



**Longcause Community
Special School**

ALLERGY SAFETY POLICY

Signature of Head:	Faye James
Date:	01.09.2026
Signature of Chair of Governors:	Fred Jenkins
Date:	01.09.2026
Agreed by the Governing body on:	Fred Jenkins
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To be read alongside:

- [Supporting Pupils at School with Medical Conditions Policy](#)
 - [First Aid Policy](#)
 - [Health and Safety Policy](#)
 - [Safeguarding and Child Protection Policy](#)
 - [Educational Visits Policy](#)
 - [Behaviour Policy](#)
 - [Administration of Medicines Procedures](#)
 - [Individual Healthcare Plans \(IHCPs\)](#)
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Amendments

September 2026 – New Policy

- New policy introduced in line with the Department for Education's guidance on Supporting Pupils at School with Medical Conditions and the requirements of Benedict's Law.
 - Introduced procedures for the management of pupils with allergies and anaphylaxis.
 - Introduced arrangements for the storage and emergency use of prescribed and spare adrenaline auto-injectors (AAIs).
 - Introduced annual allergy awareness training for all staff.
 - Introduced Individual Allergy Management Plans.
 - Introduced procedures for recording, monitoring and reviewing allergy incidents.
 - Introduced annual allergy audit.
 - Introduced emergency procedures for educational visits.
 - Introduced arrangements for reducing the risk of allergen exposure throughout the school.
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1. Introduction

Longcause Community Special School is committed to providing a safe, inclusive and supportive environment for all pupils, including those with allergies and those who are at risk of anaphylaxis.

The Governing Body recognises that allergies can have a significant impact on a pupil's health, wellbeing and ability to access education. In some cases, allergic reactions can rapidly become life-threatening and require immediate emergency treatment.

Longcause Community Special School supports pupils aged 4–16 years with a range of special educational needs, including Autism Spectrum Condition, communication and interaction needs, cognition and learning needs and associated medical conditions. Many of our pupils have communication differences and may be unable to recognise, describe or communicate the early signs of an allergic reaction. Staff therefore have a heightened responsibility to recognise both verbal and non-verbal indicators of allergic reactions and to respond without delay.

The school is committed to ensuring that pupils with allergies are able to participate fully in all aspects of school life, including educational visits, enrichment activities, physical education, cooking activities and community experiences, whilst ensuring that reasonable adjustments are made to minimise foreseeable risks.

This policy sets out how Longcause Community Special School will:

- identify pupils with allergies;
 - reduce the risk of exposure to known allergens;
 - support pupils with Individual Allergy Management Plans;
 - ensure staff receive appropriate training;
 - respond effectively in an emergency;
 - record, monitor and review allergy incidents; and
 - meet its statutory duties relating to pupils with medical conditions.
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2. Aims

The aims of this policy are to:

- safeguard pupils with allergies and minimise the risk of allergic reactions;
- ensure pupils with allergies can participate safely in all aspects of school life;
- establish clear roles and responsibilities for staff, governors, parents and healthcare professionals;
- ensure Individual Allergy Management Plans are in place where required;
- ensure prescribed medication and emergency medication are readily available when required;

- ensure staff receive appropriate allergy awareness and emergency response training;
 - promote effective communication between school, families and health professionals;
 - ensure all allergy incidents are appropriately recorded, reviewed and used to improve practice;
 - comply with current Department for Education guidance and the requirements of Benedict's Law.
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3. Legislation and Guidance

This policy has been developed with reference to:

- Children and Families Act 2014
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- The School Premises (England) Regulations 2012
- Supporting Pupils at School with Medical Conditions (Department for Education)
- Guidance on the use of Adrenaline Auto-Injectors in Schools (Department of Health and Social Care)
- Keeping Children Safe in Education
- Working Together to Safeguard Children
- Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- Department for Education statutory guidance: Allergy Safety in Schools
- Department for Education statutory guidance: Supporting Pupils at School with Medical Conditions
- Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools
- Department of Health guidance on the use of emergency salbutamol inhalers in schools

For the purposes of this policy, the term "Benedict's Law" is used to describe collectively the strengthened legal duties and statutory guidance relating to allergy safety in schools. These requirements arise principally from 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*. "Benedict's Law" is the commonly used name for these measures rather than the formal title of a separate Act.

This policy should be read in conjunction with the school's Supporting Pupils at School with Medical Conditions Policy and First Aid Policy.

4. Roles and Responsibilities

4.1 Governing Body

The Governing Body is responsible for ensuring that appropriate arrangements are in place to support pupils with allergies and that the school complies with its statutory duties.

