Thurgoland CE Primary

Allergy Safety Policy

For approval by:

Headteacher Mr D Jordan **Date: 14.09.2026**

Chair of Governors Mrs L Gregory-White **Date: 14.09.2026**

Review date: September 2027, or earlier if required

1. Introduction

At Thurgoland CE Primary School, our vision is:

"To be and become your best self."

Our vision is rooted in the belief that every child and adult is uniquely created by God, with the potential to grow, flourish and become their best self. Inspired by the Parable of the Mustard Seed, we value growth over time and nurture each individual with love, respect and hope.

Keeping children with allergies safe is an important part of our commitment to providing a safe, happy and inclusive environment in which every child can learn, participate and flourish. We will work with children, families, staff and healthcare professionals so that allergies are understood, risks are reduced and children can participate confidently in school life. Our values – Love to Learn, Give it a Go, Aim High, Show Respect and Be Resilient – guide an inclusive and caring response.

This policy applies to the school day, breakfast and after-school provision operated by the school, educational visits, residentials, clubs and school-organised events. It also covers support for staff and visitors. Arrangements with external providers must make responsibilities and emergency procedures clear.

2. Aims and principles

- Identify allergies promptly and put proportionate, individual support in place.
- Reduce exposure to known allergens while protecting children's dignity, wellbeing and access to education.
- Ensure staff recognise allergic reactions and can respond immediately to anaphylaxis, including a first reaction in someone with no known allergy.
- Maintain accessible medication, reliable information and effective partnership with families and caterers.
- Learn from incidents and near misses and keep arrangements under review.

Thurgoland operates a nut-free school rule: nuts must not be brought into school or provided in school food. This rule reduces risk but cannot guarantee an allergen-free environment. Staff remain alert to all allergens, check ingredients and individual plans, prevent cross-contact and maintain emergency readiness. Precautionary "may contain" labels must be considered against the child's clinical advice and agreed dietary arrangements.

3. Framework and related policies

This policy has regard to the DfE statutory guidance Allergy safety in schools (July 2026), section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and relevant equality, health and safety, food safety and data protection duties. It sits alongside the DfE guidance Supporting pupils at school with medical conditions and the current EYFS statutory framework.

Read this policy with Thurgoland's Administering Medication Policy and First Aid Policy, Supporting Pupils with Medical Conditions Policy, and related safeguarding, behaviour, SEND, equality, visits, health and safety, data protection and complaints arrangements.

For suspected anaphylaxis, follow section 9 immediately. General restrictions on injections, routine authorisation and electronic record checks must not delay emergency adrenaline.

The procedures in this policy reflect the DfE statutory guidance and the arrangements in place at Thurgoland CE Primary School. Appendix 1 records the school's local responsibilities, medication arrangements, storage locations and emergency arrangements.

4. Roles and responsibilities

Governing body

The governing body will approve and oversee this policy, ensure suitable resources and training are available, and seek assurance that children's needs are met. It will receive reports on significant incidents, near misses and resulting actions, and review the policy at least annually.

Headteacher and senior allergy lead

Dale Jordan (Headteacher) is the senior allergy lead and is accountable for implementation. Beth Wise (Deputy Headteacher) is the deputy allergy lead and provides cover. Dale Jordan coordinates healthcare-plan reviews and reviews medication stock and expiry dates half-termly with the office staff. The lead will:

- Coordinate identification, Individual Healthcare Plans (IHPs), risk assessment, training and information sharing.
- Work with the office staff to maintain medicine records, complete half-termly checks and arrange replacements, with Beth Wise providing leadership cover.
- Ensure catering, lunchtime, office, classroom and wraparound staff understand the arrangements that apply to them.
- Check emergency access across classrooms, the hall, playgrounds, MUGA and grounds, including the large emergency gate on the large yard; organise an annual medical emergency practice exercise.
- Investigate concerns and incidents, involve families and relevant professionals, and report findings to governors.

All staff, including temporary staff and regular volunteers

Staff will complete required training, know the children and plans relevant to their work, check activity and food risks, know where medication is kept, and act immediately in an emergency. They will report changes, missing medication, unsafe practice and near misses promptly. A child reporting symptoms will be listened to and supervised; staff will not send an unwell child alone to seek help.

Medication oversight and office support

Dale Jordan and the office staff review medication stock, condition and expiry dates half-termly and keep records of checks and replacements. Staff also check medicines on receipt, before administration and before visits, reporting missing, expired or damaged supplies immediately. Beth Wise provides leadership cover. The office staff support record keeping and replacement arrangements.

