Phoenix Arch School

Kind, Curious, Creative and Collaborative

Allergy Safety Policy

2026-27

School	Phoenix Arch School
Policy owner	Headteacher / Allergy Safety Lead
Allergy Safety Lead	Lennie Sarkis
Approval	Governing Body - September 2026
Review date	September 2027, or sooner following a serious incident, near miss or change in statutory guidance
Training	Compulsory annual allergy awareness and emergency response training for all staff

Key statutory and national guidance

Children's Wellbeing and Schools Act 2026 - allergy safety provisions

Department for Education: Allergy safety in schools - statutory guidance, July 2026

Department for Education: Allergy safety policy - template, July 2026

Department for Education: Supporting pupils at school with medical conditions - statutory guidance

Department for Education: Allergy guidance for schools, updated July 2026

Children and Families Act 2014, section 100

Food Information Regulations 2014 and Food Standards Agency allergen guidance

Equality Act 2010

UK GDPR and Data Protection Act 2018

1. Policy statement and Phoenix Arch context

Phoenix Arch School is a specialist school for autistic pupils. Some pupils may have limited or no spoken language, may communicate distress through changes in behaviour, and may have sensory, feeding or medical needs that make recognising an allergic reaction more complex. Allergy safety is therefore treated as a whole-school safeguarding, inclusion and health responsibility.

Phoenix Arch will identify pupils with known allergies, reduce avoidable exposure to allergens, ensure that staff know how to recognise and respond to allergic reactions, maintain rapid access to emergency medication, and learn from incidents and near misses. Pupils with allergies will be included fully in school life with appropriate reasonable adjustments.

2. Aims

- Protect pupils, staff and visitors with allergies from avoidable exposure to known allergens.
- Ensure rapid, confident and consistent emergency action if an allergic reaction or anaphylaxis is suspected.
- Maintain accurate allergy information and appropriate Individual Healthcare Plans (IHPs) and Allergy Action Plans.
- Ensure all staff receive compulsory allergy awareness and emergency response training at least annually and as part of induction.
- Embed allergy risk assessment into classroom practice, sensory activities, food, trips, celebrations and wider school events.
- Promote inclusion and wellbeing so that allergy does not unnecessarily restrict participation, attendance or belonging.
- Record, report and review serious incidents and near misses so that practice continuously improves.

3. Statutory framework

The Children's Wellbeing and Schools Act 2026 introduces statutory allergy safety duties for schools. The Department for Education's Allergy safety in schools statutory guidance, published in July 2026, applies to Phoenix Arch as a local-authority-maintained special school. The school must have regard to this guidance and keep its arrangements under review.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions arrangements, First Aid procedures, Health and Safety Policy, Educational Visits procedures, Safeguarding and Child Protection Policy, Data Protection Policy and relevant individual risk assessments.

4. Understanding allergy and anaphylaxis

An allergy is an immune-system response to a substance (allergen). Allergic reactions can range from mild symptoms to anaphylaxis, which is a severe and potentially life-threatening reaction requiring immediate treatment. Allergy may include food allergy and other forms of allergy, and may co-exist with asthma, eczema or hay fever. Food allergy is different from food intolerance and coeliac disease, although all dietary requirements must be managed safely.

At Phoenix Arch, staff must remain alert to non-verbal indicators of distress, including sudden changes in behaviour, facial expression, breathing, vocalisation, scratching, swelling, coughing, lethargy,

collapse or an unusual attempt to seek help. Staff must not assume that dysregulation or behavioural change is solely related to autism or sensory need where an allergic reaction is possible.

5. Roles and responsibilities

Governing Body

- Ensure the school has a published allergy safety policy and that it is reviewed at least annually.
- Provide strategic oversight and appropriate challenge regarding allergy safety, training, incidents and near misses.
- Ensure leaders have appropriate resources and systems to meet statutory allergy safety duties.

