Avenue
CENTRE FOR EDUCATION

ALLERGY SAFETY POLICY

2026 – 2027

Author	Avenue Centre for Education (adapted policy)
Policy owner	Jeremy Dodd, Headteacher
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Contents

1. Aims, principles and scope
2. Legal framework and guidance
3. Roles and responsibilities
4. Identifying and planning for allergy
5. Assessing allergy risk
6. Minimising exposure and enabling inclusion
7. Responding to an allergic reaction
8. Adrenaline devices and emergency medicines
9. Serious incidents and near misses
10. Training and allergy awareness
11. Wellbeing and safeguarding
12. Information sharing and data protection
13. Monitoring, assurance and review
14. Links to other policies

Appendix A. Emergency quick action guide

Appendix B. DfE statutory guidance cross-reference

Appendix C. Official sources

Appendix D. Local information and implementation checklist

Completion note: yellow highlighting identifies information still to be confirmed, not proof that arrangements are absent. Keep pupil-specific health information, personal contacts and security codes in controlled records, not in the published policy. Appendix D is a working checklist and can be retained separately once completed.

ANAPHYLAXIS: ACT IMMEDIATELY

Any Airway, Breathing or Circulation symptom may be anaphylaxis. Give adrenaline without delay, then call 999 and say “anaphylaxis”. Give a second dose after 5 minutes if there is no improvement. Do not allow the person to stand or walk.

1. Aims, principles and scope

Avenue Centre for Education (ACE) is an allergy-aware, maintained pupil referral unit (PRU) in Luton. We will take proportionate, pupil-centred steps to prevent avoidable exposure, recognise and treat reactions promptly, and ensure that pupils with allergies participate fully in education and school life.

This policy aims to:

1. Protect the health, safety, dignity and wellbeing of pupils with diagnosed or suspected allergies;
2. Set clear arrangements for identifying needs, assessing risks, sharing information and responding to emergencies;
3. Provide consistent expectations for staff, parents, pupils, visitors, volunteers, contractors and partner organisations;
4. Support inclusion and reasonable adjustments without creating false assurance that the site is allergen-free; and
5. Meet the Management Committee's legal duties and have particular regard to Department for Education (DfE) statutory guidance.

1.1 Scope

This policy applies during the school day and to all ACE-led activity: lessons, dining, social times, clubs, sport, performances, celebrations, educational visits, residentials and transport arranged by ACE. It also applies to ACE-delivered outreach and off-site education, and informs the arrangements agreed for commissioned alternative provision, vocational learning, work experience and shared placements, where applicable. It covers pupils and, where relevant, staff, volunteers, contractors and visitors.

1.2 Key terms

Term	Meaning in this policy
Allergy	An immune response to a substance that is normally harmless. Reactions can range from mild to life-threatening.
Anaphylaxis	A serious systemic allergic reaction. In a suspected allergic reaction, any Airway, Breathing or Circulation symptom is treated as anaphylaxis.
Allergen	A substance that can trigger an allergic reaction, including foods, medicines, insect venom, animals, latex or airborne/contact substances.
Adrenaline device / AAI	An adrenaline device is prescribed for emergency treatment. An adrenaline auto-injector (AAI) delivers an injection; an individually prescribed nasal device is used according to its own instructions. ACE's spare stock consists of injectable AAIs.
IHP	An Individual Healthcare Plan setting out pupil-specific support and agreed school arrangements.

Food intolerance and other dietary needs are managed appropriately but are not described as allergy unless clinically indicated. No pupil will be refused proportionate interim support merely because diagnosis is incomplete.

2. Legal framework and guidance

ACE is a pupil referral unit maintained by Luton Borough Council (LBC). Its Management Committee is the appropriate authority for the medical-conditions and allergy-policy duties. This policy is adopted under section 100A of the Children and Families Act 2014, inserted by section 34 of the Children's Wellbeing and Schools Act 2026 and brought fully into force on 1st September 2026. [4–6]

The statutory duty requires the Management Committee to have and review a written allergy safety policy at least annually, make appropriate changes, publish it on ACE's website, make it generally known, and bring it at least annually to the attention of pupils, parents and everyone working at ACE, whether paid or unpaid. The Management Committee must have particular regard to the DfE's Allergy safety in schools statutory guidance. [1, 2, 4]

ACE also has regard, where relevant, to:

1. Section 100 of the Children and Families Act 2014 and DfE statutory guidance on supporting pupils with medical conditions;
2. The Equality Act 2010, including the duty to avoid discrimination and make reasonable adjustments where allergy amounts to a disability;
3. The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999;
4. The Human Medicines Regulations 2012, as amended, and national guidance on emergency AAIs in schools;
5. The Food Information Regulations 2014 and current Food Standards Agency guidance, including requirements for prepacked-for-direct-sale food;
6. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR);
7. The UK GDPR and Data Protection Act 2018; and
8. The school food standards, where applicable to the provision concerned.

Official sources and links are listed in Appendix C. If legislation or national guidance changes, the more current requirement takes precedence and this policy will be reviewed promptly.