The Governing Body will:

- ensure this policy is reviewed annually;
 - monitor implementation of the policy;
 - ensure appropriate resources are available;
 - receive reports relating to significant allergy incidents where appropriate;
 - seek assurance that staff training is maintained.
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4.2 Headteacher

The Headteacher has overall responsibility for implementing this policy and ensuring that effective arrangements are in place for supporting pupils with allergies.

The Headteacher will:

- ensure this policy is implemented consistently;
 - ensure appropriate Individual Allergy Management Plans are in place;
 - ensure sufficient numbers of staff receive appropriate allergy training;
 - ensure emergency medication is available where appropriate;
 - ensure suitable risk assessments are completed;
 - ensure allergy incidents are investigated and reviewed;
 - ensure lessons learned are shared with staff;
 - report significant incidents to Governors where appropriate.
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4.3 Family Team

The school's named Allergy Safety Lead is Jade Johnson-Sweet, Family Team and Inclusion Lead and member of the Senior Leadership Team. The Headteacher retains overall accountability.

This includes:

- maintaining the school's Allergy Register;
- coordinating Individual Allergy Management Plans;
- liaising with parents and healthcare professionals;

- ensuring emergency medication is received, checked and stored appropriately;
 - monitoring expiry dates of prescribed medication and spare adrenaline auto-injectors;
 - arranging annual reviews of Individual Allergy Management Plans;
 - maintaining records of allergy incidents;
 - supporting staff following any significant allergic reaction.
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4.4 Class Teachers

Class teachers are responsible for ensuring that pupils with allergies are supported safely within the classroom.

Teachers will:

- familiarise themselves with Individual Allergy Management Plans;
 - ensure all adults working within the classroom understand pupils' allergies;
 - ensure reasonable adjustments are implemented;
 - complete appropriate risk assessments for curriculum activities;
 - ensure emergency medication accompanies pupils during educational visits;
 - communicate concerns promptly to the Family Team.
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4.5 Support Staff

All members of staff have a responsibility to safeguard pupils with allergies.

Staff will:

- complete mandatory allergy awareness training;
 - understand how to recognise the signs and symptoms of allergic reactions and anaphylaxis;
 - know the location of emergency medication;
 - follow Individual Allergy Management Plans;
 - respond immediately to any suspected allergic reaction;
 - seek emergency medical assistance without delay where anaphylaxis is suspected;
 - record all incidents in accordance with school procedures.
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4.6 Parents and Carers

Parents and carers are responsible for:

- informing the school of any diagnosed allergies;
 - providing prescribed medication in date and correctly labelled;
 - ensuring emergency medication is replaced before expiry;
 - informing the school immediately of any changes to their child's allergy management;
 - participating in annual reviews of Individual Allergy Management Plans;
 - providing written consent for emergency medication where required.
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4.7 Pupils

Where developmentally appropriate, pupils will be encouraged to:

- develop an understanding of their allergies;
- communicate concerns if they feel unwell;
- avoid known allergens where possible;
- cooperate with agreed allergy management strategies;
- participate in developing independence in managing their medical needs.

The school recognises that many pupils at Longcause Community Special School will require significant adult support to achieve these outcomes due to their communication and learning needs.

5. Identification of Pupils with Allergies

Longcause Community Special School recognises that effective allergy management begins with the early identification of pupils with allergies and the implementation of appropriate support arrangements.

Parents and carers are responsible for informing the school of any diagnosed allergy, suspected allergy or history of an allergic reaction before their child starts school or immediately following diagnosis.

The school will also have arrangements for identifying members of staff and regular visitors with allergies where this information is relevant to their safety while onsite. Staff will be invited to disclose relevant allergies, known triggers, prescribed emergency medication and any reasonable adjustments required when they begin employment or when their circumstances change.

Where appropriate, visitors will be asked in advance whether the school needs to be aware of an allergy, particularly where they will be onsite regularly, supervising pupils, participating in food-related activities or being provided with food.

Where appropriate, parents will be asked to provide:

- confirmation of diagnosis from an appropriate healthcare professional;

- details of known allergens;
- prescribed medication, including adrenaline auto-injectors (AAIs);
- an Allergy Action Plan where provided by a healthcare professional;
- written consent for the administration of medication in accordance with the school's Supporting Pupils at School with Medical Conditions Policy.

The Family Team will ensure that allergy information is shared with relevant staff whilst maintaining confidentiality in accordance with UK GDPR and Data Protection legislation.

