St Bede's Catholic Primary School

ACHIEVING EXCELLENCE TOGETHER

Inspiring independent learners with Jesus by our side

Allergy and Anaphylaxis Safety Policy

Adopted September 2026

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1. Policy Statement

St Bede's Catholic Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, including pupils with allergies and those at risk of anaphylaxis.

The school recognises that allergic reactions can range from mild symptoms to life-threatening anaphylaxis and that anaphylaxis can develop rapidly and requires immediate treatment.

The school will therefore take all reasonably practicable steps to:

- identify pupils, staff and regular visitors with allergies;
- reduce the risk of exposure to known allergens;
- ensure pupils with allergies can access their education fully and safely;
- ensure appropriate Individual Healthcare Plans (IHPs) and Allergy Action Plans are in place where required;
- ensure prescribed adrenaline auto-injectors (AAIs) are readily accessible;
- maintain an appropriate supply of spare emergency adrenaline auto-injectors;
- ensure staff have appropriate allergy awareness and emergency response training;
- ensure staff know how to recognise and respond to anaphylaxis;
- ensure allergy arrangements apply to the whole school day, including before and after-school clubs, educational visits, residential visits, PE, sporting activities and other off-site activities;
- work closely with parents/carers, pupils, healthcare professionals, catering providers and other relevant organisations;
- promote the emotional wellbeing and inclusion of pupils with allergies;
- learn from allergic reactions, serious incidents and near misses.

This policy is intended to be read alongside the Supporting Pupils with Medical Conditions and managing medicines Policy, Safeguarding Policy, School Standard for food allergen management, Edsential Food Safety arrangements, Educational Visits Policy and relevant risk assessments.

The policy applies to all pupils, staff, volunteers, contractors and visitors where relevant.

2. Legislative and Guidance Framework

This policy has been developed with regard to the statutory duties and guidance applicable to schools in England, including:

- Children and Families Act 2014, including section 100 concerning arrangements for supporting pupils with medical conditions;
- Children's Wellbeing and Schools Act 2026, including the new statutory allergy safety provisions;
- Department for Education: Allergy safety in schools – statutory guidance, published July 2026;
- Department for Education: Supporting pupils with medical conditions at school;
- Equality Act 2010;
- Education Act 2002, including safeguarding duties;
- Special Educational Needs and Disability Code of Practice: 0 to 25 years;
- relevant food safety and allergen legislation;
- relevant first aid and health and safety requirements; and
- relevant NHS, healthcare professional and local authority guidance.

The school will have regard to the DfE's statutory guidance and will review this policy whenever relevant legislation, statutory guidance or local procedures change.

3. Scope

For the purposes of this policy, an allergy is an immune-system response to a substance that is normally harmless to most people.

Allergies within the scope of this policy may include, but are not limited to:

- food allergies;
- medication allergies;
- insect sting allergies;
- latex allergies;
- animal allergies;
- environmental allergies;
- allergies to particular substances or materials; and
- other clinically diagnosed allergies requiring management within school.

The school recognises that food intolerance and coeliac disease are not the same as food allergy. However, where a pupil requires specific arrangements because of an intolerance or coeliac disease, the school will make appropriate arrangements under its wider medical conditions, food safety and inclusion procedures.

4. Definitions

4.1 Allergic reaction

An allergic reaction occurs when the body's immune system reacts to an allergen.
Symptoms can range from mild to severe.

4.2 Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction requiring urgent treatment.
It may involve one or more of the following:

- difficulty or noisy breathing;
- wheezing or persistent coughing;
- swelling of the throat, tongue or mouth;
- difficulty speaking or swallowing;
- hoarse voice;
- dizziness, collapse or loss of consciousness;
- pale, clammy or blue/grey skin;
- sudden extreme tiredness or becoming unusually quiet or floppy in a child;
- widespread hives or flushing;
- abdominal pain, vomiting or diarrhoea, particularly when occurring with other symptoms.

A pupil does not need to display every symptom for anaphylaxis to be suspected.

4.3 Adrenaline auto-injector (AAI)

An AAI is a medical device containing adrenaline for emergency treatment of anaphylaxis.
Common brands include EpiPen, Jext and Emerade. Staff must follow the instructions applicable to the device available and the pupil's healthcare plan.

4.4 Individual Healthcare Plan (IHP)

An IHP sets out the arrangements required to support an individual pupil with a medical condition, including their allergy.