The Administering Medication Policy names Mrs C Beecroft and Mrs J Warttig as authorised persons alongside the Headteacher. The office team transfers medication forms, medical information and healthcare documents to Medical Tracker. Routine administration follows the current consent, prescription and administration record; emergency action follows section 9.

Catering, lunchtime and external providers

Catering staff will maintain accurate ingredient and allergen information, prevent cross-contact and provide agreed safe meals. Serving and supervising staff will check that the correct meal reaches the correct child. Providers of clubs, visits and events will agree allergy information, trained staffing and medication access with the school before provision begins.

Parents, carers and children

Parents and carers are asked to share allergy information and clinical advice, supply prescribed medication in date, keep contact details current and notify school immediately of changes. The school will help families overcome barriers and will not make a parent's attendance a routine condition of their child taking part.

Children will be supported, according to age and understanding, to recognise their triggers, avoid sharing food and drinks, tell an adult immediately about symptoms or concerns, and develop safe independence. Adults retain responsibility for appropriate supervision and support.

5. Identifying allergies and individual support

Parents provide medical information through the Pupil Information and Consent Form on admission and update it when needs change. The Administering Medication Form is available from the office. The office team uploads information and healthcare documents to Medical Tracker. Annual updates and transition checks will support accuracy. Staff and visitors will be invited to share allergies relevant to their safety.

The school will keep an allergy register with triggers, risks, emergency contacts, medication and plans held, and brief relevant staff promptly on changes. Arrangements should be ready for the start of term. For mid-year admissions or newly identified needs, every effort will be made to complete arrangements within two weeks where appropriate, with immediate interim safeguards.

Individual Healthcare Plans

An IHP is needed where an allergy affects the child at school, creates a risk of harm and requires additional or different arrangements, including dietary or wellbeing support. Not every minor allergy requires an IHP; the Headteacher will decide with the family and relevant professionals. A diagnosis or adrenaline prescription is not a prerequisite for support. Use one combined IHP covering all the child's medical conditions.

The school will prepare the IHP with the family, child and relevant professionals, including school nursing where appropriate; the office team uploads it to Medical Tracker. Attach any current original clinical plans, including an Allergy Action Plan and/or Asthma Action Plan where available and relevant, with the issuing professional, provider and review date. The IHP explains school arrangements and must not replace clinical instructions. Accept GP and community nurse advice without insisting on a consultant letter.

- Record identity, current photograph, date of birth, class, triggers, relevant symptoms, contacts and review date; consider SEND and ability to recognise and communicate symptoms.
- Specify prevention, meal and activity adjustments, supervision, wellbeing support and support for missed learning and return to school.
- Identify prescribed medication and its current clinical instructions, prescriber and prescription date, consent and date, storage, access and handovers between home, school, clubs and visits.
- State who does what, including cover arrangements, emergency response and information sharing.

Dale Jordan coordinates half-termly reviews of healthcare-plan arrangements with the office staff. Undertake a full IHP review with the family at least annually and sooner after changed needs, clinical advice or an incident. Update Medical Tracker, kitchen copies and emergency backpack plans together, remove superseded copies and brief staff. Agree interim support and seek professional advice where clinical information is awaited.

6. Staff training and readiness

All staff complete The National College's Certificate in Allergy & Anaphylaxis Awareness. Allergy awareness and emergency-response training will be refreshed at least annually. This covers teaching, support, office, site, lunchtime, catering and school-run wraparound staff; check equivalent training for supply, agency and peripatetic staff and regular volunteers. Ad hoc contractors with no pupil-facing role are outside this expectation.

Training will cover prevention; different allergic conditions; recognising and responding to anaphylaxis and acute asthma; action plans; locating and using available emergency devices; calling 999; wellbeing, bullying and incident reporting. First aid training alone is insufficient. Use trainer devices for practical familiarisation.

The senior allergy lead will ensure that training is checked for new, supply and provider staff and that school-specific briefings are provided before duties begin. The senior allergy lead will record completion, remedy gaps and arrange trained cover. Briefings do not replace required training. Other healthcare tasks require the clinical training and competency checks advised by healthcare professionals.

7. Safe food provision and everyday routines

School meals, snacks and drinks

The senior lead and catering team will agree each child's dietary arrangements with the family and record them in the IHP. The school will work to provide suitable, inclusive meals, including for children entitled to free school meals. Staff will not ask children to decide whether a meal is safe or assume that removing a visible ingredient makes it safe.