6. Individual Allergy Management Plans (IAMPs)

Every pupil diagnosed as being at risk of anaphylaxis or requiring ongoing allergy management will have an Individual Allergy Management Plan (IAMP).

The Individual Allergy Management Plan forms part of the pupil's Individual Healthcare Plan and will be developed collaboratively between the school, parents or carers and, where appropriate, the relevant healthcare professional.

Each plan will include:

- pupil photograph;
- known allergens;
- typical signs and symptoms;
- communication differences that may affect recognition of symptoms;
- prescribed medication;
- location of medication;
- emergency procedures;
- emergency contact details;
- reasonable adjustments required within school;
- arrangements for educational visits;
- any dietary requirements.

Plans will be reviewed:

- annually;
- following any allergic reaction;
- following changes to medication;
- following advice from healthcare professionals;
- whenever parents notify the school of changes.

Copies of Individual Allergy Management Plans will be available to staff working directly with the pupil whilst maintaining appropriate confidentiality.

7. School Allergy Register

The Family Team will maintain a central Allergy Register.

The register will include:

- pupils with diagnosed allergies;
- allergens;
- pupils prescribed adrenaline auto-injectors;
- whether pupils have an Individual Healthcare Plan, Allergy Action Plan or Asthma Action Plan;
- relevant staff allergies and emergency arrangements, where the member of staff has agreed that this information may be recorded; and
- relevant information about regular visitors where this is necessary to protect their health and safety.
- location of medication;
- expiry dates of medication;
- staff requiring additional awareness.

The register will be reviewed at least termly and whenever a new diagnosis is received.

Medication expiry dates will be monitored regularly. Parents will be contacted in advance where replacement medication is required.

Information relating to staff and visitors will be recorded, accessed and shared proportionately and only where necessary to protect health and safety. It will be managed in accordance with the school's Data Protection Policy and UK GDPR.

8. Storage of Medication

The storage of allergy medication will follow the school's Supporting Pupils at School with Medical Conditions Policy.

Prescribed medication will:

- remain in its original pharmacy-labelled packaging;
- be clearly labelled with the pupil's name;
- remain within its expiry date;
- be readily accessible in an emergency;
- accompany the pupil during off-site activities where appropriate.

Emergency medication, including adrenaline auto-injectors, must never be stored in a manner which delays access during an emergency.

In accordance with the school's existing procedures:

- emergency medication will not be locked away;
- medication will be stored safely out of pupils' reach whilst remaining immediately accessible to staff;
- storage locations will be known by all relevant staff.

Medication storage locations will be checked routinely by the Family Team.

8.1 Access to Prescribed Adrenaline Devices

Pupils who have been prescribed adrenaline devices must have rapid access to them whenever they are under the school's care. Devices must be capable of being brought to the pupil and administered within five minutes, including when the pupil is in a classroom, dining area, playground, sports hall, outdoor learning area or another part of the school site.

Each pupil's Individual Healthcare Plan and Allergy Action Plan will specify:

- the type and dosage of prescribed adrenaline;
- how many devices have been provided;
- where the devices will be kept;
- whether the pupil is developmentally able to carry or administer their own medication;
- the support and supervision required;
- arrangements for lunchtimes, outdoor activities and movement around the site;
- arrangements for educational visits, community activities and residential visits;
- arrangements for transport and journeys to and from school where the school has responsibility; and
- arrangements for taking devices home or maintaining a separate supply at school.

Where a pupil is developmentally able to carry their own adrenaline device, they will be encouraged and supported to do so. This will not remove the school's responsibility to ensure that staff know where the device is and can provide immediate assistance.

Where a pupil is not able to carry or administer their own medication, it will be stored safely out of pupils' reach but will not be locked away. Relevant staff will know its exact location and how to obtain it without delay.

A pupil's prescribed device must accompany them on every educational visit or offsite activity. The visit must not proceed if the required medication is unavailable, out of date or cannot be accessed promptly.

The Family Team will maintain a record of prescribed devices supplied to school, their dosage, location and expiry dates. Parents will be contacted in advance when replacement medication is required. However, the school's emergency response must not rely solely on parents being available to bring medication to school.

9. Spare Adrenaline Auto-Injectors (AAIs)

Longcause Community Special School will maintain spare adrenaline auto-injectors for emergency use in accordance with current legislation and Department for Education statutory guidance.

As a special school supporting pupils aged 4–16, the school will ordinarily maintain, as a minimum:

- one pair of 150 microgram AAIs suitable for children under six years of age; and
- one pair of 300 microgram AAIs suitable for pupils aged six years and over.