The statutory policy, review and publication duties are distinguished from the practical arrangements adopted in this policy. Annual workforce training, paired spare AAIs, monthly checks and an annual drill are ACE's operational commitments; the policy does not describe every operational detail as a separate statutory duty.

3. Roles and responsibilities

3.1 SLT approval, Management Committee oversight and local authority

ACE records SLT approval on 31st August 2026. The approval route is the Headteacher, supported by SLT, exercising a function delegated by the Management Committee. SLT is not a separate statutory governing body. The Management Committee remains the appropriate authority for this policy and must retain oversight, review its delegation annually and receive reports of decisions made under it. [4, 17]

The Management Committee will:

1. Ensure this policy is reviewed at least annually and approved through the authorised delegation route; review that delegation annually, receive the Headteacher's report of approval and ensure allergy risks are represented on ACE's risk register;
2. Ensure sufficient leadership, staffing, training, emergency equipment and resources;
3. Receive periodic, appropriately anonymised assurance on IHP coverage, training, medicine checks, incidents, near misses and improvement actions;
4. Challenge and support leaders where controls are incomplete; and
5. Ensure website publication and annual communication duties are evidenced.

LBC retains its responsibilities as maintaining local authority and, where applicable, employer. The Headteacher will follow the applicable LBC health-and-safety and incident-reporting arrangements and escalate risks requiring local-authority action.

3.2 Headteacher, Allergy Safety Lead and First Aid Lead

The Headteacher is accountable for implementing this policy and ensuring adequate resources. A named senior leader will coordinate allergy safety and report to the Headteacher and Management Committee. The First Aid Lead is Sabreena Mankoo. She supports first-aid response, training and cover arrangements within her agreed remit; wider allergy-safety leadership and medicines-coordination duties must be separately recorded.

The Allergy Safety Lead will:

1. Implement this policy and maintain the allergy risk register, operational medicines register and improvement plan;
2. Make sure pupils are identified, individual arrangements are ready, and urgent interim controls are introduced without delay;
3. Ensure relevant information reaches teaching and support staff, catering staff, alternative-provision and outreach staff, trip leaders and temporary personnel on a need-to-know basis;
4. Coordinate annual training, induction, drills and competency assessment;
5. Ensure prescribed medicines and spare AAIs are accessible, checked, in date and replaced after use;
6. Lead no-blame reviews of incidents and near misses, involve affected families, and report assurance to the Management Committee; and
7. Monitor contractor compliance and ensure this policy is published and publicised.

Role	Name / arrangement
Headteacher	Jeremy Dodd
Senior Allergy Safety Lead	Simon Jump
First Aid Lead	Sabreena Mankoo

3.3 Medicines coordinators and School Office

The Headteacher will designate at least two trained medicines coordinators in ACE's controlled emergency medicines register and rota. They will receive deliveries, maintain consent and check records, carry out and sign monthly device checks, monitor expiry dates, arrange replacement, and keep each designated emergency medicines point ready for immediate use. First-aid help must be summoned by the agreed immediate on-site alert route. Routine email must not be used to request emergency help; call 999 for suspected anaphylaxis.

Role	Name / arrangement
Medicines coordinator 1	Sabreena Mankoo
School Office / first-aid cover	Sandra Alloo

3.4 Catering, alternative provision and other providers

Catering staff and managers of externally delivered pupil activity must comply with the agreed allergy arrangements and their food-safety obligations. They will keep current allergen information, implement pupil-specific controls, train staff, control cross-contact, check substitutions, maintain traceability and report concerns immediately. Contract and placement monitoring will include allergy arrangements; ACE's responsibilities are not removed by commissioning another provider.

Where a pupil attends another setting, ACE and the receiving/referring provider will agree who holds the current plan, provides and checks medicines, supplies trained cover, communicates changes and reports incidents. For hospital-based education, any applicable NHS clinical arrangements must be agreed with the clinical team and not displaced by this school policy.

Role	Name and Contact Details
Catering provider / responsible lead	Simon Jump (Interim)

3.5 All staff, agency staff, volunteers and visitors

Everyone working with pupils must follow their training and the relevant IHP or clinical Action Plan, know how to summon help and access medicines, take allergy controls into account when planning activity, challenge unsafe practice and report exposure, reaction, error or near miss promptly. A pupil who may be reacting must not be left alone or sent elsewhere for help.

3.6 Parents and carers

Parents and carers are asked to provide accurate, current information about allergens, symptoms, diagnosis, healthcare advice and medication; participate in planning and reviews; supply two prescribed, in-date adrenaline devices where advised; replace medicines before expiry or after use; and report any change immediately. ACE will work constructively with families and will not make a parent's attendance or administration of medicine a condition of access to education or activities. Parents and carers are responsible for updating school on any allergy requirements or changes in conditions.

3.7 Pupils

Pupils will be supported, in an age- and developmentally appropriate way, to understand their triggers and symptoms, tell an adult early, avoid food or utensils offered by others, and carry or use their medicine where their IHP records that they are competent to do so. Staff will consider communication, SEND and emotional-regulation needs rather than assume that a secondary-aged pupil can self-manage. Pupils must not tease, threaten or deliberately expose another person to an allergen.