- Ingredients must be known for all food served on site. Staff check labels, recipes and supplier information before accepting, storing, preparing and serving food, and update written allergen information after changes. Accurate information on the 14 regulated allergens must be accessible to families; other foods can also cause allergy.
- Food prepacked for direct sale must show its name, full ingredients and the 14 regulated allergens emphasised where present. Recheck substitutions; if safety is uncertain, provide a suitable alternative. These controls cover food prepared on site or supplied externally.
- Store and prepare food using clearly labelled equipment, with appropriate separation, effective cleaning and handwashing to prevent cross-contact. Labelling equipment alone does not prevent allergen transfer.
- Identify children with allergies using Medical Tracker and current paper allergy care plans in the kitchen. At service, confirm the child's identity against their record and check their allocated different-coloured tray as an additional identification check. Separately check that the meal meets their dietary plan; tray colour alone does not establish food safety.
- Share relevant changes directly with catering and supervising staff, including cover staff; do not rely on a message being passed informally through the child.

Food brought into school, celebrations and fundraising

The school will communicate the nut-free school rule to families, staff, visitors, wraparound staff and event organisers. It applies to packed lunches, snacks, celebrations, cooking and school events. Children must not share food, drinks, cutlery or bottles. Staff will ensure packed lunches and ingredients are labelled, stored safely and that contact between children's food is minimised.

Food for class parties, birthdays, rewards, cooking, PFSA activities or other school events must be agreed in advance with the responsible staff member. Ingredient and allergen information must be available and checked. Unlabelled or uncertain food will not be offered to a child whose allergy may be affected. A suitable inclusive alternative will be arranged; non-food rewards are preferred.

Hygiene and supervision

Staff will promote handwashing with soap and water before and after eating and food activities; sanitiser does not replace allergen removal. Staff will clean tables, equipment and eating areas and clear food waste promptly. Children with allergies should eat with their peers; staff will not require a separate allergy table. The responsible staff will agree proportionate safeguards with the family.

Reception and the EYFS

Reception will follow the current EYFS safer-eating requirements. Identify the adult responsible at each meal and snack for checking each child's dietary requirements, and share current information with all food-handling staff. Keep children within sight and hearing while eating, with a member of staff holding a valid full paediatric first aid certificate in the room. Staff must recognise and respond to allergy, anaphylaxis and choking.

Other allergens and classroom activities

Staff responsible for planning and delivering activities will assess allergens in playdough, cooking, craft, recycled food packaging, science resources, latex, instruments and animal activities and use suitable alternatives where required. They will consider stings, pollen, dust, mould, air quality and ventilation and follow clinical advice for asthma, eczema and hay fever. Coeliac disease is autoimmune and intolerance differs from allergy, but both may need dietary adjustments.

8. Medication and emergency supplies

Prescribed medication

Each child's prescribed adrenaline is kept in a clearly labelled insulated storage bag which stays with the child throughout the day, including lunch, the MUGA, clubs, travel and visits. Both prescribed devices must be available together, with the current action plan. The IHP identifies the responsible adult or agreed self-carry arrangements. School spares are additional backup.

The IHP will specify whether the child carries their medication or an adult keeps it immediately accessible, with reliable home, class and club handovers. Missing, expired or damaged medication must be reported to the lead and parents so safe interim support can be agreed; exclusion is not automatic. Accept prescribed medicines in date, in their original pharmacy-labelled packaging with clear instructions.

Staff administering or overseeing medication will use Medical Tracker to record medication administered, withheld or refused and send the parent notification. Staff will not force or coerce a child to take medication: they will follow the child's IHP, record refusal and inform parents the same day. If an emergency develops, staff will follow section 9. Recording and electronic access must never delay treatment.

School spare adrenaline auto-injectors (AAIs)

The school currently holds two 150 microgram and two 300 microgram spare adrenaline auto-injectors (EpiPen devices), together with an emergency inhaler and spacer, in a plastic container labelled "Medication" in the school kitchen. This provides a pair of 150 microgram AAIs and a pair of 300 microgram AAIs in line with DfE guidance for primary schools. Staff must verify the dose printed on each device and record it in micrograms.

Spare AAIs will be clearly marked as school emergency stock. For suspected anaphylaxis, use the person's own prescribed device if immediately available; use a suitable school spare if it is unavailable, fails or the person has no prescription. The July 2026 DfE guidance allows life-saving use without delaying to check prior consent, including a first reaction. Advance parental consent will be sought as good practice, but obtaining consent or locating paperwork must not delay emergency treatment.