4.5 Allergy Action Plan
An Allergy Action Plan provides individualised information about the pupil's allergy, symptoms and emergency treatment. It should be incorporated into or attached to the pupil's IHP where appropriate.

5. Roles and Responsibilities

5.1 Governing Body
The governing body will:

- ensure the school has an allergy safety policy;
- ensure the policy is reviewed at least annually;
- ensure the policy is published and communicated appropriately;
- ensure suitable resources are available to implement the policy;
- ensure appropriate oversight of allergy safety;
- appoint or identify a named governor with responsibility for allergy safety;
- ensure the school has appropriate arrangements for supporting pupils with medical conditions;
- monitor the implementation and effectiveness of the policy.

5.2 Headteacher
The Headteacher has overall responsibility for ensuring this policy is implemented effectively.
The Headteacher will:

- ensure appropriate staff are identified and trained;
- ensure allergy information is obtained and maintained securely;
- ensure IHPs and risk assessments are implemented;
- ensure appropriate emergency medication is available;
- ensure staff understand their responsibilities;
- ensure suitable arrangements exist for trips, clubs and activities;
- ensure incidents and near misses are recorded and reviewed;
- ensure parents/carers are informed appropriately following significant incidents.

5.3 Allergy Lead
The school will appoint a named Allergy Lead.
The Allergy Lead will:

- maintain the school's allergy register;
- coordinate allergy safety arrangements;
- liaise with parents/carers and healthcare professionals;
- coordinate the development and review of IHPs;
- ensure staff have access to relevant allergy information;
- coordinate allergy awareness training;
- oversee the storage and checking of spare AAIs;
- monitor expiry dates and replacement arrangements;
- coordinate reviews following incidents and near misses;

- ensure allergy arrangements are considered for trips and activities; and
- report significant issues to the Headteacher and governing body.

5.4 All school staff

All staff have a responsibility to contribute to a safe environment.

Staff must:

- familiarise themselves with the school's allergy procedures;
- complete required allergy awareness training;
- know which pupils in their care have allergies;
- understand relevant pupils' emergency arrangements;
- avoid knowingly exposing pupils to their identified allergens;
- know where pupils' medication and emergency equipment is located;
- know where the school's spare AAIs are kept;
- respond immediately to suspected anaphylaxis;
- report incidents and near misses; and
- maintain confidentiality regarding pupils' medical information.

5.5 Catering staff - EDSENTIAL

Catering staff will:

- comply with relevant food safety and allergen legislation;
- maintain accurate allergen information;
- follow the school's procedures for identifying and managing pupils with food allergies;
- prevent cross-contamination as far as reasonably practicable;
- communicate with the school regarding changes to menus, ingredients or suppliers;
- ensure relevant staff understand individual dietary requirements; and
- follow emergency procedures if an allergic reaction occurs.

5.6 Parents/carers

Parents/carers are expected to:

- provide accurate and up-to-date information about their child's allergy;
- provide prescribed medication and replacement medication when required;
- provide updated Allergy Action Plans and medical information;
- inform the school promptly of changes in diagnosis, medication or treatment;
- ensure medication is within its expiry date;
- participate in the development and review of their child's IHP;
- provide appropriate information for educational visits and activities.

5.7 Pupils

The school will encourage pupils, according to their age and level of understanding, to:

- understand their allergy;
- recognise their own symptoms where appropriate;
- understand when and how to seek help;
- carry or have ready access to their prescribed medication where appropriate;
- participate in the development of their IHP;
- understand how their allergy may affect activities and social situations; and

- develop appropriate self-management skills.

No pupil will be expected to manage an allergy independently where this would be inappropriate for their age, development or medical needs.

6. Identification of Pupils with Allergies

The school will establish arrangements to identify pupils with allergies when they:

- apply for a school place;
- join the school;
- transfer between year groups or schools;
- develop a new allergy;
- experience an allergic reaction; or
- have a change in their medical circumstances.

Parents/carers will be asked to provide relevant information, including:

- the allergen(s);
- known symptoms;
- severity of previous reactions;
- prescribed medication;
- number and type of AAIs prescribed;
- the pupil's Allergy Action Plan;
- emergency arrangements;
- relevant healthcare professional advice; and
- any restrictions or reasonable adjustments required.

Information will be reviewed regularly and whenever the pupil's circumstances change.

7. Individual Healthcare Plans

Where a pupil requires specific support or arrangements because of an allergy, the school will develop an Individual Healthcare Plan.

