Honywood School Allergy Safety Policy

2026

Including the emergency use of spare adrenaline auto-injectors (AAIs) | *Draft for ratification, October 2026*

1. Introduction, Aims, and Legal Framework

Honywood School is committed to a safe and inclusive environment in which learners with allergies can attend fully and take part in every aspect of school life. This policy sets out how the school identifies learners with allergies, reduces the risk of exposure to known allergens, and responds to allergic reactions, including anaphylaxis.

This is a standalone allergy safety policy, as required by section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026 ("Benedict's Law"). It has regard to the DfE statutory guidance Allergy Safety in Schools (July 2026) and the Human Medicines (Amendment) Regulations 2017. It should be read with the Supporting Learners with Medical Conditions, Medical Care and First Aid, Attendance, Behaviour and Data Protection policies. Operational detail is set out in the Allergy Safety Procedures for Staff.

Up to 20% of anaphylaxis reactions in schools happen in children with no previous diagnosis, so this policy covers every learner, member of staff and visitor. Coeliac disease and food intolerances are managed under the Supporting Learners with Medical Conditions Policy.

2. Adrenaline Auto-Injectors (AAIs)

Prescribed devices

Learners prescribed adrenaline (an AAI or nasal device) carry both of their devices with them, including to and from school each day and on trips. Where a learner cannot, a device is kept in the Medical Room in an unlocked, labelled box with their Allergy Action Plan, and the learner collects it at the end of the day. Adrenaline devices are never locked away. Parents provide two in-date devices and replace them before expiry; the Learner Reception (Medical) team records expiry dates on the allergy register.

Spare AAIs

Under the Human Medicines (Amendment) Regulations 2017, the school holds spare 300 microgram AAIs for emergency use. They do not replace a learner's own devices. Spare AAIs are always stored in pairs, at room temperature, unlocked and clearly signposted, so that a pair can reach anyone on site within five minutes:

Location	Contents
Medical Room (Learner Reception)	One pair of spare AAIs; emergency asthma inhaler and spacers
Main Office	One pair of spare AAIs; emergency asthma inhaler and spacers
PE and Sports Department	One pair of spare AAIs; emergency asthma inhaler and spacers

Spare AAIs and emergency inhalers are checked at least half-termly, replaced before expiry or immediately after use, and disposed of safely in a sharps bin or via a pharmacy, as set out in the staff procedures. A pair may go on a trip where the risk assessment calls for it, provided this does not leave the school site without cover.

Consent and emergency use

Spare AAIs may be used for anyone showing signs of anaphylaxis, including someone with no known allergy, or a learner whose own device is unavailable or fails.

> **Prior consent is not required for emergency use.** The Regulations do not require consent, and staff may act to save a life without checking. Staff must never delay adrenaline to check consent records.

As good practice, the school records consent for learners with a known allergy in their Individual Healthcare Plan. Where a parent objects, this is recorded and discussed with them; any medical reason not to give adrenaline must be supported by clinical advice in the IHCP. Emergency asthma inhalers are different: they may only be used for a learner with a prescribed reliever inhaler and written parental consent. Staff acting in good faith in an emergency are supported by the school; hesitation or imperfect technique is not misconduct.

3. Emergency Response

1. **Stay with them and call for help.** Bring adrenaline to the person; never send them anywhere.
2. **Lie them flat with legs raised** (or sitting up if struggling to breathe). Do not let them stand or walk.
3. **Give adrenaline immediately** into the outer thigh: their own device first, or a spare AAI. Note the time.
4. **Dial 999** and state “anaphylaxis”.
5. **Give a second dose** after five minutes if there is no improvement.
6. **Contact parents,** then record the incident the same day.

> **If in doubt, give adrenaline.** Anaphylaxis can occur without a rash. A learner with a food allergy and asthma who suddenly has difficulty breathing is treated for anaphylaxis. A learner with a milder reaction is never left alone and is observed for at least 60 minutes.

4. Identifying Learners, Staff and Visitors

The school asks about allergies on admission, each September and whenever parents report a change, and requests any previous IHCP and Allergy Action Plan. Arrangements are in place for the start of term, or within two weeks for mid-year joiners. Learners whose allergy puts them at risk, or needs extra arrangements, have an Individual Healthcare Plan (IHCP), agreed with them and their parents and reviewed at least annually. A formal diagnosis is not required. IHCPs record known allergens, the Allergy Action Plan, prescribed medication and consent, and where own and spare devices are kept.

A secure allergy register with photographs is available to all staff, with discreet summaries in staff-only areas where food is served or handled. Staff are asked about allergies when they start work, and visitors when visits are booked.

Information sharing. Allergy information is special category health data. It is shared with staff only where needed to keep a learner safe, in line with the Data Protection Policy, and learners and parents are involved in decisions about sharing it.

5. Minimising Risk

Honywood is an allergy-aware rather than a “nut-free” school. The catering provider gives allergen information for all food and labels prepacked food in line with Natasha’s Law, and at least two methods are used to identify learners with allergies at service. Learners with allergies are not seated separately at mealtimes.