Storage, checks and replacement

- The school will store adrenaline devices unlocked and immediately accessible to staff, out of inappropriate reach of young children. Access will not be restricted by a locked office or a single key holder.
- The school will use insulated bags to protect medication while maintaining the manufacturer's specified room-temperature range. Staff must not refrigerate or freeze adrenaline, place devices against ice packs, or expose them to direct sunlight or heat from kitchen appliances or vehicles. Insulation does not remove the need to check suitable storage conditions.
- The school will keep kitchen spares in the plastic container labelled "Medication"; the emergency backpack containing paper clinical plans will be kept in the school office. Both must be accessible out of hours, including wraparound provision, and remain immediately accessible without locked-door or key-holder delays. Staff will bring and administer adrenaline immediately, without avoidable delay and within five minutes; this is a maximum access standard, not a waiting period.
- Dale Jordan and the office staff check supplies half-termly; staff also check on receipt, before administration and before off-site use. Record quantity, dose, condition and expiry, replace before expiry and immediately after use, and report concerns without waiting for the next scheduled check.
- Keep paired devices together. Arrange safe disposal through ambulance staff, a pharmacy or an authorised sharps route; never put used devices in general waste.

Follow individual clinical instructions and training for prescribed nasal adrenaline; school spare stock will be AAIs unless regulations permit otherwise. The school's emergency inhaler and spacer are stored with the kitchen spares. Check the medicine label, expiry and relevant instructions. Use school spare salbutamol only for an eligible child whose own prescribed reliever is unavailable and for whom written consent is held. An inhaler never replaces adrenaline for anaphylaxis.

9. Responding to an allergic reaction

Staff must respond to the symptoms they see, even where no allergy is recorded. Bring medication and help to the person. Never send a child alone to the office, leave them unattended or ask them to walk to obtain treatment.

Mild or moderate symptoms

Symptoms may include an itchy rash, local swelling, itchy mouth, abdominal discomfort or vomiting. Follow the clinical plan and authorised medication instructions. Stay with the child, inform parents and monitor them in accordance with their clinical plan. If airway, breathing or circulation problems develop, or anaphylaxis is suspected, act immediately as below. Antihistamines do not treat these life-threatening problems.

Recognising anaphylaxis

Suspect anaphylaxis with sudden airway, breathing or circulation problems: tongue or throat swelling, a tight throat or hoarse voice, difficulty swallowing, persistent cough or wheeze, difficult/noisy breathing, faintness, collapse, marked pallor, confusion or a child becoming floppy or unusually unresponsive. A rash may be absent. In a child with food allergy and asthma, sudden breathing problems may be anaphylaxis; do not delay adrenaline while trying an inhaler first.

Immediate emergency response

Act at once. School staff supervise in pairs: one adult stays with the casualty and gives immediate treatment while the other calls 999 and summons additional help, medication and the emergency backpack. Arrange additional staff to supervise other children and meet the ambulance. If only one adult is immediately present, begin treatment and summon help without waiting for the second adult.

- Keep the person lying flat with legs raised. If breathing is difficult, allow a supported sitting position with legs outstretched. Do not let them stand or walk, even if they improve. If unconscious but breathing normally, use the recovery position.
- Give adrenaline immediately using the person's prescribed device/action plan or a suitable school spare. For an AAI, follow its instructions and inject into the outer thigh. Do not wait for a parent, the allergy lead or the ambulance before giving treatment.
- Call 999 immediately, request an ambulance and say "anaphylaxis". Another adult should call while treatment is given. Give the school address: Thurgoland CE Primary School, Halifax Road, Thurgoland, Barnsley, S35 7AL, and the exact location of the casualty.
- If symptoms persist after five minutes, or if advised to do so by the emergency action plan or 999 call handler, give a second dose using a second device in accordance with the action plan/device instructions and emergency advice. Record times and tell the ambulance service what has been given.
- Stay with the person and monitor breathing and responsiveness. If unresponsive and not breathing normally, start CPR and use an AED if available, following training and the 999 call handler's instructions.
- Send an additional adult to open and meet the ambulance at the large emergency gate on the large yard, which provides access to all areas of the site. Keep the route clear and direct the crew to the casualty. Inform parents without interrupting treatment and maintain supervision of other children.