3.8 Unacceptable practice

ACE will not:

1. Prevent easy access to prescribed or emergency medicine, or delay treatment while consent, paperwork or a diagnosis is sought;
2. Ignore the views of the pupil or parent, or medical evidence, without a recorded and justifiable reason;
3. Apply the same support to every pupil without considering individual need, or assume an older child can self-manage;
4. Refuse support solely because formal diagnosis is pending;
5. Exclude, isolate, send home or otherwise disadvantage a pupil because of allergy, including at meals, clubs, sport, trips or residentials;
6. Require a parent to attend school, administer medication or accompany a trip as a condition of participation;
7. Send an unwell pupil alone to an office, first-aid point or medicine store — help and medicine must come to the pupil; or
8. Penalise a pupil for allergy-related absence, symptoms, reasonable safety behaviour or emergency care.

4. Identifying and planning for allergy

4.1 Identification and updates

The School Office and admissions staff collect health and allergy information on referral/admission, before transition and at least annually, and update ACE's management information system. For short-stay or dual-registered pupils, ACE will seek current IHPs, Action Plans, medicine and emergency-contact details from the parent and referring school or placing authority, and verify the arrangements before the pupil's first session wherever practicable.

PARENTS MUST REPORT NEW OR CHANGED ALLERGY NEEDS PROMPTLY
For routine updates, telephone 01582 359370 or email office@avenuecentre.co.uk. Staff must pass changes promptly to the School Office and Allergy Safety Lead. In a medical emergency, use the immediate emergency procedure and call 999; do not wait for an email response.

For an in-year admission or new mid-term diagnosis, ACE will make every effort to finalise arrangements within two weeks and will put proportionate interim measures in place immediately. Short placements and missing referral information must not leave a pupil without safe support. A first or suspected reaction triggers emergency care, parent contact and a planning review; support will not wait for formal diagnosis.

4.2 Allergy register and identification

ACE keeps a controlled, current allergy register showing the pupil, known or suspected trigger, risk of anaphylaxis, IHP/Action Plan status, medication and location. Staff-only working lists may include a recent photograph where necessary for safe identification. Older versions are removed from use. Essential information must be rapidly available to relevant classroom, catering, outreach, off-site and visit staff while protected from unnecessary disclosure.

4.3 Individual Healthcare Plans

An IHP will be put in place where an allergy requires supportive arrangements at ACE. This will normally include pupils at risk of anaphylaxis, with multiple or difficult-to-avoid triggers, a previous severe reaction, or asthma alongside food allergy. ACE owns its education-setting arrangements and co-produces the plan with the pupil, parent and relevant healthcare professional. A clinical Action Plan complements, but does not replace, the IHP's local arrangements. [2, 6]

The IHP will record:

1. Triggers, expected mild and severe symptoms, co-existing conditions and reasonable adjustments;
2. The current clinician-issued allergy or asthma action plan, issuer, issue date and review date — clinical instructions will be attached, not paraphrased;
3. Prescribed medicines, dose, consent, competence to self-carry/self-administer and exact storage arrangements;
4. Prevention controls for meals, curriculum, social times, clubs, events, transport, visits and any shared or off-site placement;
5. Staff training or competency needed, communication arrangements and emergency contacts; and
6. What to do if the medicine is missing, expired, used or fails.

IHPs are reviewed at least annually and sooner after changed needs, new clinical advice, a medicine/Action Plan change, transition, a serious incident or a near miss. Relevant staff receive the current version before they have unsupervised responsibility for the pupil.

For dual registration, short stays, reintegration or a change of provider, ACE will agree the transfer of current plans and medicine arrangements before the change wherever practicable. Education, health and care plan (EHCP) or SEND support arrangements must be consistent with the IHP; neither replaces emergency allergy planning.

4.4 Staff and visitor allergies

Employees should tell the Allergy Safety Lead, School Office or their Line Manager where allergy may require a workplace risk assessment, emergency arrangement or reasonable adjustment. Visitor information is collected only where necessary for the planned activity; routine visitor sign-in does not seek excessive health data. Emergency assistance is available through the School Office.

Visitors will be signposted to the policy and given a proportionate on-site safety briefing relevant to their activity; reading the website is not a substitute for knowing how to summon immediate help.

5. Assessing allergy risk

The Allergy Safety Lead maintains an ACE-wide allergy risk assessment and risk register. Pupil-specific controls are recorded in IHPs and activity/placement risk assessments. Assessment considers likelihood, severity, route of exposure, foreseeable error, access to help and the pupil's age, understanding, communication and SEND needs, and co-existing asthma.

Risk assessment covers, as relevant:

1. School meals, packed lunches, snacks, drinks, breakfast or extended provision where offered, and food brought from home;
2. Cooking, Design and Technology, science, art/craft materials, vocational learning, work experience, celebrations, rewards and fundraising;
3. classrooms, dining areas, playgrounds, PE, sport, cleaning, handwashing, shared equipment and waste;
4. animals, plants, insect stings, latex, medicines, aerosols, fragrances and airborne/contact triggers;
5. assemblies, performances, clubs, contractors, visitors, lettings and supply/cover arrangements; and
6. Educational visits, residentials, outreach and off-site provision, shared placements, transport, accommodation, catering, remote locations and access to emergency services.

