

# Argyle House School

## Allergy and Anaphylaxis Policy

Effective from September 2026

| Policy area                 | Details                                                                                                       |
|-----------------------------|---------------------------------------------------------------------------------------------------------------|
| School                      | Argyle House School, Sunderland                                                                               |
| Applies to                  | Whole school, including Little Crickets, Prep School and Senior School                                        |
| Policy owner                | Headteacher                                                                                                   |
| Designated operational lead | Louise McIntosh                                                                                               |
| Date approved               | September 2026                                                                                                |
| Review cycle                | Annually, or sooner following statutory change, serious incident, near miss or significant operational change |
| Next review                 | September 2027                                                                                                |
| Publication                 | School website and available to parents on request                                                            |

This policy should be read alongside the school's Safeguarding and Child Protection Policy, First Aid Policy, Supporting Pupils with Medical Conditions Policy, Health and Safety Policy, Educational Visits Policy, Behaviour Policy, SEND Policy, Food Hygiene/Catering Procedures and Data Protection Policy.

## Version Control and Approval

| Version | Date           | Author / Lead | Summary of changes                                                                                                                  | Approved by    |
|---------|----------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1.0     | September 2026 | Headteacher   | New policy produced in response to Benedict's Law expectations, DfE allergy guidance and Independent School Standards requirements. | Governing Body |
|         |                |               |                                                                                                                                     |                |

## Contents

1. Policy statement
  2. Legal and regulatory framework
  3. ISI and Independent School Standards compliance
  4. Definitions
  5. Aims and principles
  6. Roles and responsibilities
  7. Identification of pupils with allergies
  8. Individual healthcare plans and allergy action plans
  9. Medication and adrenaline auto-injectors
  10. Preventing and reducing allergy risk
  11. Food, catering and packed lunches
  12. Classroom, curriculum and school events
  13. Educational visits, sports fixtures and residential visits
  14. Early Years and Little Crickets
  15. Emergency response to suspected anaphylaxis
  16. Staff training and induction
  17. Communication with parents and pupils
  18. Safeguarding, inclusion and behaviour
  19. Records, monitoring and review
  20. Linked policies
- Appendices A–H

## 1. Policy Statement

Argyle House School is committed to providing a safe, supportive and inclusive environment for all pupils, including pupils with allergies and those at risk of anaphylaxis. The school recognises that allergies can be serious, unpredictable and, in some cases, life-threatening.

This policy sets out the school's arrangements for identifying pupils with allergies, reducing foreseeable risk, training staff, managing food and environmental risks, responding to emergencies and reviewing incidents. The school's approach is practical, proportionate and rooted in pupil welfare.

The policy applies throughout the school day and to all school activities, including Little Crickets, Prep School, Senior School, school lunches, clubs, wraparound care, educational visits, residential visits, sports fixtures, performances, charity events and activities involving food.

## 2. Legal and Regulatory Framework

This policy is written with regard to the Education (Independent School Standards) Regulations 2014, the Department for Education Independent School Standards guidance, the DfE guidance on supporting pupils with medical conditions and allergies, DfE allergy guidance for schools, food allergen legislation, and the expected requirements arising from Benedict's Law from September 2026.

The school recognises its duty to support pupils with medical conditions, including allergies, and to ensure that pupil welfare, health and safety are effectively promoted. The school also recognises that food businesses, including school caterers, must provide accurate allergen information and manage allergen risks appropriately.

Where statutory guidance is updated, this policy will be reviewed and amended promptly.

## 3. ISI and Independent School Standards Compliance

This policy supports compliance with the Independent School Standards, particularly Part 3 Welfare, Health and Safety of Pupils, Part 5 Premises and Accommodation, Part 6 Provision of Information, Part 7 Complaints, and Part 8 Quality of Leadership in and Management of Schools.

Under Part 3, the school must make arrangements to safeguard and promote pupils' welfare, comply with relevant health and safety duties, administer first aid in a timely and competent manner, ensure proper supervision and manage risk effectively. Allergy and anaphylaxis management forms part of these welfare and health and safety arrangements.

Under Part 8, the Proprietor and school leaders must demonstrate that they have the knowledge and skills to fulfil their responsibilities effectively and actively promote pupils' wellbeing. This includes ensuring that this policy is not only written, but implemented, monitored and reviewed in practice.

For ISI purposes, evidence of implementation may include allergy registers, individual healthcare plans, staff training records, medication audits, incident records, risk assessments, catering records, parental communications and evidence of lessons learned following incidents or near misses.