The number and location of spare AAIs will be determined through a site-based risk assessment. The school will ensure that an appropriate pair of AAIs can be brought to any pupil experiencing suspected anaphylaxis within five minutes. Additional pairs will be obtained where the size or layout of the school means that this cannot otherwise be achieved.

Spare AAIs will:

- always be stocked and stored in pairs, so that a second dose is immediately available if required or if the first device misfires;
- be of the appropriate dosage for the ages of pupils attending the school;
- be kept in clearly labelled emergency anaphylaxis kits;
- be clearly distinguishable from devices prescribed to individual pupils;
- be stored safely but never locked away;
- be immediately accessible to staff during the school day and whenever pupils are onsite;
- include clear instructions for their use; and
- be stored in accordance with the manufacturer's instructions.

Spare AAIs may be used where:

- a pupil is experiencing suspected anaphylaxis and their prescribed device is unavailable, out of date, damaged or has misfired;
- a second dose is required five minutes after the first dose and the pupil's second prescribed device is unavailable;
- a pupil has been prescribed a non-injectable adrenaline device, such as a nasal adrenaline device, but it is not immediately available; or
- immediate, reasonable action is necessary to save life.

Planned arrangements for the use of spare AAIs will be documented within the pupil's Individual Healthcare Plan and Allergy Action Plan, with parental consent obtained as part of those arrangements. However, in a life-threatening emergency, treatment must not be delayed while staff check consent, contact parents, seek permission from a senior leader or wait for a trained first aider. Anyone may take reasonable action to save a life.

The Headteacher and named Allergy Safety Lead will ensure that:

- the location of each emergency anaphylaxis kit is known to all staff;
- all staff know how to summon the kit without leaving the pupil unattended;
- appropriate staff are trained to recognise anaphylaxis and administer an AAI;
- all spare AAIs are checked and documented monthly;
- expiry dates, dosage, packaging, storage conditions and device condition are monitored;
- replacement devices are obtained before expiry and promptly after use or damage;
- expired or used AAIs are disposed of safely through an appropriate pharmacy or clinical waste arrangement, as they contain a needle;
- every use of a spare AAI is recorded and reported to the pupil's parents or carers and reviewed as a serious allergy incident; and
- the availability and location of spare AAIs are reviewed following any incident, near miss, change in pupil need or change to the school site.

Where a spare AAI is taken on an educational visit, the visit leader must ensure that an appropriate pair remains available at school for pupils who remain onsite. Additional devices will be obtained where necessary.

Administration of a spare AAI must be followed immediately by the emergency response procedure in Section 14. Adrenaline should be administered as soon as anaphylaxis is suspected and within five minutes. An ambulance must be called, and a second AAI must be administered after five minutes if symptoms persist and a second device is available.

9.1 Emergency Salbutamol Inhalers

The school will maintain emergency salbutamol inhalers and compatible spacers for use in accordance with current legislation and Department for Education guidance.

The emergency inhaler may be used by a pupil who has been diagnosed with asthma and prescribed a reliever inhaler where their own inhaler is unavailable, empty, out of date or not working. Planned arrangements and parental consent will be recorded within the pupil's Individual Healthcare Plan or Asthma Action Plan.

Emergency inhalers and spacers will:

- be clearly labelled and stored separately from medication prescribed to individual pupils;
- be readily accessible and not locked away;
- be available within five minutes wherever pupils are onsite;
- be checked monthly to ensure that they remain in date and in working order;
- be replaced promptly following use, damage or expiry; and
- be cleaned, maintained and disposed of in accordance with the manufacturer's instructions and current guidance.

The school will maintain a register of pupils who have been diagnosed with asthma, including details of their prescribed medication, the location of their inhaler, their Asthma Action Plan and whether consent has been provided for use of the school's emergency inhaler.

Use of the emergency inhaler will be recorded. Parents or carers will be informed as soon as reasonably practicable, and the circumstances will be reviewed where the event constitutes a serious incident or near miss.

10. Reducing the Risk of Allergen Exposure

Longcause Community Special School recognises that completely allergen-free environments cannot be guaranteed. Instead, the school will adopt a risk reduction approach based upon individual needs.

Risk reduction strategies may include:

- individual risk assessments;
- classroom adaptations;
- supervision during eating;
- careful planning of cooking activities;
- consideration during sensory play;
- consideration during messy play;
- consideration during animal care activities;
- review of resources used within curriculum activities;
- enhanced cleaning procedures where appropriate;
- discouraging the sharing of food and drinks;
- communication of allergy information to relevant staff.

Staff should always check planned curriculum activities for potential allergen risks before they take place.