The IHP will be developed in partnership with:

- the pupil, where appropriate;
- parents/carers;
- school staff;
- healthcare professionals, where appropriate; and
- other relevant professionals where necessary.

The IHP will, where applicable, include:

- the pupil's diagnosis/allergy;
- known allergens;
- symptoms and warning signs;
- known triggers;
- preventative measures;
- medication details;

- location of medication;
- arrangements for carrying medication;
- emergency procedures;
- arrangements for use of the pupil's AAI;
- arrangements for use of a spare AAI;
- staff who have specific responsibilities;
- arrangements for school trips and off-site activities;
- arrangements for PE and physical activity;
- arrangements for food and lunchtime;
- arrangements for clubs and wraparound care;
- reasonable adjustments;
- emergency contact details;
- arrangements for review.

IHPs will be reviewed at least annually and sooner where there is a significant change in circumstances or following an incident or near miss.

8. Reducing the Risk of Allergen Exposure

The school recognises that it is not possible to eliminate every allergen from a school environment. The school will therefore adopt a proportionate, risk-based approach to reducing exposure to known allergens.
Measures may include:

- maintaining an accurate allergy register;
- communicating relevant information to staff on a need-to-know basis;
- ensuring classrooms and shared areas are appropriately cleaned;
- implementing appropriate food hygiene and allergen controls;
- preventing cross-contamination during food preparation and service;
- ensuring staff supervise eating appropriately;
- considering allergens when planning practical activities;
- considering allergens associated with science, art, craft and other curriculum activities;
- considering animal and environmental allergens;
- ensuring appropriate handwashing arrangements;
- considering allergens when purchasing products and resources;
- ensuring visitors and contractors are aware of relevant arrangements where appropriate;
- carrying out individual risk assessments where necessary.

The school will avoid blanket bans on allergens unless a specific risk assessment determines that such a measure is necessary and proportionate.

9. Food and Lunchtime Arrangements

The school will work with its catering provider, kitchen staff and parents/carers to manage food allergies safely.

The school will:

- maintain accurate information about pupils' food allergies;
- ensure relevant catering staff have access to current allergy information;
- ensure menus and allergen information are accurate;
- provide suitable alternatives where appropriate;
- minimise cross-contact between allergenic and non-allergenic foods;
- ensure food is prepared and served in accordance with relevant food safety requirements;
- provide suitable supervision at lunchtime where required;
- ensure pupils are not pressured to eat foods that may present an allergy risk;
- ensure pupils with allergies are not unnecessarily excluded from social eating activities;
- ensure staff know what to do if a pupil develops symptoms during or after eating.

The school will communicate clearly with parents/carers about food provision and will seek professional advice where an individual pupil's requirements are complex.

10. Classroom and Curriculum Activities

Teachers will consider allergy risks when planning activities.

Particular consideration will be given to:

- cooking and food technology;
- science experiments;
- art and craft materials;
- gardening;
- use of animals;
- use of latex or other materials;
- sensory activities;
- special events and celebrations; and
- activities involving food.

Where an activity presents a foreseeable risk, an appropriate control measure or alternative activity will be provided. Pupils with allergies will not routinely be excluded from curriculum activities because of their allergy. The school will seek to make reasonable adjustments and provide safe alternatives wherever possible.

11. Medication and Adrenaline Auto-Injectors

11.1 Prescribed AAIs

Where a pupil has been prescribed an AAI, the school will ensure that it is:

- readily accessible;
- stored safely;
- clearly identified;
- protected from excessive heat, cold and damage;
- checked regularly;
- within its expiry date;
- available wherever the pupil is participating in school activities.

An AAI must not be stored in a location where access could be unnecessarily delayed during an emergency.

Where appropriate, pupils may carry their own AAI in accordance with their age, maturity, IHP and healthcare advice.

11.2 Spare emergency AAIs

The school will maintain an appropriate supply of spare adrenaline auto-injectors for emergency use in accordance with current DfE requirements and guidance.

Spare AAIs will:

- be clearly labelled as emergency/spare devices;
- be stored in a known and readily accessible location;
- be available without unnecessary delay;
- be checked regularly for expiry and condition;
- be replaced following use or expiry;
- be recorded on the school's medication/AAI register; and
- be accompanied by clear instructions for use.

The school will ensure that relevant staff know the location of the spare AAIs.

12. Recognition and Emergency Treatment of Anaphylaxis (Appendix 1)

Anaphylaxis is a medical emergency.