## 4. Definitions

**Allergy:** an immune system reaction to a substance that is normally harmless to most people. Allergens may include foods, insect stings, medicines, latex, animal allergens, pollen or other environmental triggers.

**Anaphylaxis:** a severe and potentially life-threatening allergic reaction that can develop rapidly and requires urgent treatment with adrenaline and emergency medical support.

**Adrenaline auto-injector (AAI):** a pre-filled device used to administer adrenaline in the event of anaphylaxis. Common examples include EpiPen, Jext and Emerade, though device availability may change.

**Individual Healthcare Plan (IHP):** a school plan setting out a pupil's medical needs and the arrangements required to support the pupil safely in school.

**Allergy Action Plan:** an individual emergency plan setting out known allergens, symptoms, medication and emergency steps to be taken if a reaction occurs.

**Spare AAI:** an additional adrenaline auto-injector held by the school for emergency use in accordance with legal requirements and school procedures.

## 5. Aims and Principles

The aims of this policy are to reduce foreseeable allergy risks, ensure prompt emergency response, support inclusion, clarify responsibilities and provide evidence of effective implementation.

Argyle House School will not describe itself as “allergen-free” or “nut-free”, as this can create a false sense of security. Instead, the school will take reasonable, practical steps to reduce risk and will communicate specific restrictions where a significant known risk has been identified.

Pupils with allergies should be able to participate fully in school life wherever this can be achieved safely through reasonable planning and risk assessment.

## 6. Roles and Responsibilities

The Headteacher has overall responsibility for the implementation of this policy and for ensuring that allergy safety is given appropriate priority within the school's wider safeguarding, first aid, medical and health and safety arrangements.

The Proprietor / Governing Body is responsible for oversight, approval and monitoring. This includes seeking assurance that the school has suitable arrangements for allergy management, staff training, emergency medication and review of incidents.

The Senior Leadership Team is responsible for embedding the policy in day-to-day practice, supporting staff, reviewing incidents, ensuring educational visits are properly planned and checking that systems are working effectively.

The School Office will maintain the allergy register, coordinate individual healthcare plans, monitor medication expiry dates, check spare AAIs, liaise with parents and ensure relevant information is shared appropriately.

Teaching and support staff must know which pupils in their care have allergies, read relevant plans, avoid using food without checks, supervise pupils appropriately, respond immediately to symptoms and complete required training.

Catering staff and food providers must comply with food allergen requirements, provide accurate allergen information, avoid cross-contamination as far as reasonably practicable, communicate ingredient changes and follow agreed procedures for pupils with special dietary requirements.

Parents and carers must inform the school of allergies, provide accurate and updated medical information, supply prescribed medication where applicable, replace expired medication and support school expectations on food brought from home.

Pupils, where age-appropriate, should understand their allergies, avoid sharing food, wash hands before and after eating, report symptoms immediately and take increasing responsibility for their own allergy management as they mature.

## **7. Identification of Pupils with Allergies**

Parents are asked to provide allergy information on admission, annually through medical updates, whenever a new allergy is diagnosed and before trips or residential visits where additional detail is required.

The school will maintain a central allergy register. Relevant information will be shared with staff on a need-to-know basis, including tutors, class teachers, Early Years staff, catering staff, lunchtime supervisors, trip leaders and first aiders.

Allergy information will be treated as sensitive personal data and handled in accordance with data protection requirements. The need to protect confidentiality will be balanced with the need to keep pupils safe.

## **8. Individual Healthcare Plans and Allergy Action Plans**

Pupils with serious allergies, or pupils at risk of anaphylaxis, will have an Individual Healthcare Plan and/or Allergy Action Plan. The plan will normally include the pupil's photograph, known allergens, symptoms, treatment steps, medication, storage arrangements, parent contact details, food arrangements and adjustments needed for trips and activities.

Plans will be developed with parents and, where appropriate, with input from healthcare professionals. Plans will be reviewed at least annually, or sooner if the pupil's condition, medication, school arrangements or level of risk changes.

Copies of relevant plans will be available to staff who need them, including in emergency grab files or equivalent arrangements. Staff are expected to follow these plans unless an emergency requires immediate life-saving action.

## **9. Medication and Adrenaline Auto-Injectors**

Pupils who have been prescribed AAI's should have access to them during the school day and during school activities. Depending on age and maturity, pupils may carry their own AAI, with a second device stored safely and accessibly in school.