Emergency medical assessment is required even after apparent recovery. Give ambulance staff the clinical plan, trigger, symptoms and medication times. The First Aid Policy requires an ambulance for emergencies, followed by contact with parents; its non-emergency transport arrangements do not replace this response. A staff member will accompany the child if parents are unavailable. Staff must not sign hospital consent forms on parents' behalf. Do not cancel the ambulance because symptoms improve.

After the immediate emergency, record the incident, replace supplies and review arrangements under section 12. This procedure supports, and does not replace, staff training or individual clinical instructions.

10. Visits, clubs and wider participation

The visit or activity leader will review allergy risks with the family and senior lead before the activity. Plans will cover food, activities, accommodation, transport, emergency communications, access to medical help and suitable trained staffing. This includes sports fixtures, Forest School, local visits, residentials and events away from the main building.

- Check venue and provider arrangements, ingredients and safe alternatives in advance. Do not assume a venue's general assurance meets an individual child's needs.
- The visit or activity leader will name an adult responsible for the child's two prescribed devices and action plan, with a clear back-up adult, and will ensure that devices are checked physically before departure and at handover.
- Keep medication with the group and immediately accessible; never leave it in an inaccessible vehicle, luggage hold or locked room.
- Take additional school spares where the risk assessment requires them, while maintaining adequate spare provision for children remaining at school.
- All wraparound provision is run by Thurgoland staff. At handover, staff check the child's medication bag, current clinical plan and any changes. Maintain access to kitchen spares and the emergency backpack throughout these sessions and ensure trained absence cover.

Make reasonable adjustments for participation; do not routinely exclude children or require a parent to attend or administer treatment. Do not penalise allergy-related absence, including through attendance rewards. Listen to the child, family and clinical advice; do not assume all children with the same allergy need the same support. Resolve difficulties with the family and professionals and document agreed arrangements.

11. Awareness, wellbeing and information sharing

Children will receive age-appropriate teaching about allergies, handwashing, not sharing food, recognising when someone needs help and telling an adult. Teaching will promote kindness and respect without making children responsible for emergency treatment. Any discussion of an individual child's allergy with peers will be planned sensitively with the child and family.

Allergy-related teasing, threats, deliberate exposure or interference with medication will be treated seriously under behaviour, anti-bullying and safeguarding procedures. Staff will listen to concerns, support anxiety and check that children feel safe and included at meals, playtimes and activities.

The office team maintains medication information and healthcare documents on Medical Tracker. All school staff, including first aiders, can access current allergy information through Medical Tracker. For immediate reference and in the event of a system outage, current paper allergy care plans are held in the kitchen and clinical plans are held in the emergency backpack in the school office; the backpack is also accessible out of hours. These records must be kept current, secure and readily accessible to relevant staff so that essential allergy and emergency treatment information can be obtained without delay. Share necessary information with caterers, trip staff and emergency services, involving families and following data protection and retention arrangements.

12. Incidents, near misses and follow-up

Staff will record allergy reactions, medication errors, exposures and near misses on Medical Tracker and notify Dale Jordan, or Beth Wise in his absence. A serious incident involves harm or immediate significant risk; a near miss could have caused harm, such as a wrong meal caught before eating. Families may report delayed reactions through the office. Staff will control immediate risks and ensure that learning from lesser reactions is also captured.

Records will include who was involved; the date, time and place; suspected trigger; food or materials involved; symptoms; actions and medication with times; staff and witnesses; notifications; outcome; and immediate corrective actions. Relevant packaging, labels and factual evidence will be retained where safe. Parents will be informed promptly and offered a discussion and a copy of the report relating to their child.

12. Incidents, near misses and follow-up (continued)

The lead will review events with the family and relevant staff, confirm lessons and actions to them, assign owners and check completion. Notify the relevant healthcare professional when an incident or near miss concerns delivery of their care or action plan. Update routines, training, supplies and plans as necessary and share learning with staff. Support everyone affected and encourage open reporting.

The lead will coordinate external reporting through the Council's Accidents and Incidents (Adverse Events) arrangements, with the employer and caterer. Apply current RIDDOR 2013 criteria; ambulance attendance alone is insufficient. Notify the food safety authority where unsafe food has left the business's control and may pose a consumer risk. Seek advice if uncertain; contained near misses are not automatically reportable. Refer abuse, neglect or deliberate harm concerns to the DSL.

Medical Tracker notifications support routine parent communication. For serious reactions, make direct contact as soon as possible after emergency treatment and the ambulance call; an electronic notification alone is insufficient.

