccessible areas such as the luggage hold of a coach;
- devices are protected from extreme temperatures;
- accompanying staff know which pupils have allergies;

- appropriate staff are trained to recognise and respond to an allergic reaction; and
- spare adrenaline devices are considered as part of the risk assessment.

13. RESPONDING TO AN ALLERGIC REACTION / ANAPHYLAXIS

St Meryl School maintains an Anaphylaxis Emergency Response Plan which must be followed alongside the pupil's individual Allergy Action Plan.

If a pupil has an allergic reaction:

- remain with the pupil and seek assistance;
- follow the pupil's Allergy Action Plan where available;
- if anaphylaxis is suspected, administer adrenaline without delay;
- use the pupil's prescribed adrenaline device if it is immediately available;
a trained member of staff should administer the device where the pupil is unable to do so;
- in a life-threatening emergency, staff should act reasonably and promptly to save life; • if the pupil's own adrenaline device is unavailable or does not work, use a spare device in accordance with current guidance;
- call 999 and state that anaphylaxis is suspected;
- keep the pupil in an appropriate position and avoid unnecessary movement;
- if there is no improvement after approximately five minutes, administer a second dose of adrenaline where available and appropriate;
- continue to follow the instructions of the emergency services;
- do not leave the pupil alone;
- the pupil must be medically assessed following suspected anaphylaxis and administration of adrenaline; and
- a member of School staff should accompany the pupil to hospital where required until a parent/carer arrives.

Current DfE guidance states that if there is doubt whether a reaction is anaphylaxis, it should be treated as anaphylaxis: give adrenaline and call 999. The person must not be left alone and must be monitored continuously until responsibility is handed to emergency medical professionals.

The school's emergency response procedures will be rehearsed annually.

14. TRAINING

St Meryl School is committed to ensuring that all staff have appropriate allergy awareness and anaphylaxis training.

All staff undertake allergy-awareness and anaphylaxis training at least annually, with induction arrangements for new staff and refresher training where needs are identified. Training covers recognition of anaphylaxis, immediate emergency response and use of the adrenaline devices

relevant to the school. In years where there is no whole staff First Aid training, there will be specific Epipen training.

Training will include:

- understanding what an allergy is;
- understanding anaphylaxis;
- recognising the signs and symptoms of an allergic reaction;
- understanding how to reduce the risk of an allergic reaction;
- understanding the importance of inclusion;
- understanding allergy-related bullying and its impact on wellbeing;
- understanding the school's allergy procedures;
- knowing where prescribed and spare adrenaline devices are located;
- understanding how and when adrenaline devices should be used;
- practical familiarisation with appropriate training devices;
- understanding food allergen management;
- understanding the school's dining arrangements;
- knowing how to access pupil allergy information appropriately; and
- participating in an anaphylaxis drill.

In addition to specific anaphylaxis training, many St Meryl staff are qualified first aiders, including staff holding Level 3 Paediatric First Aid and First Aid at Work qualifications.

15. ASTHMA

St Meryl School recognises that asthma and allergy can coexist and that poorly controlled asthma may increase the risk associated with severe allergic reactions.

Pupils with asthma and allergies will be managed in accordance with their individual healthcare arrangements and the School's Asthma Policy.

Relevant staff should be aware of pupils who have both asthma and allergy and understand the relationship between the two conditions.

16. REPORTING ALLERGIC REACTIONS

St Meryl School will record allergic reactions, suspected anaphylaxis incidents and relevant near misses.

Following an incident, Office medical lead will:

- ensure the pupil receives appropriate medical attention;
- ensure parents/carers are informed as appropriate;
- record the incident;

- review the circumstances surrounding the incident;
- identify whether procedures were followed;
- identify any contributing factors or failures in risk management;
- consider whether the pupil's Allergy care plan, IHP or Allergy Action Plan requires review;
- consider whether staff require additional training;
- communicate relevant learning to appropriate staff;
- make any required changes to procedures or risk assessments; and
- report the incident to the appropriate external authority where legally required.

Near misses will also be treated as opportunities for learning and prevention.

The Designated Allergy Lead and Office medical lead will review serious incidents and near misses, ensure lessons are learned and relevant policies, Allergy Care Plans, risk assessments and procedures are updated. Significant findings will be reported to the Senior Leadership Team and Governors, alongside any statutory or external reporting required.

CONCLUSION

St Meryl School is committed to creating a safe, inclusive and supportive environment in which pupils with allergies can participate fully in school life.

The school recognises that effective allergy management depends upon clear communication, individualised healthcare planning, robust catering arrangements, appropriate medication, regular training and a whole-school commitment to safety and inclusion.

The Head Teacher and Office Medical Lead lead the school's allergy-management process and work closely with pupils, families, staff and the catering team to ensure that arrangements remain individualised, child-centred and effective.

St Meryl School will regularly review its allergy-management procedures to ensure that they remain fit for purpose and reflect current medical, educational and government guidance.

SOURCES official government material only: Department for Education, Allergy safety in schools (published July 2026); Department for Education, Supporting pupils at school with medical conditions; Department of Health and Social Care, Using emergency adrenaline autoinjectors in schools; Medicines and Healthcare products Regulatory Agency adrenaline-device guidance; Food Standards Agency allergen guidance for institutional caterers / food businesses; applicable legislation listed above. Yellow highlighting identifies proposed 2026 amendments or local-procedure points requiring confirmation.

Further reading: Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: <https://www.anaphylaxis.org.uk/education>

Allergy UK: <https://www.allergyuk.org/about-allergy/types-of-allergies>

Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>

[Guidance on the use of adrenaline auto-injectors in schools](#)

Spare Pens in School: <https://www.sparepensinschools.uk>

Benedict's law:

<https://benedictblythe.com/benedicts-law>

<https://www.anaphylaxis.org.uk/education/benedicts-law>

Food:

Allergy Guidance for Schools: <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

Allergy Guidance for food businesses: <https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses>

Statutory Duties:

The duties under Section 34 of the [Children's Wellbeing and Schools Act 2026](#) place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the [Non-Maintained Special Schools \(England\) Regulations 2015](#);

The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).
[The Early Years Foundation Stage \(EYFS\) statutory framework](#).