10.1 Allergy-Related Wellbeing and Bullying

The school recognises that living with an allergy, and particularly the risk of anaphylaxis, can have a significant effect on a pupil's emotional wellbeing. Pupils may experience anxiety about eating, unfamiliar activities, changes to routine, educational visits or the possibility of accidental exposure.

Due to the communication and learning needs of pupils attending Longcause Community Special School, allergy-related anxiety may be expressed through changes in behaviour, avoidance, refusal, distress, withdrawal, dysregulation or changes in eating. Staff will remain alert to these indicators and will seek to understand the reason for the pupil's presentation.

The school will support pupils' wellbeing by:

- providing reassurance about the arrangements in place to keep them safe;
- involving pupils, in a developmentally appropriate and accessible way, in decisions about their allergy management;

- using appropriate communication aids, visuals, social narratives or preparation for changes and unfamiliar activities;
- ensuring that allergy-management arrangements do not unnecessarily isolate, stigmatise or draw attention to a pupil;
- supporting safe participation in meals, celebrations, curriculum activities, visits and enrichment opportunities;
- working with parents and relevant professionals where allergy-related anxiety affects a pupil's wellbeing or access to education; and
- making reasonable adjustments in accordance with the Equality Act 2010.

Allergy-related bullying, teasing, exclusion, threats or deliberate exposure to a known allergen will not be tolerated. This includes touching a pupil or their belongings with a known allergen, deliberately bringing an allergen close to them, threatening to make them consume it or making fun of their allergy or medication.

Any concern about allergy-related bullying will be addressed under the school's Behaviour Policy and Safeguarding and Child Protection Policy. Deliberate exposure or threatened exposure to a known allergen will be treated seriously and may constitute a safeguarding concern because of the potential risk of significant harm.

11. Catering and Food Management

11. Catering and Food Management

The school will work closely with its catering provider to minimise the risk of exposure to food allergens and to ensure that accurate allergen information is available for food provided by the school.

The school and its catering provider will ensure that:

- information about pupils' diagnosed food allergies, intolerances and coeliac disease is communicated securely to relevant catering and school staff;
- current photographs and dietary information are available to authorised staff involved in preparing, serving or supervising food;
- the 14 regulated food allergens are identified and managed in accordance with food-information legislation;
- accurate allergen information is available for meals, snacks and other food provided by the school;
- changes to ingredients, menus, recipes or substituted products are checked before food is served;
- food labels and ingredient information are retained or checked where necessary;
- appropriate procedures are followed to minimise cross-contact during the storage, preparation, cooking and serving of food;
- allergy-safe meals are clearly identified and handed to the correct pupil;

- staff supervise pupils as required by their Individual Healthcare Plans and risk assessments;
- pupils are discouraged from sharing or exchanging food, drinks, utensils or drinking containers;
- appropriate cleaning arrangements are in place for tables, preparation areas, utensils and shared equipment; and
- catering staff receive the allergy awareness and emergency response training required by this policy.

Food brought into school by pupils, parents, staff or visitors can create additional risks. Therefore:

- parents and carers must provide accurate information about the contents of food sent into school where requested;
- food must not be brought into school for sharing, celebrations or rewards without prior agreement from the class teacher;
- staff must check food-related activities against pupils' known allergies before the activity takes place;
- food used in cooking, sensory activities, messy play or curriculum activities must be subject to the same allergy checks as food intended for eating; and
- staff food must be stored and consumed in accordance with any risk-control measures established for individuals with severe allergies.

The school does not describe itself as completely allergen-free because the complete exclusion of an allergen cannot be guaranteed. Where a pupil has a significant risk associated with a particular allergen, proportionate restrictions and additional controls will be identified through an individual risk assessment.

Any error involving an allergen, incorrect meal, ingredient substitution, labelling failure, cross-contact or accidental exposure will be reported promptly. It will be recorded and reviewed as an allergy incident or near miss, even where the food was not consumed or no reaction occurred.

Where there is reason to believe that unsafe food containing an undeclared allergen has left the school's immediate control or may pose a risk to consumers, advice will be sought from the catering provider and the relevant local authority environmental health or Primary Authority service. Any applicable food-safety reporting requirements will be followed.

12. Educational Visits

All educational visits will include consideration of pupils with allergies.

Visit leaders must ensure that:

- allergy risks are included within visit risk assessments;

- emergency medication accompanies the pupil at all times;
- staff attending understand the Individual Allergy Management Plan;
- emergency procedures are known before departure;
- appropriate communication arrangements exist in the event of an emergency.