Headteacher

- Ensure this policy is implemented across the school and integrated with safeguarding, medical and health and safety systems.
- Ensure the Allergy Safety Lead has sufficient authority, information and time to oversee arrangements.
- Ensure serious incidents are appropriately escalated and that learning is acted upon.

Allergy Safety Lead - Lennie Sarkis

- Lead the implementation and annual review of this policy.
- Maintain oversight of the school allergy register, IHPs, Allergy Action Plans and associated risk assessments.
- Ensure compulsory allergy awareness and emergency response training is completed and recorded for all staff.
- Coordinate checks of prescribed and spare emergency medication, including expiry dates and accessibility.
- Ensure staff know the location of emergency medication and understand arrangements for trips, playgrounds, dining and other parts of the school day.
- Review serious incidents and near misses with the Headteacher and relevant staff, identify lessons and ensure actions are completed.
- Liaise with parents/carers, health professionals, catering staff and other relevant partners where required.

All staff

- Complete required allergy awareness and emergency response training and refresh it at least annually.
- Know how to access the school allergy register and the IHP/Allergy Action Plan for pupils they support.
- Know where prescribed and spare emergency medication is kept and how to summon help immediately.
- Follow risk-reduction measures and check allergens when planning food, sensory, art, science, cooking or animal-related activities.
- Recognise that a reaction can happen anywhere and act immediately if an allergic reaction is suspected.
- Report and record incidents and near misses promptly.

Catering staff and food providers

- Maintain accurate allergen information for food served and communicate changes in ingredients or menus.
- Follow food hygiene and cross-contact controls and ensure agreed special dietary requirements continue to be met when products or menus change.
- Have access to current pupil allergy information relevant to food preparation and service.

Parents and carers

- Tell the school promptly about diagnosed or suspected allergies and any change in the pupil's condition or treatment.
- Provide current medical information, Allergy Action Plans and prescribed medication as required.
- Ensure prescribed medication supplied to school is in date and replaced promptly when used or expired.
- Work with school and health professionals to develop and review IHPs and risk-reduction arrangements.

6. Identification, allergy register and Individual Healthcare Plans

The school will gather allergy information on admission and update it through parent/carer communication, annual review processes, healthcare information and any new diagnosis or incident. The Allergy Safety Lead will maintain a secure, current record of pupils with known allergies, their allergens, symptoms, medication, IHP/Action Plan status and emergency arrangements.

A pupil should have an IHP where the allergy has a functional impact in school, places the pupil at risk of harm, and requires arrangements additional to or different from those made generally. Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, the IHP will refer to or attach it and will be reviewed whenever updated clinical information is received.

Information will be shared with staff on a need-to-know basis so that pupils can be supported safely. Health information is special category data and will be handled in accordance with UK GDPR and the school's Data Protection Policy.

7. Staff training and induction

All staff must complete compulsory allergy awareness and emergency response training at least annually. This applies to teaching staff, support staff, leaders, administrative and premises staff, lunchtime supervisors, catering staff, temporary and supply staff, agency workers, peripatetic staff and relevant volunteers who may be present when pupils are on site. New staff will receive allergy safety training as part of induction, and the school will seek assurance that supply and agency staff are appropriately trained before deployment. No member of staff should opt out of the school's required allergy safety training.

Training will cover, as a minimum:

- what allergy is, the risks it poses and how reactions can occur;
- common symptoms of allergic reactions and recognition of anaphylaxis;
- how to access individual allergy information and follow an IHP or Allergy Action Plan;
- how to reduce exposure to known allergens;
- how to summon emergency help, call 999 and contact parents/carers;

- where emergency medication is located and how adrenaline auto-injectors (AAIs) are used in an emergency;
- the arrangements for prescribed and school-held spare AAIs;
- the impact allergy can have on wellbeing and inclusion;
- how to report an incident or near miss.

Training under this policy is school-level allergy awareness and emergency response training. It does not replace any individual clinical competency or delegation arrangements required for a pupil with additional healthcare needs.