If a pupil is suspected to be experiencing anaphylaxis:

- Administer adrenaline immediately using the pupil's prescribed AAI where available, following the pupil's Allergy Action Plan and the device instructions.
- If the pupil's prescribed AAI is not available or cannot be used, use the school's spare emergency AAI where appropriate and in accordance with the school's emergency arrangements.
- Call 999 immediately and state that the pupil is experiencing anaphylaxis.
- State clearly that adrenaline has been administered.
- Send another member of staff to obtain the pupil's second AAI, where available, and/or the spare emergency AAI.
- If symptoms do not improve after approximately 5 minutes, or if they worsen, administer a second adrenaline device where available and clinically appropriate, in accordance with emergency guidance and the pupil's action plan.
- Keep the pupil with an adult and do not leave them alone.
- Position the pupil appropriately. Generally, the pupil should lie down with their legs raised where possible. If breathing is difficult, they may need to sit up; a collapsed or unconscious pupil should be managed according to emergency first aid guidance.
- If the pupil becomes unconscious and is not breathing normally, commence CPR and follow the instructions of the emergency services.
- Ensure the pupil is transferred to hospital by ambulance.
- Send the used medication/device and relevant medical information with the pupil where appropriate.
- Inform the parent/carer as soon as practicable, without delaying emergency treatment.

- Record and report the incident in accordance with the school's incident procedures.
- Conduct a review following the incident and identify any lessons to be learned.

Staff should never delay the administration of adrenaline while waiting for a parent/carer, first aider or other healthcare professional to arrive.

The school will ensure that staff are trained to recognise anaphylaxis and understand the school's emergency procedures.

13. Emergency Response Principles

The school will operate on the principle that:

- If anaphylaxis is suspected, adrenaline should be administered without delay.
- Staff should not rely solely on the presence of skin symptoms. Anaphylaxis may occur without obvious skin symptoms.
- Staff should not assume that a pupil who appears initially well is safe to remain at school following administration of adrenaline. Emergency medical assessment is required.

14. Staff Training

The school will provide allergy awareness and emergency response training to all staff in accordance with current DfE statutory requirements and guidance.

Training will include, as appropriate:

- what allergies are;
- common allergens;
- symptoms of an allergic reaction;
- recognition of anaphylaxis;
- emergency procedures;
- use of adrenaline auto-injectors;
- location and management of spare AAIs;
- individual pupil arrangements;
- prevention and reduction of allergen exposure;
- food allergy management;
- school trips and off-site activities;
- recording and reporting incidents and near misses;
- supporting the wellbeing and inclusion of pupils with allergies.

Training will be refreshed at appropriate intervals and whenever there is a significant change in procedures or identified need.

Staff who have specific responsibilities for supporting individual pupils will receive additional training appropriate to those responsibilities.

Training records will be maintained.

Supply staff, volunteers, contractors and other adults working with pupils will receive appropriate information about emergency arrangements, proportionate to their role.

15. School Trips and Off-Site Activities

Pupils with allergies should be able to participate fully in educational visits and activities.

Before a visit, the school will consider:

- the pupil's allergy and risk of anaphylaxis;
- the location and nature of the visit;
- access to emergency medical services;
- access to prescribed AAIs;
- access to spare AAIs where appropriate;
- staff training and competency;
- food and catering arrangements;
- environmental allergens;
- transport arrangements;
- emergency contacts;
- appropriate supervision; and
- the pupil's IHP and Allergy Action Plan.

A pupil's prescribed AAI must accompany them on the visit.

Staff accompanying a pupil at risk of anaphylaxis must know:

- where the AAI is kept;
- how to recognise anaphylaxis;
- how to respond;
- how to contact emergency services; and
- the arrangements for accessing a spare AAI.

Risk assessments for trips will be proportionate and will not unnecessarily prevent participation.

16. Before and After-School Clubs / Wraparound Care

The school's allergy arrangements apply to:

- breakfast clubs;
- after-school clubs;
- holiday activities operated by the school;
- sporting activities;
- rehearsals and performances;
- school events; and
- other activities organised or supervised by the school.

Where provision is operated by another organisation, the school will ensure that appropriate arrangements and responsibilities are agreed.

17. Visitors, Volunteers and Contractors

Where relevant, regular visitors, volunteers, agency staff and contractors will be provided with appropriate information about the school's allergy arrangements.