Residential visits and longer educational visits may require additional planning in consultation with parents and healthcare professionals.

13. Recognising an Allergic Reaction

Staff should be aware that allergic reactions vary in severity and may develop rapidly.

Symptoms of a mild to moderate allergic reaction may include:

- itchy skin;
- rash or hives;
- swelling of the lips, face or eyes;
- abdominal pain;
- nausea or vomiting;
- sneezing or runny nose.

Symptoms of anaphylaxis may include:

- difficulty breathing;
- persistent cough;
- wheezing;
- swollen tongue;
- difficulty swallowing;
- hoarse voice;
- pale, floppy or suddenly lethargic appearance;
- collapse;
- loss of consciousness.

Many pupils attending Longcause Community Special School may not communicate these symptoms verbally. Staff should therefore remain alert to sudden behavioural change, distress, unexplained anxiety, changes in breathing, altered colour, facial swelling or signs of acute deterioration.

If anaphylaxis is suspected, staff must act immediately. Delaying treatment increases the risk of serious harm.

Any member of staff who believes a pupil is experiencing anaphylaxis should immediately follow the school's Emergency Allergy Response Procedure detailed within Section 14 of this policy. Treatment must not be delayed while staff seek confirmation, contact parents or wait for a trained first aider.

13.1 Recognising an asthma attack

Symptoms of an acute asthma attack may include:

- persistent coughing;
- wheezing;
- difficulty breathing or shortness of breath;
- tightness in the chest;
- difficulty speaking, eating, drinking or completing a sentence;
- rapid breathing;
- distress, anxiety or agitation;
- becoming unusually quiet;
- appearing pale, grey or blue around the lips;
- becoming exhausted, floppy or less responsive; or
- a reliever inhaler having little or no effect.

For pupils with communication differences, an acute asthma attack may initially present as a sudden change in behaviour, reduced activity, distress, refusal, changes in vocalisation or an unexplained deterioration in engagement.

Where breathing difficulties may be caused by anaphylaxis, or where anaphylaxis cannot reasonably be ruled out, adrenaline must be administered immediately in accordance with the pupil's Allergy Action Plan. An inhaler must not be used as an alternative to adrenaline when anaphylaxis is suspected.

14. Emergency Response Procedures

Longcause Community Special School recognises that anaphylaxis is a medical emergency requiring immediate treatment.

Where an allergic reaction is suspected, staff must remain calm, act immediately and follow the pupil's Individual Allergy Management Plan.

Staff should never delay treatment whilst attempting to contact parents or seeking further advice.

14.1 Emergency Procedure

14.1 Emergency Response to Suspected Anaphylaxis

Anaphylaxis is a medical emergency. If anaphylaxis is suspected, staff must act immediately. Adrenaline must not be delayed while staff seek confirmation, wait for a trained first aider or senior leader, contact parents or seek advice from emergency services.

If a pupil displays signs of anaphylaxis:

1. Stay with the pupil and call loudly for assistance. The pupil must not be sent or taken to the school office, medical room or another location. Help and medication must be brought to them.
2. Send another member of staff to obtain the pupil's prescribed adrenaline device and the nearest emergency anaphylaxis kit. A further member of staff should call 999.
3. Administer the pupil's prescribed adrenaline device immediately. If it is unavailable, out of date, damaged, has misfired or cannot be obtained within five minutes, use an age-appropriate school spare AAI.
4. Do not delay emergency treatment while checking whether prior consent has been recorded. In a life-threatening emergency, anyone may take reasonable action to save a life.
5. Call 999 immediately and state:
"A child is experiencing suspected anaphylaxis. Adrenaline has been administered."
Provide the school's full address, access instructions and any other information requested by the call handler.
6. Position the pupil safely:
 - o the pupil should normally lie flat with their legs raised;
 - o if breathing is difficult, they may sit up with their legs extended;
 - o if unconscious but breathing, they should be placed in the recovery position; and
 - o the pupil must not stand, walk or suddenly sit up, even if they appear to have recovered.
7. Record the time at which the first dose of adrenaline was administered.
8. If symptoms persist or return after five minutes, administer a second AAI and record the time. The second dose should be given into the opposite outer thigh where practicable.
9. If the pupil has asthma, their reliever inhaler may be administered in addition to adrenaline where required. An inhaler must never replace or delay adrenaline when anaphylaxis is suspected.
10. Monitor the pupil's airway, breathing, circulation and level of response continuously. Be prepared to commence cardiopulmonary resuscitation if the pupil stops breathing normally.
11. Contact the pupil's parents or carers as soon as reasonably practicable, without delaying emergency treatment.
12. Ensure that ambulance staff are given the used AAI or AAIs, details of the times administered, the pupil's Individual Healthcare Plan and Allergy Action Plan where available.
13. Ensure that a member of staff accompanies the pupil to hospital if their parent or carer is not present.