8. Minimising risk and preventing exposure

Food and catering

- Dietary and allergy information will be available to relevant catering and supervising staff.
- Allergen information for food provided by school or caterers will be identifiable and communicated in accordance with food information requirements.
- Where menus, ingredients or suppliers change, special dietary requirements will continue to be checked and met.
- Reasonable controls will be used to reduce cross-contact, including appropriate cleaning, hand hygiene, utensils, preparation and service arrangements.
- Food brought from home, celebrations, cooking activities and food-based rewards will be considered within pupil-specific risk assessments.
- The school will not make an unqualified guarantee that the site is completely free of a particular allergen; instead, it will use proportionate, evidence-based controls for known risks.

Classroom, sensory and curriculum activities

- Staff planning activities will consider hidden allergens in playdough, slime, glue, paint, sensory materials, food packaging, science materials and animal-related activities.
- Where a pupil has a contact or airborne allergy, reasonable measures will be built into the activity and environment.
- Visual supports, symbols, Makaton and other communication methods will be used where needed to help pupils understand routines, choices and safety expectations.
- Cleaning and handwashing routines will be used where appropriate before and after eating or allergen-related activities.
- Where a pupil cannot reliably communicate symptoms, staff will follow the pupil's IHP and monitor known individual signs of distress or reaction.

9. Inclusion and wellbeing

Pupils with allergies must be able to participate in education, enrichment, meals, play, celebrations and trips as fully as possible. Reasonable adjustments will be made to reduce risk without unnecessarily isolating the pupil. Allergy-related anxiety, stigma or bullying will be taken seriously and responded to through the school's pastoral, behaviour and safeguarding systems.

Because Phoenix Arch pupils may experience communication differences, staff will ensure that information about allergy is communicated in an accessible and neuroinclusive way. Pupils will not be expected to manage allergy risks independently beyond what is developmentally appropriate for them.

10. Prescribed adrenaline auto-injectors and other emergency medication

Pupils who are prescribed AAIs must have rapid access to them at all times, including in classrooms, dining areas, playgrounds, sports areas and on visits. Arrangements will be made so that emergency adrenaline can be brought to the pupil without delay and, in practice, within five minutes where anaphylaxis is suspected.

- Prescribed devices will be stored and carried in accordance with the pupil's IHP and Allergy Action Plan.
- The school will keep a record of pupils provided with prescribed AAIs and associated Action Plans.
- Medication expiry dates will be checked routinely and parents/carers contacted in good time for replacements.
- Where a pupil is developmentally able to carry their own device, this will be agreed through the IHP; otherwise an assigned adult will ensure immediate access.

11. School-held spare adrenaline auto-injectors (AAIs)

Phoenix Arch will maintain school-held spare AAIs in line with current statutory guidance. Spare devices will be stored in pairs, clearly labelled as school emergency devices, readily accessible and not locked away. The Allergy Safety Lead will ensure that appropriate dosage(s), stock levels, expiry dates, replacement and safe disposal arrangements are checked and recorded.

The location of the school's spare AAI kit(s) will be identified on the site emergency medication information and communicated to all relevant staff during induction and annual training. The Allergy Safety Lead will ensure that the number and location of kits allows a pair of AAIs to be brought to a person experiencing suspected anaphylaxis within five minutes. This arrangement will be reviewed if Phoenix Arch operates across more than one site.

A spare AAI will be used only in accordance with current statutory guidance, the school's emergency arrangements, appropriate consent/protocols and the pupil's healthcare information.

12. Emergency response to a suspected allergic reaction

If a pupil is suspected of having an allergic reaction, staff must act immediately. They must not wait for symptoms to worsen or delay action while seeking senior approval.

- Stay with the pupil and summon another adult for immediate assistance.
- Follow the pupil's IHP and Allergy Action Plan where available.
- If anaphylaxis is suspected, administer adrenaline immediately in accordance with training and the applicable Action Plan/protocol.
- Call 999 and state that anaphylaxis is suspected.
- Ensure a second AAI is immediately available if required in accordance with the emergency plan and training.
- Contact the pupil's parents/carers as soon as emergency action is underway.
- Continue to supervise and support the pupil until emergency services take over.
- Record the incident and ensure it is reviewed as a serious allergy incident.