Controls are reviewed at least annually and whenever a pupil's needs, staffing, premises, menu, supplier, activity or national guidance changes, or after an incident or near miss. A check is made immediately before higher-risk activity.

6. Minimising exposure and enabling inclusion

6.1 Whole-school controls

1. Allergy controls are specific to known needs and reduce risk so far as reasonably practicable; no blanket rule replaces individual planning.
2. Pupils wash hands with soap and water before and after eating or food activity. Eating and preparation surfaces, equipment and spillages are cleaned using appropriate products and methods.
3. Food, drink, utensils and containers are not shared or traded. Food rewards are avoided unless ingredients and pupil needs have been checked.
4. Ingredients and packaging are checked at the point of use because recipes, suppliers and formulations can change. When information is unclear, the item is not given to the pupil.
5. Safe alternatives are provided in a way that includes rather than isolates the pupil. Seating or supervision changes are made only when individually justified and agreed.

6.2 ACE's allergy-aware and nut-control approach

ACE is allergy-aware and cannot guarantee an allergen-free environment. Any site-wide or activity-specific restrictions must be informed by pupil needs and risk assessment, clearly communicated, and supported by individual controls.

Where a restriction is agreed, staff will remove an unsafe item from use calmly, explain the concern, notify the parent as appropriate and arrange a suitable safe alternative. No pupil should lose access to their meal entitlement because an alternative needs arranging.

Important limitation
ACE is allergy-aware, not "nut-free". A restriction cannot guarantee that allergens will never be present, and it does not address the many non-nut allergens that may cause severe reactions. Every pupil's individual controls still apply.

6.3 Catering, meals and packed lunches

ACE will require its catering service, whether in-house or contracted, to:

1. provide accurate, accessible allergen information for the 14 regulated allergens and manage other known allergens identified in an IHP;

2. maintain current recipes, supplier specifications and an allergen matrix, with a documented check for every product or menu substitution;
3. meet labelling requirements for prepacked and prepacked-for-direct-sale food and provide required information for non-prepacked food;
4. control cross-contact through suitable procurement, storage, preparation, cleaning, handwashing, equipment and service arrangements;
5. train and supervise catering staff, maintain special-diet records and report any uncertainty, error, exposure or near miss immediately; and
6. provide a suitable safe meal so pupils retain access to their meal entitlement and are not segregated or singled out.

Parents can request current ingredient and allergen information through the School Office and catering service. The current catering record and pupil plan remain the operational control. At service, staff use two checks: the current dietary/allergy record and confirmation against the selected meal/serving record. Packed lunches follow the same no-sharing rules and any confirmed restrictions in section 6.2. Staff do not infer that food is safe from appearance, brand familiarity or a previous menu.

6.4 Snacks, clubs, events and curriculum

Snacks, drinks, clubs, parties, fundraising, curriculum cooking, vocational activities and any tasting activity are planned against the current allergy register and IHPs. Milk allergy and other non-nut allergies receive the same individual attention as nut allergy. Ingredient labels are retained for checking; substitutions require a fresh check. Pupils are not required to handle or consume a known trigger, and a comparable safe alternative is arranged.

6.5 Non-food triggers

Activities involving animals, plants, insect exposure, latex, adhesives, paints, aerosols, fragrance, dust or other contact/airborne triggers are risk-assessed. Controls may include an alternative material, ventilation, cleaning, protective equipment, a change of location or timing, and access to medicine. Pupils will not be excluded where a reasonable adjustment can make participation safe.

6.6 Educational visits, transport and off-site placements

The trip or placement leader will complete a pupil-specific assessment early enough to resolve food, travel, accommodation and emergency-care arrangements. Two prescribed adrenaline devices accompany a pupil at risk of anaphylaxis, with a current Action Plan and appropriate trained adult support. The kit is checked before departure and kept with the pupil or designated adult, never inaccessible in a vehicle hold. The leader knows the destination postcode/location, communication plan and route to urgent medical help. A spare ACE AAI may travel only where the risk assessment confirms suitable remaining cover onsite. Allergy will not be used to exclude a pupil or require a parent to attend.

For taxis, minibuses, work experience or another provider, the risk assessment will record the handover of essential information and medicines, the responsible adult, trained support and the precise emergency location. Independent travel or self-carry will only be agreed after an individual assessment; age alone is not sufficient.

7. Responding to an allergic reaction

The rule
In a suspected allergic reaction, any Airway, Breathing or Circulation symptom is treated as anaphylaxis. If in doubt, give adrenaline. A skin rash may be absent. Do not wait for severe deterioration or use a reliever inhaler instead of adrenaline.

7.1 Possible mild reaction

Examples may include itchy skin, hives, tingling/itching mouth, mild lip/face swelling, abdominal pain, nausea or a new mild local symptom without Airway, Breathing or Circulation involvement. Staff will:

1. Follow the pupil’s current Action Plan and give authorised antihistamine if directed;

2. Keep the pupil with a responsible adult in a safe place and bring their emergency kit;
3. Observe continuously for at least one hour, because symptoms can progress;
4. Contact the parent and record the event; and
5. Escalate immediately to the anaphylaxis procedure if any Airway, Breathing or Circulation symptom appears or there is doubt.