Where catering or other specialist services are contracted, the school will ensure that contractual arrangements support compliance with relevant food safety, allergen and medical requirements.

18. Wellbeing, Inclusion and Equality

The school recognises that living with an allergy can affect a child's confidence, wellbeing, friendships and participation.

The school will:

- promote inclusion;
- avoid unnecessary stigmatisation;
- support pupils to participate in school life;
- provide reasonable adjustments where required;
- monitor for bullying or social isolation related to allergies;
- respond appropriately to anxiety or distress;
- avoid making pupils feel responsible for the safety of others;
- promote age-appropriate understanding amongst pupils; and
- ensure allergy management does not unnecessarily restrict educational opportunities.

Where an allergy amounts to a disability under the Equality Act 2010, the school will comply with its duties to make reasonable adjustments.

19. Pupil Education and Allergy Awareness

The school will provide age-appropriate opportunities for pupils to understand:

- what allergies are;
- that some allergies can be life-threatening;
- why certain safety measures are necessary;
- how to seek adult help;
- how to respond appropriately to a peer experiencing an emergency; and
- the importance of inclusion and respect.

Pupils will not be expected to administer another child's medication unless this is specifically appropriate, authorised and supported by relevant arrangements.

The school will discourage:

- sharing food where this creates a foreseeable risk;
- deliberately exposing another pupil to an allergen;
- hiding or interfering with medication; and
- bullying related to allergies.

Such behaviour may be dealt with under the school's Behaviour and Anti-Bullying Policies.

20. Incident and Near-Miss Reporting

All significant allergic reactions, suspected anaphylactic reactions and relevant near misses will be recorded.

A serious incident or near miss will be reviewed to determine:

- what happened;
- what action was taken;
- whether emergency medication was readily accessible;
- whether staff followed the appropriate procedure;
- whether communication was effective;
- whether there were environmental or food-related contributing factors;
- whether the pupil's IHP remains appropriate;
- whether staff training needs to be strengthened;
- whether risk assessments require amendment; and
- whether wider school procedures require change.

Parents/carers will be informed appropriately.

Where an incident meets another statutory reporting requirement, the school will follow the relevant procedure. The school will seek to ensure that incident reporting is used to learn and improve, rather than simply to identify individual blame.

21. Medication Checks

The Allergy Lead will ensure that:

- prescribed AAIs are checked regularly;
- spare AAIs are checked regularly;
- expiry dates are monitored;
- damaged or expired devices are removed and replaced;
- records are maintained;
- used AAIs are disposed of safely;
- replacement devices are obtained promptly;
- arrangements remain effective during school holidays and other periods when the school is operating.

Checks will be documented.

22. Confidentiality and Information Sharing

Allergy information is sensitive personal information.

The school will:

- store information securely;
- share information only with those who need it to keep the pupil safe;
- ensure relevant staff have timely access to necessary information;
- respect the pupil's privacy;
- involve the pupil appropriately in decisions about information sharing; and
- comply with applicable UK data protection requirements.

The school will balance confidentiality with the need to ensure that adults responsible for a pupil know about relevant allergy risks and emergency arrangements.

23. Complaints and Concerns

Parents/carers who have concerns about allergy arrangements should initially raise them with:

- the class teacher or relevant member of staff;
- the Allergy Lead;
- the Headteacher; and
- the governing body where appropriate.

The school's published complaints procedure will apply where a concern cannot be resolved informally.

The school will take concerns seriously and will review its allergy arrangements where appropriate.

24. Monitoring and Review

The Allergy Lead will monitor the implementation of this policy.

The governing body will receive appropriate assurance regarding:

- staff training;
- pupil identification;
- IHPs;
- emergency medication;
- AAI checks;
- incidents and near misses;
- educational visits;
- catering arrangements;
- reasonable adjustments;
- pupil wellbeing.

This policy will be reviewed at least annually and sooner if following each review, the school will make such changes as are considered appropriate.
The current policy will be:

- published on the school's website;
- made available to parents/carers;
- made known to staff;
- communicated to pupils in an age-appropriate manner
- available to relevant visitors and contractors where appropriate.

Safeguarding Governor: Mr C Lawton
Designated Safeguarding Lead /Allergy Lead: Mrs A Jones
Date approved: September 2026
Review date: September 2027

Appendix 1 – Emergency Anaphylaxis Procedure

SUSPECTED ANAPHYLAXIS
ACT IMMEDIATELY

1. GIVE ADRENALINE
Use the pupil's prescribed adrenaline auto-injector immediately.
If the pupil's own device is unavailable or unusable, use the school's spare emergency AAI where appropriate.