A pupil who has received adrenaline must always be assessed by an ambulance crew and transferred for medical assessment. They must not remain in school or be sent home without appropriate medical assessment.

14.2 Emergency Response to an Acute Asthma Attack

If a pupil is displaying signs of an acute asthma attack, staff must:

1. Stay with the pupil, remain calm and reassure them.
2. Help the pupil to sit upright in a comfortable position. They should not be required to lie down.
3. Send another member of staff to obtain the pupil's prescribed reliever inhaler and spacer.
4. Help the pupil to take one puff of their reliever inhaler through the spacer every 30–60 seconds, up to a total of 10 puffs, or follow the pupil's Asthma Action Plan where this gives different instructions.
5. Use the school's emergency salbutamol inhaler where the pupil's prescribed inhaler is unavailable or not working and its use is permitted under the school's emergency inhaler arrangements.
6. Call 999 immediately if:
 - the pupil's inhaler is unavailable;
 - the pupil's condition is worsening;
 - the pupil does not improve after 10 puffs;
 - the pupil is struggling to speak;
 - the pupil becomes exhausted, floppy or less responsive;
 - the pupil's lips or skin appear pale, grey or blue; or
 - staff are concerned at any stage.
7. If the ambulance has not arrived after 10 minutes and the pupil's symptoms have not improved, repeat the inhaler treatment.
8. Contact the pupil's parents or carers as soon as reasonably practicable, without delaying treatment or the call to emergency services.
9. Continue to monitor and reassure the pupil until emergency assistance arrives.

A pupil experiencing breathing difficulties must not be sent to the school office or medical room. Medication and assistance must be brought to the pupil.

If the pupil has a known allergy and their breathing difficulties may be part of anaphylaxis, staff must administer adrenaline immediately and follow the anaphylaxis emergency procedure. Salbutamol may be given in addition to adrenaline where appropriate, but it must never delay or replace adrenaline.

15. Following an Allergic Reaction

15. Allergy Incidents and Near Misses

The school will record, report, review and respond to serious allergy incidents and near misses.

A serious incident is an event involving an allergy in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm. This includes an event

requiring emergency medication, urgent clinical intervention, attendance by the emergency services or hospital assessment.

A near miss is an event that did not result in harm but had the clear potential to do so. Examples include:

- an incorrect meal being prepared or served but identified before it was eaten;
- prescribed or spare emergency medication being unavailable, inaccessible, out of date or stored incorrectly;
- an AAI misfiring;
- allergen information not being communicated to relevant staff;
- a known allergen being used in a curriculum or sensory activity without appropriate controls;
- a delay in recognising symptoms or obtaining medication; or
- agreed arrangements within an Individual Healthcare Plan not being followed.

Following an allergy incident or near miss, the school will:

- ensure that any necessary medical treatment and emotional support are provided;
- inform the pupil's parents or carers as soon as reasonably practicable;
- record the event on CPOMS and complete any additional accident or medical incident documentation required;
- preserve relevant information or evidence where appropriate, including food packaging, ingredient information and medication-device details;
- establish what happened through a factual and proportionate review;
- consider whether the Individual Healthcare Plan, Allergy Action Plan, risk assessments, staff training or this policy require amendment;
- share relevant learning with staff;
- report the matter externally where required under RIDDOR, food-safety requirements, local authority procedures or other statutory arrangements; and
- provide appropriate support to the pupil, family and staff following a serious incident.

Pupils, parents, carers, staff and healthcare professionals may report an incident or near miss to the Family Team or Headteacher, including where the effects of exposure only become apparent after the pupil has left school.

Reviews will be conducted in a fair and no-blame manner, with the purpose of identifying learning and improving future safety. This does not prevent the school from addressing reckless, deliberate or otherwise unacceptable conduct through its established procedures.

The governing body will receive periodic, suitably anonymised information about serious allergy incidents and near misses, actions taken and lessons learned. A significant incident may be reported to the Chair of Governors without waiting for the next scheduled report.

All relevant incidents and near misses will be considered when the policy is reviewed. Given the complex medical and communication needs of pupils at Longcause Community Special School, cumulative learning will also be reviewed at least termly.

16. Staff Training

Longcause Community Special School recognises that effective allergy management depends upon confident and well-trained staff.