7.2 Anaphylaxis — immediate action

Airway symptoms include throat/tongue swelling, a hoarse voice, difficulty swallowing or a persistent cough. Breathing symptoms include difficult/noisy breathing, wheeze, marked breathlessness, blue/pale colour or asthma symptoms not responding as expected. Circulation symptoms include dizziness, confusion, collapse, floppiness, reduced consciousness or cardiac arrest.

1. Stay with the person. Shout or radio for help and have another adult bring the emergency kit and call support. Do not send the pupil to fetch medicine or walk to the office.
2. Give the pupil's own prescribed adrenaline immediately, following the device instructions and Action Plan. For an AAI, inject into the outer thigh; for a prescribed nasal device, follow its specific instructions. If the device is unavailable, expired or fails, or this is a first presentation, use an appropriate spare AAI without delaying to seek consent. A competent pupil may self-administer while an adult supervises. [2]
3. Call 999 immediately after the first dose, or have another adult call while adrenaline is being given. Say "anaphylaxis", give the exact address/location, the person's age, known trigger if any, time and brand/dose of adrenaline, and current condition. At ACE's main site the address is Cutenhoe Road, Luton, Bedfordshire, LU1 3NJ. Do not delay adrenaline to telephone first. If no adrenaline is immediately available, call 999 at once and follow the operator's instructions while help and a device are sought. [16]
4. Position safely. Do not allow the person to stand or walk. Usually lay them flat with legs raised; if breathing is very difficult, allow them to sit with legs extended. Follow the Action Plan and 999 advice. Start CPR and use the defibrillator if they are not breathing normally.
5. If there is no improvement after 5 minutes, give a second adrenaline dose using a second device and follow its instructions. For a second AAI, use the other outer thigh where practicable. Update 999 and continue monitoring airway, breathing and circulation.
6. Notify the parent after emergency treatment and the 999 call. Stay with the pupil until ambulance handover. Anaphylaxis always requires ambulance assessment and hospital transfer even if the person appears to recover. A staff member accompanies the pupil if a parent has not arrived.
7. Give used devices, packaging and the Action Plan to paramedics; record the times, symptoms, actions, staff present and outcome. Secure replacement medicine and begin the incident review before the pupil returns unless urgent welfare needs require a different sequence.

7.3 Other essential points

1. There is no requirement to wait for a rash. Sudden severe symptoms after a likely exposure are enough to act.
2. Asthma and anaphylaxis can occur together. When anaphylaxis is suspected, adrenaline comes first; an inhaler may then be used if the Action Plan or 999 clinician advises.
3. An emergency must not be delayed by paperwork, inability to reach a parent, uncertainty over a trigger, or concern about giving adrenaline unnecessarily.
4. Staff act within their training. Anyone may administer intramuscular adrenaline in an emergency to save life.

8. Adrenaline devices and emergency medicines

8.1 Prescribed devices

A pupil at risk of anaphylaxis should have access to two prescribed, in-date adrenaline devices at all times. The IHP records whether the pupil carries them or a designated adult holds them, and the exact daily and off-site arrangements. Where stored by ACE, they are kept unlocked, clearly labelled and rapidly accessible at the designated medicines point, with additional locations where needed. A copy of the current Action Plan is kept with the kit. Help and medicine must be brought to

the pupil immediately; access testing must allow adrenaline to be administered within five minutes, not merely collected by then.

Devices are stored according to their manufacturer's instructions, protected from unsuitable heat and direct sunlight; AAIs are not refrigerated. Medication must not be placed where it cannot be accessed promptly in an emergency. Safe storage must address pupils' individual risks without locking away emergency adrenaline or using a blanket ban on self-carry. Secondary age alone does not establish competence to self-manage.

8.2 Spare ACE AAIs

ACE will procure and maintain spare injectable AAIs in pairs. For secondary-age provision, the DfE guidance identifies one or two pairs of 300 microgram AAIs, with additional stock where the site layout or access assessment requires it. The final dose range and quantity must reflect actual pupil needs and healthcare/pharmacy advice, including any additional site. A consistent brand is used where practicable, while staff are trained on available brands. Spare nasal adrenaline is not held unless national rules permit it. [2, printed page 40; 8]

Spare AAIs will be clearly marked "Emergency anaphylaxis medication", stored unlocked at the confirmed emergency medicines points and entered in the controlled register. They may be used in a life-saving emergency in accordance with law and current national guidance, including a first presentation. Advance consent should be recorded where practicable, but emergency treatment must not be delayed while consent is sought. [2, printed pages 41–42]

EMERGENCY ANAPHYLAXIS MEDICATION LOCATIONS
Location 1 – Medical Room
Location 2 – Floor 1
Location 3 – Floor 3

8.3 Checks, use, replacement and disposal

At least two trained medicines coordinators will share responsibility, with cover, for a signed check at least monthly and before higher-risk events. The allocated checker verifies quantity, dose, brand, seal/condition, solution viewing window where present, expiry, Action Plan, labelling, storage and accessibility. Parents are reminded in good time about prescribed-device expiry; ACE arranges spare-stock replacement.