The school will keep medication secure but readily accessible in an emergency. Medication must not be locked away in a way that prevents prompt access. All medication should be clearly labelled with the pupil's name, dose and expiry date.

From September 2026, the school will hold spare in-date AAls for emergency use in accordance with statutory requirements and school procedures. Spare devices will be stored in clearly identified locations, checked regularly and included in staff training.

Parents remain responsible for providing and replacing their child's prescribed medication. The school will remind parents when medication is approaching expiry, but this does not remove parental responsibility.

## **10. Preventing and Reducing Allergy Risk**

The school will reduce allergy risk through clear information, staff training, supervision, handwashing, cleaning routines, careful food management, risk assessments and timely communication with parents.

Specific control measures may include seating arrangements, named placemats, separate snacks, controlled food distribution, allergen-aware classroom practice, checking labels, avoiding food sharing and additional supervision during lunch or snack times.

Risk cannot be removed entirely. The school's approach is to reduce foreseeable risk, respond swiftly to symptoms and ensure that emergency medication and trained staff are available.

## **11. Food, Catering and Packed Lunches**

The school will work with catering staff and external providers to ensure that allergen information is accurate, ingredient changes are communicated and pupils with allergies are catered for safely where possible.

If menus are changed or substitutions are needed, the school and caterers must continue to consider pupils with special dietary needs. Ingredient labels and product information must be checked before food is served to pupils with allergies.

Pupils must not share packed lunches, snacks or drinks. Parents may be asked to avoid particular foods where there is a significant known risk to a pupil in a class, year group or area of the school.

Home-baked goods should not be distributed to pupils unless ingredients are clearly known, allergen risks have been considered and staff have authorised distribution.

## **12. Classroom, Curriculum and School Events**

Staff must consider allergy risks when planning cooking, food technology, science, art, sensory play, food tasting, cultural celebrations, charity events, rewards involving food, animal handling and outdoor learning.

Food should not be used as a reward unless allergy information has been checked and all pupils can be included safely. Alternative activities or reasonable adjustments should be provided where necessary.

For performances, sports days, summer fayres, open events and parent events, the member of staff leading the event must consider whether food will be present and what controls are needed.

### **13. Educational Visits, Sports Fixtures and Residential Visits**

Allergy management must be included in educational visit planning and risk assessment. Trip leaders must know which pupils have allergies, ensure medication is taken, check food arrangements, brief staff and ensure emergency contact details are available.

For residential visits, the school will liaise with parents, venues and catering providers in advance. Written confirmation of food arrangements should be sought where possible. Staff must consider travel, packed meals, snacks, activities, sleeping arrangements and access to emergency medical care.

No pupil should be excluded from a visit solely because of an allergy unless a careful risk assessment concludes that the risk cannot be managed safely with reasonable adjustments.

### **14. Early Years and Little Crickets**

In Early Years and Little Crickets, allergy management will reflect the age and developmental stage of children. Younger children may not be able to recognise or describe symptoms clearly, so close supervision and staff awareness are essential.

Additional measures may include individual snack arrangements, named seating, close supervision during meals, clear key person communication, careful checks on food from home and age-appropriate messages about not sharing food.

EYFS staff must know the emergency arrangements for children in their care and must ensure that allergy information is available during transitions, cover arrangements and outings.

### **15. Emergency Response to Suspected Anaphylaxis**

Anaphylaxis is a medical emergency. If anaphylaxis is suspected, staff must act immediately and must not wait to see if symptoms improve.

Symptoms may include breathing difficulty, wheeze, persistent cough, swelling of lips, tongue, throat or face, difficulty speaking or swallowing, collapse, faintness, pale or floppy presentation, widespread rash or hives, vomiting or severe abdominal pain alongside other symptoms.

Emergency steps are set out in Appendix C and should be displayed in key areas. In summary: call for help, administer adrenaline without delay, call 999 stating “anaphylaxis”, lay the pupil down with legs raised unless breathing is difficult, do not allow the pupil to stand or walk, contact parents, give a second AAI after 5 minutes if symptoms do not improve or return, stay with the pupil until emergency services arrive, and record the incident afterwards.

### **16. Staff Training and Induction**

All staff will receive allergy awareness and anaphylaxis training appropriate to their role. Training will cover common allergens, prevention, symptoms, emergency response, use of AAIs, location of medication, reporting and individual pupil needs.

Training will be provided during induction, annually for all staff, when procedures change, when a pupil with significant allergy needs joins the school, and before higher-risk trips or residential visits.