All staff will receive annual allergy awareness training.

Training will include:

- understanding allergies and anaphylaxis;
- recognising mild, moderate and severe allergic reactions;
- recognising non-verbal indicators of allergic reactions in pupils with SEND;
- prevention of allergen exposure;
- Individual Allergy Management Plans;
- emergency procedures;
- administration of adrenaline auto-injectors;
- use of spare AAI's;
- recording and reporting procedures;
- educational visits.
- understanding the relationship between allergy, asthma and anaphylaxis;
- recognising and responding to an acute asthma attack;
- locating and administering prescribed and emergency salbutamol inhalers using an appropriate spacer;
- understanding that an inhaler must not replace or delay adrenaline where anaphylaxis is suspected;
- understanding and following Allergy Action Plans and Asthma Action Plans; and
- recording and reporting asthma-related incidents and near misses.

New members of staff will receive allergy awareness training as part of their induction. This training will include emergency response arrangements for both anaphylaxis and acute asthma and will be provided to all pupil-facing permanent, temporary, supply, agency, peripatetic and catering staff, regular volunteers and staff working in breakfast or after-school provision.

Staff identified as administering emergency medication will receive practical competency training and refresher training whenever guidance changes or individual pupil needs require it.

Training records will be maintained by the Family Team.

17. Record Keeping

Accurate records are essential to ensure the safe management of allergies.

The Family Team will maintain:

- the School Allergy Register;
- Individual Allergy Management Plans;
- parental consent forms;
- medication records;
- expiry date checks;
- staff training records;
- incident records;
- annual allergy audit documentation.

All records will be maintained in accordance with the school's Data Protection Policy and UK GDPR.

18. Monitoring Medication

Emergency medication must be checked regularly.

The Family Team will undertake routine checks to ensure:

- medication remains in date;
- medication is clearly labelled;
- storage arrangements remain appropriate;
- replacement medication is requested before expiry;
- spare AAls remain available where held by the school.

A documented monthly audit of emergency medication will be completed.

19. Communication

Effective communication between school, parents and healthcare professionals is essential.

The school will ensure that:

- parents are informed promptly of allergy incidents;
- staff are updated following changes to Individual Allergy Management Plans;
- relevant information is shared securely with supply staff and agency staff where necessary;
- healthcare professionals are consulted where additional advice is required.

Confidentiality will always be maintained.

The school will ensure that this policy is:

- published on the school website;
- available in hard copy on request;
- brought to the attention of all staff through induction and annual allergy awareness training;
- communicated to supply, temporary, agency, catering staff and regular volunteers;
- communicated to pupils in an accessible and developmentally appropriate way; and
- made known to parents and carers, including when a child joins the school or notifies the school of an allergy.

Relevant information about individual pupils will be shared only with those who need it to keep the pupil safe. The method of communication will reflect the pupil's communication needs and the sensitivity of health information.

20. Monitoring and Quality Assurance

The Headteacher has overall responsibility for monitoring implementation of this policy.

Monitoring will include:

- annual policy review;
- annual allergy audit;
- review of training records;
- monitoring of medication expiry dates;
- review of allergy incidents;
- review of Individual Allergy Management Plans;
- governor monitoring where appropriate.

Following any significant allergy incident, the Headteacher will ensure that a formal review is undertaken to identify lessons learned and improve future practice.

21. Equality and Inclusion

Longcause Community Special School is committed to ensuring that pupils with allergies are fully included in all aspects of school life.

Reasonable adjustments will be made in accordance with the Equality Act 2010 to enable pupils with allergies to access learning, enrichment activities, educational visits and wider school life safely.

No pupil will be excluded from activities solely because of an allergy where appropriate risk assessments and control measures can enable safe participation.

22. Review of the Policy

This policy will be reviewed annually by the Headteacher or sooner if:

- legislation changes;
- Department for Education guidance is updated;
- the Children's Wellbeing and Schools Act 2026, associated regulations or relevant statutory guidance is amended or updated;
- national allergy guidance changes;
- a significant allergy incident identifies the need for policy revision.

When developing and reviewing this policy, the school will seek appropriate input from pupils with allergies, their parents or carers, relevant members of staff and healthcare or catering professionals. Pupils will be involved in a way that reflects their age, understanding and communication needs.

The review will take account of serious incidents, near misses, allergy drills, feedback, complaints, changes in the pupil cohort and changes to legislation or statutory guidance.

The Governing Body will receive assurance that the school continues to meet its statutory responsibilities in relation to allergy management and the support of pupils with medical conditions.