After use, the device remains with the casualty for ambulance handover. Expired or damaged devices are returned through a pharmacy or approved sharps route and never placed in general waste. Any use, misfire, missing device or storage breach is recorded and replacement is arranged immediately. Temporary control measures are agreed until stock is restored.

8.4 Emergency inhalers

Where ACE holds an emergency salbutamol inhaler, it is managed under the separate asthma/emergency-inhaler arrangements. Its use is restricted to eligible pupils with the required written consent, in accordance with national guidance. It must never be used instead of adrenaline when anaphylaxis is suspected.

9. Serious incidents and near misses

A serious incident includes an allergic reaction requiring adrenaline, 999 attendance, hospital assessment, significant harm, or a serious failure of controls. A near miss is an event that could reasonably have caused an allergic reaction or delayed treatment but did not, including incorrect food service, missing/expired medicine, inaccessible storage, an uncommunicated allergy or a training/process failure.

Staff must make the pupil safe and then report immediately to the Allergy Safety Lead. ACE will:

1. Record promptly in the accident/incident system who was involved; what happened, when and where; likely exposure or cause; symptoms; action and medicine given; 999/healthcare involvement; witnesses and outcome;

2. Notify the parent promptly, provide or share the record as appropriate and invite the family's factual contribution;
3. Preserve relevant packaging, labels, menus, supplier information, CCTV or records where lawful and necessary;
4. Hold a proportionate no-blame learning review led by the allergy safety lead, including staff, the pupil/parent and contractor where relevant;
5. Review the IHP, risk assessment, training, staffing, catering, communication, medicine availability and this policy, and track actions to completion; and
6. Provide suitably anonymised trend and assurance information to the Management Committee.

External reporting is considered case by case. RIDDOR applies only where the legal criteria are met, including that the event arose from work activity and caused a reportable outcome; precautionary hospital attendance or the underlying medical condition alone does not make it reportable. Food incidents are escalated to the catering contractor and, where unsafe food may have entered wider circulation or legal criteria apply, to the relevant food-safety authority. Safeguarding, police or healthcare referrals are made where appropriate.

10. Training and allergy awareness

Staff training / briefing took place on 1st and 2nd September 2026 (dates supplied by ACE). These dates are recorded without assuming that every relevant person attended or that practical competence was assessed. The supporting training and attendance records must identify the content delivered, participants, any missed sessions and follow-up.

All staff who may be present while pupils are onsite will receive allergy-awareness and emergency-response training at least annually. This includes teachers, support and office staff, leaders, temporary/supply/agency/peripatetic staff, regular volunteers, catering staff and relevant outreach or extended-provision staff. New starters are trained through induction before unsupervised responsibility; supply and short-term personnel receive an effective immediate safety briefing. External providers must evidence suitable training for their responsibilities. Visitors receive a proportionate safety briefing.

Training covers:

1. Common allergens, routes of exposure, mild symptoms and ABC signs of anaphylaxis;
2. The emergency algorithm, safe positioning, calling 999, use of prescribed adrenaline devices and spare AAIs, and second-dose timing;
3. ACE's register, IHP/Action Plan process, medicine locations and arrangements for immediate treatment within five minutes;
4. Prevention controls for food, cross-contact, curriculum, non-food triggers, trips and inclusion;
5. Wellbeing, allergy-related bullying, information sharing and incident/near-miss reporting; and
6. Practical demonstration with current trainer devices and a recorded check of competence for staff with healthcare responsibilities.

General first-aid training alone is not treated as sufficient. Attendance and competence records are retained, gaps are followed up, and refresher training is provided after a change or learning event. ACE tests its response through at least one recorded allergy emergency drill each year, without identifying or alarming a pupil. Age-appropriate allergy awareness is taught to pupils and reinforced at least annually.

11. Wellbeing and safeguarding

Allergy can affect confidence, attendance, eating, friendships and participation. The pupil's tutor or allocated pastoral/key adult is the first pastoral contact, supported by the SENDCo and designated safeguarding team as appropriate. Staff listen to the pupil, avoid unnecessary restriction or public identification, and agree proportionate adjustments with the family. Communication, sensory, social, emotional and mental health needs will be considered in planning safe, inclusive support.

Threatening, teasing, coercing or deliberately exposing someone to an allergen is treated seriously under the behaviour, anti-bullying and safeguarding procedures. Risk is assessed immediately and parents are informed as appropriate. After a reaction or near miss, ACE checks the wellbeing of the

pupil, peers and staff involved, offers a supported return and addresses anxiety without minimising risk.

12. Information sharing and data protection

Allergy and health information is special-category personal data. ACE processes it under the applicable lawful bases and special-category condition documented in its privacy notices, data protection policy and retention schedule. ACE shares only what is necessary for safety, inclusion and emergency care, while ensuring it remains available quickly to those who need it.