Training records will be retained and made available for inspection. Supply staff and visiting staff will receive relevant allergy information where needed for pupil safety.

## 17. Communication with Parents and Pupils

The school will communicate clearly with parents about allergy safety, medical information updates, medication expiry, class-specific food restrictions, trip arrangements and follow-up after incidents or near misses.

Pupils will receive age-appropriate education about allergies, handwashing, not sharing food and telling an adult if they or another pupil feels unwell.

The policy will be published on the school website and made available to parents on request.

## 18. Safeguarding, Inclusion and Behaviour

Allergy management is a pupil welfare and safeguarding matter. Failure to share information, follow plans, supervise appropriately or respond promptly to symptoms may place a child at risk.

Deliberate exposure to an allergen, threats involving allergens, food tampering or bullying linked to allergies will be treated as serious behaviour and safeguarding matters. The Designated Safeguarding Lead and senior leaders will consider whether safeguarding procedures should be followed.

The school will support pupils with allergies to feel included, listened to and confident in participating in school life. Staff should be alert to anxiety linked to allergies and should provide pastoral support where needed.

## 19. Records, Monitoring and Review

The school will keep records of pupils with allergies, individual healthcare plans, medication held in school, spare AAI checks, staff training, allergic reactions, near misses, parental communication and risk assessments.

Following any allergic reaction or near miss, the school will review what happened, identify lessons learned and implement any necessary changes. Serious incidents will be reported to the Proprietor / Governing Body.

This policy will be reviewed annually, or sooner if statutory guidance changes, a serious incident occurs, a near miss identifies weakness, a pupil with significant needs joins the school or catering arrangements change.

## 20. Linked Policies

This policy should be read alongside the Safeguarding and Child Protection Policy, First Aid Policy, Supporting Pupils with Medical Conditions Policy, Health and Safety Policy, Educational Visits Policy, Behaviour Policy, Anti-Bullying Policy, SEND Policy, Food Hygiene/Catering Procedures, EYFS Policies and Data Protection Policy.

| Staff group                  | Minimum training expectation                                                                        | Frequency / timing                       |
|------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------|
| All staff                    | Allergy awareness, recognition of anaphylaxis, emergency response and location of medication        | Annually and at induction                |
| First aiders / medical staff | Practical AAI training, emergency scenario practice and post-incident reporting                     | Annually and following changes           |
| Catering staff               | Allergen management, ingredient checking, cross-contamination controls and communication procedures | Annually and when menus/suppliers change |

|                        |                                                                               |                                          |
|------------------------|-------------------------------------------------------------------------------|------------------------------------------|
| EYFS staff             | Age-specific allergy awareness, supervision and emergency response            | Annually and when a child's plan changes |
| Trip leaders           | Pupil-specific allergy briefings, medication checks and visit risk assessment | Before visits/residentials               |
| Supply/temporary staff | Relevant pupil information and emergency arrangements                         | At start of placement or daily briefing  |

## **Appendix A: Individual Healthcare Plan Template**

### **Pupil details**

- Name
- Date of birth
- Year group/class
- Photograph attached
- Parent/carers contacts
- GP/consultant details

### **Medical information**

- Known allergens
- Type of reaction previously experienced
- Medication prescribed
- Daily management arrangements
- Known triggers and high-risk situations

### **School arrangements**

- Medication location
- Who may administer medication
- Lunch/snack arrangements
- Classroom adjustments
- Trips/events/residential adjustments
- PE/sports considerations

### **Emergency plan**

- Signs of mild/moderate reaction
- Signs of anaphylaxis
- When to administer AAI
- When to call 999
- Parent notification procedure

### **Review**

- Date plan agreed
- Parent signature
- School signature
- Review date

## **Appendix B: Allergy Action Plan**

### **Immediate information**

- Pupil name and photograph
- Allergens
- AAI prescribed: Yes / No

- Other medication
- Medication location

### Mild to moderate symptoms

- Itchy rash or hives
- Tingling lips or mouth
- Mild swelling
- Stomach discomfort
- Follow individual plan and monitor closely

### Severe symptoms / anaphylaxis

- Airway: swelling, hoarse voice, difficulty swallowing
- Breathing: wheeze, persistent cough, difficulty breathing
- Circulation: pale, floppy, faint, collapse
- Administer AAI immediately and call 999

## Appendix C: Emergency Anaphylaxis Response Poster

### Emergency instructions

- 1. Send for help immediately.
- 2. Administer adrenaline auto-injector without delay.
- 3. Call 999 and say “anaphylaxis”.
- 4. Lay the pupil down with legs raised unless breathing is difficult.
- 5. Do not allow the pupil to stand or walk.
- 6. Contact parents/carers.
- 7. Give a second AAI after 5 minutes if symptoms do not improve or return.
- 8. Stay with the pupil until emergency services arrive.
- 9. Record the incident and review afterwards.