2. CALL 999
Say:
"A child is having an anaphylactic reaction."
Tell the operator that adrenaline has been administered.

3. GET HELP
Send another adult for:

- second AAI, where available;
- spare emergency AAI;
- emergency medical information;
- first aid support.

4. STAY WITH THE CHILD Do not leave the pupil alone.

5. IF NEEDED, GIVE A SECOND DOSE
If symptoms have not improved after **approximately 5 minutes**, or are worsening, a second adrenaline device should be administered where available and appropriate.

6. FOLLOW 999 INSTRUCTIONS
If the child becomes unconscious and is not breathing normally, begin CPR and follow emergency-service instructions.

7. INFORM PARENTS/CARERS Do not delay emergency treatment while waiting for parents/carers.

8. RECORD AND REVIEW Complete CPOMS and submit a PRIME report and review the circumstances following the incident.

Appendix 2 – Allergy Safety Checklist

The Allergy Lead should ensure that the following are checked regularly:

Pupil information

- Allergy register is current.
- All pupils requiring support have an IHP where appropriate.
- Allergy Action Plans are current.
- Emergency contact details are current.
- Relevant staff know which pupils are at risk of anaphylaxis.

Medication

- Prescribed AAIs are accessible and in date
- Spare AAIs are available and in date.
- Spare AAIs are clearly labelled.
- Staff know where spare AAIs are stored.
- Replacement arrangements are in place.

Staff

- All staff have completed allergy awareness training.
- Relevant staff have additional training where required.
- Training records are current.
- New staff receive appropriate induction.
- Supply/temporary staff receive appropriate information.

Food

- Catering staff have current allergy information.
- Menus and allergen information are accurate.
- Cross-contamination controls are effective.
- Food activities are appropriately risk assessed.

Activities

- Allergy risks are considered in curriculum activities.
- PE and sporting activities are included.
- Before and after-school clubs are included.
- Educational visits include allergy arrangements – EVOLVE risk Assessment
- Emergency medication accompanies pupils on visits.

Incident management

- Allergic reactions are recorded on CPOMS
- Near misses are recorded on CPOMS
- Parents/carers are informed where appropriate.
- Serious incidents are reviewed.
- Lessons learned are implemented.

Wellbeing

- Pupils with allergies are included in school activities.
- Reasonable adjustments are made where required.
- Bullying related to allergies is monitored.
- Pupil wellbeing is considered within IHP reviews.

Appendix 3 – Allergy Information Register

Each class register will have a secure, accessible record containing the following information:

Name	Allergy	Risk of anaphylaxis Y/N	meds in school	Dose	2026/27 Date Check	IHP Y/N	Location of meds	parent comms	review date

A whole school record will be maintained and this information should be managed securely and only accessed by staff who require it for safeguarding and medical support.

Appendix 4 Reporting allergic reactions and near misses

Reporting allergic reactions and near misses

All allergic reactions, suspected allergic reactions and allergy-related near misses should be reported, recorded and reviewed.

When reporting an allergic reaction, you should include:

- ✔ The date, time and location of the incident.
- ✔ The allergen involved (if known).
- ✔ The signs and symptoms observed.
- ✔ Actions taken, including any medication administered and emergency services contacted.
- ✔ The outcome of the incident.
- ✔ Names of staff involved and any witnesses.

A **near miss** is an event that could have caused an allergic reaction but didn't. For example, a child or young person is given the wrong meal, but it is noticed before they eat it.

Near misses should be taken seriously and reported in the same way as actual incidents. Recording these events helps schools identify patterns, review procedures and reduce the likelihood of future reactions.

Following any near miss, you should:

- ✔ Inform parents or carers as soon as possible.
- ✔ Review what happened and identify any contributing factors.
- ✔ Update individual healthcare plans, risk assessments or procedures where necessary.
- ✔ Share lessons learned with relevant staff to help prevent recurrence.
- ✔ Record any actions taken as part of the school's ongoing allergy management arrangements.

Appendix 5 Useful documents

DfE's official Allergy Safety in Schools statutory guidance Allergy safety in schools statutory guidance

IHP templates Individual_Healthcare_Plan_template_4_July_2026.docx

DfE – Supporting pupils with medical conditions at school Supporting pupils at school with medical conditions