13. Monitoring, publication and review

The policy will be published on the school website and be available from the school office. Staff will be briefed at induction and annual training; families will receive relevant information at admission and when arrangements change. The senior lead will seek views from children and families affected by allergies.

Dale Jordan monitors training, IHP reviews, medication checks, catering, incidents and outstanding actions and reports to governors, supported by Beth Wise. Healthcare plans and medication stock are reviewed half-termly with the office staff. Medical emergencies are practised annually to test access, communication and staff roles. Record findings, action owners and completion dates.

This policy will be reviewed at least annually, by September 2027, and earlier if guidance changes, a significant incident identifies a weakness or school arrangements change. Parents may raise concerns with the senior lead and use the school's published complaints procedure if the matter remains unresolved.

Appendix 1. Local implementation record

Confirmed school arrangements are recorded below. These arrangements will be reviewed at least annually and whenever needs, guidance or school arrangements change.

Responsibility or arrangement	School record
Senior allergy lead / deputy	Dale Jordan, Headteacher / Beth Wise, Deputy Headteacher
Healthcare and medication reviews	Dale Jordan with office staff, half-termly; update sooner when needs change.
Medication authorisation	Headteacher; Mrs C Beecroft and Mrs J Warttig. Office staff maintain Medical Tracker.
Prescribed adrenaline	Labelled insulated bag stays with the child; both prescribed devices and current plan. Maintain manufacturer's storage conditions.
School spare medication	Two 150 microgram and two 300 microgram AAIs, plus an emergency inhaler and spacer, in a plastic container labelled "Medication" in the kitchen. Accessible out of hours.
Records and paper plans	Medical Tracker; paper allergy plans in kitchen; clinical plans in emergency backpack in school office. Backpack accessible out of hours.
Training	All staff: The National College Certificate in Allergy & Anaphylaxis Awareness. Annual refresher and practical device familiarisation; retain dates and certificates.
Meals and food rules	Medical Tracker and kitchen plans; different-coloured trays; labelled storage/preparation equipment. Nut-free rule; staff check all ingredients before accepting, storing and serving.
Wraparound and handovers	Thurgoland staff run all provision; child's medication bag stays with them; staff check plans, medication and changes at handover.
Emergency access	Staff supervise in pairs. Ambulance access through large emergency gate on large yard; an additional adult meets and guides crew.
Incidents and practice	Record incidents and near misses on Medical Tracker; report to Dale Jordan/Beth Wise. Annual medical emergency practice.
Approval and publication	Headteacher and governor approval dates on cover; publish following approval.

Appendix 2. References and linked guidance

Reviewed against the full DfE statutory guidance and policy template on 3 September 2026. The July 2026 guidance is the main basis for this policy. Use current editions and the child's original current clinical instructions. The links below provide the referenced guidance and templates.

School policies used for local procedures

Administering Medication Policy (24 September 2025), pages 6–9: authorised persons, forms, Medical Tracker, healthcare plans, storage, administration and refusal. First Aid Policy (24 September 2025), sections 3, 4, 6–8: training records, Council reporting, emergency transport and visits.

Both policies are due for Autumn 2026 review. Align the general injection restriction with emergency adrenaline, update the old RIDDOR 1995 reference to 2013, and review the first aid policy's latex-glove instruction against individual allergy risks. These source policies have not been amended in this draft.

Department for Education

Allergy safety in schools – statutory guidance, policy template and IHP template (July 2026)

Supporting pupils at school with medical conditions

Allergy guidance for schools – food provision

Early years foundation stage statutory framework

Emergency treatment and medicines

NHS – Anaphylaxis: symptoms and immediate action

Resuscitation Council UK – First Aid Guidelines (2025)

Department of Health and Social Care – Using emergency adrenaline auto-injectors in schools

The 2017 DHSC document is useful for operational background. Read its older wording on spare-device eligibility and consent alongside the July 2026 DfE guidance, particularly pages 41–42 on emergency life-saving use.

BSACI – Paediatric Allergy Action Plans

Food safety

Food Standards Agency – Allergen guidance for institutional caterers

Food Standards Agency – Allergen guidance for food businesses

Key legislation

Children and Families Act 2014, section 100, as amended by the Children's Wellbeing and Schools Act 2026; Equality Act 2010; Health and Safety at Work etc. Act 1974; Human Medicines Regulations 2012, as amended; Food Information Regulations 2014; UK GDPR and Data Protection Act 2018; Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

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