1. Current IHPs, Action Plans, registers and consent/check records are version-controlled and stored securely; staff-only copies are protected from public view.
2. Relevant details are shared on a need-to-know basis with classroom, cover, catering, outreach, club and trip staff and relevant receiving or referring providers. Responsibilities for protecting, updating and returning/deleting information must be clear in the applicable arrangements.
3. A photograph is used only where necessary for reliable identification and is not displayed publicly.
4. The pupil and parent are involved in planned sharing wherever practicable; in an emergency, necessary information may be shared with 999, ambulance and healthcare staff without delay.
5. Old working lists are withdrawn when information changes, and records are retained/disposed of under ACE's applicable retention schedule.

13. Monitoring, assurance and review

The Allergy Safety Lead monitors implementation during the year and reports to the Headteacher and Management Committee. Assurance will include, as a minimum:

1. The number of pupils with recorded allergy and the proportion with a current IHP/clinical Action Plan where required;
2. Annual training, induction, practical competence and drill completion;
3. Monthly prescribed/spare medicine checks, expiry/replacement actions and five-minute access testing;
4. Catering, commissioned provision and relevant contractor compliance, menu/substitution controls and placement monitoring;
5. Serious incidents, near misses, response times, themes and completion of learning actions; and
6. Evidence that the policy was published and brought annually to the attention of pupils, parents, employees, agency/supply staff, volunteers and relevant contractors.

SLT will review this policy at least annually, with the next scheduled review due by 31st August 2027. Approval is recorded through the Headteacher under the confirmed Management Committee delegation described in section 3.1. The Headteacher will report the approval and material changes to the Management Committee; the Committee retains statutory accountability and reviews the exercise of delegated functions annually. An earlier policy review is considered after any serious incident or near miss, material change in pupil need, premises, staffing, service provider, legislation or national guidance. Review will seek the views of pupils, parents and staff affected by allergy. The website copy and all operational versions must be replaced promptly after the updated version is authorised. [4, 17]

14. Links to other policies

Read this policy alongside the related ACE policies and controlled procedures below. Underlined titles are clickable links. Public links were checked on 13th October 2026. A published document is not assumed to be the latest approved version: use the current controlled copy and replace older public links when a newer approved version is available.

14.1 Published ACE policies and documents

Related document	Link, use and version checks
Behaviour and relationships	Behaviour and Relationships Policy 2026–2027
Safeguarding	Safeguarding Policy 2026-2027
SEND and inclusion	SEN(D) policy and information report
Accessibility and equality	Accessibility, Diversity and Equality Policy 2025–2029
Data protection	Data Protection Policy 2026 - 2027
Records retention	GDPR Retention Policy 2026 - 2027
Pupil illness and attendance	Student Sickness Procedures 2023–2027

14.2 Controlled ACE procedures and implementation records

The following local documents remain required alongside the published links. Their current ACE locations have not been supplied. Keep restricted records on the approved staff system; do not publish pupil plans, registers, personal contacts or access codes.

Policy / record group	Documents and access location
Medical conditions and medicines	Supporting Pupils with Medical Conditions / Administration of Medicines Policy; asthma and emergency-inhaler procedure; allergy register; IHPs and clinical Action Plans; consent, medicine-administration and stock-check records.
First aid and emergency response	First Aid Policy; immediate alert and ambulance-access procedure; first-aid rota; emergency plan / business continuity plan; staff training, practical competence and drill records.
Health and safety	Health and Safety Policy; ACE-wide, site, pupil and activity risk assessments; accident/near-miss reporting procedure and LBC escalation arrangements.
Visits, transport and alternative provision	Educational Visits Policy; transport and placement handover procedures; alternative-provision commissioning checks; work-experience and off-site risk assessments.
Food safety	Packed-lunch and nut/allergen restrictions; catering food-safety procedures; current recipes and allergen matrix; special-diet request and substitution checks.
Other linked policies	Current Attendance and Anti-Bullying policies; relevant privacy notices; Complaints Policy; policy approval/delegation schedule and Management Committee decision record.

The DfE allergy guidance, policy and Individual Healthcare Plan templates, medical-conditions guidance and other national reference documents are linked in Appendix C. The DfE templates do not replace ACE's completed local records. Any conflict that could affect safety must be escalated immediately to the Headteacher.

Appendix A. Emergency quick action guide

Suspect anaphylaxis?
In a suspected allergic reaction, any Airway, Breathing or Circulation symptom = treat as anaphylaxis. A rash may be absent. IF IN DOUBT, GIVE ADRENALINE.

Main site: Avenue Centre for Education, Cutenhoe Road, Luton, Bedfordshire, LU1 3NJ. Main office: 01582 359370. At an off-site location, give that location's exact address/postcode to 999.