Food, drink, utensils and containers are not shared. Packed lunches and food brought in by learners, parents or staff, including for celebrations and events, is clearly labelled and agreed in advance. Practical lessons screen ingredients and materials against the allergy register and use safe alternatives for the whole group. Every trip involving a learner at risk of anaphylaxis is risk assessed; the learner takes both devices, a trained member of staff attends, and parents are never required to accompany them.

6. Training

All staff present while learners are on site, including supply, agency and peripatetic staff and regular volunteers, receive allergy awareness and emergency response training at least annually and on induction. Supply and cover staff are briefed on arrival. Training covers anaphylaxis and acute asthma, how to use prescribed and spare devices, and this policy. First aid training alone is not sufficient. The school holds at least one anaphylaxis drill each year and records the outcome as it would a near miss.

7. Wellbeing, Inclusion and Attendance

The school supports learners who are anxious about their allergy, offers new joiners with allergies a meeting with the catering team, and raises awareness among all learners through PSHE and assemblies. Allergen bullying, such as threatening a learner with an allergen, is treated as serious under the Behaviour and Anti-Bullying policies. Learners and staff with allergies are invited to contribute to the annual review of this policy.

In line with the Attendance Policy, allergy-related absence is authorised where appropriate, and learners are not excluded from attendance rewards because of it. Staff must not:

- lock adrenaline away, or delay it to check consent, contact parents or find a first aider;
- send an unwell learner anywhere alone;
- send learners home or exclude them from lunch, clubs or trips because of their allergy;
- ignore the views of the learner, their parents or healthcare professionals;
- assume a learner awaiting diagnosis, or an older learner who self-manages, needs no support; or
- require parents to come into school to give medication or accompany their child.

8. Incidents and Near Misses

Every allergic reaction, every use of an adrenaline device and every near miss is recorded on the same day. Serious incidents and near misses are reported to parents and to the governing body, alongside any statutory reporting. Parents, learners and healthcare professionals can report

delayed reactions to Learner Reception, and these are recorded in the same way. After a serious incident, the Allergy Safety Lead reviews the response with staff and the family, and updates the IHCP, risk assessments and this policy as needed. Allergy risks are recorded on the school's risk register.

9. Roles and Responsibilities

- **Saffron Academy Trust and the Governing Body:** The trust is the governing body for this policy; oversight at Honywood follows the trust's scheme of delegation. Governors ensure this policy is in place, published and reviewed annually and after serious incidents; ensure allergy risks are on the risk register; and receive a termly report on incidents, near misses, spare AAI checks and training. Complaints, including after a serious incident, are handled under the Saffron Academy Trust Complaints Policy.
- **The Headteacher:** Holds overall responsibility and signs requests to obtain spare AAIs.
- **Mr. Danny Scott (Assistant Headteacher – Allergy Safety Lead):** The named senior leader responsible for allergy safety: implementation, the allergy register, training and drills, spare AAI stock and checks, incident review, governor reporting and policy review.
- **Learner Reception (Medical) team:** Maintains the register and IHCPs, tracks device expiry dates and carries out spare AAI and inhaler checks.
- **All staff:** Complete training, know where spare AAIs are, act immediately in an emergency and report every incident and near miss.
- **Parents and carers:** Tell the school about any allergy or change, provide two in-date devices and the Allergy Action Plan, and agree the IHCP.
- **Learners:** Carry their own devices, tell staff immediately if they feel unwell, do not share food, and fetch an adult if a friend is unwell.

Publication and Review

This policy is published on the school website, available in hard copy on request, and shared with staff through annual training and with learners through PSHE. It was approved on [date] and is due for review in September 2027, or sooner after a serious incident or a change to statutory guidance.

Appendix A – Quick Guide for Families

- **Tell us** about any diagnosed or suspected allergy, and any change, via Learner Reception.
- **Adrenaline:** provide two in-date devices and the Allergy Action Plan, and make sure your child carries them to and from school.
- **Healthcare plan:** we will agree an Individual Healthcare Plan with you and review it each year.
- **Spare adrenaline:** the school holds spare auto-injectors and will use them for any learner showing signs of anaphylaxis, whether or not prior consent has been given. We will always call 999 and contact you.
- **Asthma:** the school's emergency inhaler can only be used if your child has a prescribed reliever inhaler and you have given written consent.
- **Food from home:** please label packed lunches, and agree any food for celebrations with the school first.
- **Attendance and trips:** your child will be fully included, and allergy-related absence will not count against them for attendance rewards.
- **Delayed reactions:** if your child reacts after school to something that may have happened at school, please tell Learner Reception.

Appendix B – Anaphylaxis Emergency Card for Staff

> **Spare AAIs (in pairs, unlocked):** Medical Room | Main Office | PE and Sports Department

1. **Stay with them.** Send a runner for their pens and the nearest spare kit.
2. **Lie them flat, legs raised.** Do not let them stand or walk.
3. **Give adrenaline now** into the outer thigh. Own pen first, otherwise a spare.
4. **Call 999.** Say "anaphylaxis".
5. **No better after 5 minutes?** Give a second dose.
6. **Contact parents** and record it the same day.

> **Do not** check consent first. **If in doubt, give adrenaline.**