## Appendix D: Spare Adrenaline Auto-Injector Register

| Location | Device type | Dose | Batch number | Expiry date | Date checked | Checked by | Action needed |
|----------|-------------|------|--------------|-------------|--------------|------------|---------------|
|          |             |      |              |             |              |            |               |
|          |             |      |              |             |              |            |               |
|          |             |      |              |             |              |            |               |

## Appendix E: Medication Audit Log

| Pupil | Medication | Dose | Location | Expiry date | Date checked | Checked by | Parent notified / action |
|-------|------------|------|----------|-------------|--------------|------------|--------------------------|
|       |            |      |          |             |              |            |                          |
|       |            |      |          |             |              |            |                          |
|       |            |      |          |             |              |            |                          |

## **Appendix F: Allergy Incident and Near-Miss Report Form**

### **Incident details**

- Date and time
- Location
- Pupil/adult involved
- Known allergy: Yes / No
- Suspected trigger
- Symptoms observed

### **Response**

- Medication administered
- Dose/time
- 999 called: Yes / No
- Parents contacted
- Staff involved
- Outcome

### **Review**

- What went well?
- What could be improved?
- Actions required
- Person responsible
- Completion date
- DSL/SLT review required: Yes / No

## **Appendix G: Educational Visits Allergy Risk Assessment Checklist**

### **Before the visit**

- Check allergy register and IHPs
- Confirm medication is in date
- Confirm who carries medication
- Check venue/catering allergen arrangements
- Inform staff of pupil needs
- Consider emergency access and mobile signal

### **During the visit**

- Medication remains accessible
- Pupil is supervised during meals/snacks
- No food sharing
- Staff know emergency procedure
- Trip leader has parent contacts

## After the visit

- Record any issues or near misses
- Review controls for future visits

## Appendix H: Staff Allergy Training Record

| Staff member | Role | Training completed | Date | Trainer / provider | Practical AAI covered | Next due |
|--------------|------|--------------------|------|--------------------|-----------------------|----------|
|              |      |                    |      |                    |                       |          |
|              |      |                    |      |                    |                       |          |
|              |      |                    |      |                    |                       |          |

## Appendix I: ISI / Independent School Standards Compliance Map

| Regulatory area                         | How this policy supports compliance                                                                                                         | Evidence for inspection                                                                                    |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ISSR Part 3: Welfare, health and safety | Sets out arrangements to safeguard and promote welfare, manage health risks, provide first aid response and supervise pupils appropriately. | Policy, allergy register, IHPs, first aid records, incident logs, risk assessments, staff training records |
| ISSR Part 5: Premises and accommodation | Requires medication and spare AAIs to be stored safely but accessibly; supports safe dining and food arrangements.                          | Medication storage checks, signage, spare AAI register, catering procedures                                |
| ISSR Part 6: Provision of information   | Provides for website publication and availability to parents.                                                                               | Website policy page, parent communications                                                                 |
| ISSR Part 7: Complaints                 | Parents may raise concerns through normal school channels and the complaints procedure.                                                     | Complaints policy, records of concerns and outcomes                                                        |
| ISSR Part 8: Leadership and management  | Requires oversight, monitoring, review, training and lessons learned by leaders and proprietor.                                             | Governance minutes, annual review, training compliance, incident review actions                            |

## References and Guidance Considered

- The Education (Independent School Standards) Regulations 2014, Schedule, Part 3: Welfare, health and safety of pupils.
- Department for Education: Independent School Standards Guidance for Independent Schools, April 2026.
- Independent Schools Inspectorate: Inspection Framework for association independent schools, effective from September 2023 and updated September 2025.
- Department for Education: Stronger protections for children with allergies in school, March 2026.
- Department for Education: Allergy guidance for schools, updated November 2025.
- Benedict Blythe Foundation / Anaphylaxis UK information on Benedict's Law and whole-school allergy expectations.

Note: This policy is a school policy template and should be checked against final statutory guidance when the September 2026 allergy requirements are published or updated.