Recognise	Act
AIRWAY Throat/tongue swelling • hoarse voice • difficulty swallowing • persistent cough	1 Stay with the person; call for the kit and help. Do not make them walk.
BREATHING Difficult/noisy breathing • wheeze • marked breathlessness • blue/pale colour • asthma not responding	2 Give the person's prescribed adrenaline immediately: AAI into the outer thigh; prescribed nasal device as instructed. If unavailable/failed, use an appropriate spare AAI.
CIRCULATION Dizziness • confusion • collapse • floppy/unresponsive • cardiac arrest	3 Call 999 and say "anaphylaxis". Give the exact location, age, symptoms and dose/time. If adrenaline is unavailable, call 999 immediately; do not wait for a dose.
MILD ONLY Itchy skin/hives • tingling mouth • mild local swelling • stomach symptoms, with no ABC symptom	4 Lay flat with legs raised; if breathing is very difficult, sit with legs extended. Never stand or walk.
If symptoms progress or there is doubt, treat as anaphylaxis.	5 If no improvement after 5 minutes, give a second dose using a second device as instructed. Update 999.
Do not rely on the presence of a rash.	6 Monitor continuously; CPR/AED if not breathing normally. Notify parent after 999. Ambulance/hospital assessment is required.

Mild reaction only
Follow the person's Action Plan; give authorised antihistamine if directed; never leave them alone; observe continuously for at least one hour; contact the parent; record the event; escalate immediately if any ABC symptom appears.

Appendix B. DfE statutory guidance cross-reference

This matrix shows how ACE's policy addresses the core expectations in the DfE's Allergy safety in schools statutory guidance (published 6th July 2026) and duties under section 100A of the Children and Families Act 2014. It identifies expected evidence, not a finding that each control has already been verified. The full guidance and legislation remain authoritative.

DfE / legal expectation	Where ACE addresses it and expected evidence
Written policy and Management Committee accountability	Sections 2, 3.1, 13. SLT/Headteacher approval record; confirmed delegation; Management Committee oversight; risk-register entry and particular regard to guidance.
Annual review, publication and communication	Sections 2, 13. Dated review/approval; website copy; annual pupil, parent, staff and contractor communication log.
Named senior lead and resources	Sections 3.1–3.3. Senior Allergy Safety Lead; Headteacher accountability; First Aid Lead Sabreena Mankoo; delegation and medicines rota.
Current pupil identification and records	Section 4. Referral/admission and annual updates; dual-registration information; controlled register; proportionate identification.
IHP and clinical Action Plan	Section 4.3. Co-produced IHP; attached current clinical plan; coverage; annual and event-driven review.
Risk assessment and reasonable adjustments	Sections 5, 6. ACE-wide, site, pupil and activity assessments; food/non-food triggers; off-site provision; adjustments.
Food safety and allergen information	Sections 6.2–6.4. Confirmed restrictions; allergen matrix/recipes; substitution and cross-contact checks; safe alternatives.
Immediate medicine access	Section 8.1. Two prescribed devices; storage/self-carry; plan with kit; timed testing for administration within five minutes.
Spare AAIs	Sections 8.2–8.3. Paired stock for secondary-age pupils/all sites; confirmed dose and quantity; monthly checks, replacement and disposal.
Emergency response	Section 7, Appendix A. ABC signs; immediate adrenaline; 999; safe positioning; second dose after five minutes; supervision/hospital care.
Annual training and drills	Section 10. Staff dates: 1st and 2nd September 2026. Confirm coverage, attendance and competence; induction/briefings; annual drill and follow-up.
Staff, volunteer and provider coverage	Sections 3.4–3.5, 10. Temporary/supply/catering and external-provider briefings; need-to-know information; training and cover.
Participation and wellbeing	Sections 1, 3.8, 6, 11. No segregation, exclusion or parent-attendance condition; anti-bullying; reasonable support and return.
Visits, transport and shared placements	Section 6.6. Individual assessment; two devices; trained support; documented handover; kit and emergency-access checks.
Incidents and near misses	Section 9. Prompt record; family involvement; learning review; tracked actions; MC assurance; proportionate LBC/external reporting.
Secure information sharing	Section 12. Special-category data controls; versioning; need-to-know access; provider handover; emergency disclosure.

Appendix C. Official sources

1. DfE – Allergy safety in schools: statutory guidance and policy/IHP templates (6 July 2026)
2. DfE – Allergy safety in schools statutory guidance (July 2026 PDF)
3. DfE – Allergy safety policy template
4. Children's Wellbeing and Schools Act 2026, section 34 (inserts sections 100A and 100B)
5. Commencement Regulations SI 2026/933 – section 34 fully in force from 1 September 2026
6. DfE – Supporting pupils with medical conditions at school
7. DfE – Maintained schools: governance guide (general principles; not directly applicable to PRUs)
8. DHSC – Using emergency adrenaline auto-injectors in schools; read with the later 2026 allergy guidance
9. DfE – Allergy guidance for schools (food)
10. Food Standards Agency – Allergen guidance for food businesses
11. Food Standards Agency – PPDS allergen labelling for schools, colleges and nurseries
12. DfE – Data protection in schools
13. DfE – Equality Act 2010 advice for schools
14. ACE – Official contact information
15. ACE – Published policies
16. NHS – Anaphylaxis: recognition and emergency action
17. School Governance (Roles, Procedures and Allowances) (England) Regulations 2013 – regulations 18–20 and Schedule 3 (application to PRUs)
18. DfE – Individual Healthcare Plan template (Word download on the allergy-guidance page)