If there is uncertainty but anaphylaxis is suspected, staff should follow their emergency training and the pupil's Action Plan. A suspected severe allergic reaction is a medical emergency.

13. Educational visits, trips and off-site provision

Allergy must not prevent a pupil from participating in a trip where risk can be safely managed through reasonable adjustments. The visit risk assessment will identify the pupil's allergens, exposure risks, food arrangements, communication needs, emergency medication, trained staff and access to emergency services.

- A pupil at risk of anaphylaxis will have their prescribed AAI available throughout the visit, with an adult carrying it where the pupil cannot safely do so.
- At least one appropriately trained member of staff will be available to respond in an emergency.
- Medication will remain immediately accessible and will not be packed away where it cannot be reached quickly.
- Allergy information will be included in trip handovers and risk assessments while respecting data protection requirements.

14. Serious incidents and near misses

All allergic reactions requiring emergency treatment, suspected anaphylaxis, medication errors, significant exposure events and near misses must be recorded and reported to the Allergy Safety Lead and Headteacher. Parents/carers must be informed in accordance with the circumstances of the incident.

The school will review what happened, whether the IHP and risk controls were followed, how quickly medication was available, communication, environmental factors and any learning required. Actions will be documented and completed. The policy and individual arrangements will be reviewed sooner than the annual review where an incident or near miss identifies a weakness or changing need.

15. Information sharing and confidentiality

Allergy information will be available to staff who need it to keep a pupil safe, including relevant teaching, support, catering, supply, agency and trip staff. Information will be shared proportionately and respectfully. Public displays of sensitive medical information will be avoided unless there is a clear, justified safety reason and an appropriate data-protection basis.

Where pupils can understand and express a view, staff will take account of their dignity and preferences when deciding how allergy information is communicated to peers or the wider school community.

16. Attendance, equality and safeguarding

A pupil should not be excluded from activities or experience avoidable absence from school simply because they have an allergy. The school will consider reasonable adjustments and work with families and health professionals to address barriers safely. Any unexplained pattern of absence linked to allergy, anxiety, access to medication or unmet health needs will be considered through the school's attendance and safeguarding systems.

17. Monitoring, assurance and review

- The Allergy Safety Lead will maintain oversight of training completion, medication checks, IHPs, risk assessments, incidents and near misses.

- The Headteacher will provide appropriate assurance to governors that statutory allergy safety arrangements are in place.
- This policy will be reviewed at least annually and sooner following a serious incident, near miss, significant change in pupil need or change to statutory guidance.
- The policy will be published on the school website and made available in hard copy on request.

Appendix 1 - Site-specific emergency medication record

The Allergy Safety Lead will keep this operational information current and ensure it is communicated to all relevant staff. It should be checked whenever medication is moved or the site layout changes.

Location / area	Medication held	Dosage(s)	Checked by / date
On Middle cabinet SBM Office	2x Adrenaline Epipen	0.15mg	01/092026
			Expiry date:03/27

Appendix 2 - Allergy safety implementation checklist

Check	Completed	Action / date
Named Allergy Safety Lead in place and policy published.	Yes	01/09/2026
Current allergy register maintained.	Yes	
Pupils requiring IHPs / Allergy Action Plans identified and plans current.		
Compulsory annual allergy awareness and emergency response training completed by all staff.		
Agency, supply, peripatetic and relevant volunteer induction arrangements in place.		
Prescribed emergency medication accessible and in date.		
Spare AAIs held in pairs, appropriately dosed, clearly labelled, accessible and in date.		
AAI locations allow access within five minutes and are known to staff.		
Catering/allergen information and cross-contact controls reviewed.		
Classroom and sensory materials considered for hidden allergens.		
Trip risk assessment arrangements include allergy safety.		
Incident and near-miss recording/review process understood by staff.		

Information sharing arrangements comply with safeguarding and data protection requirements.		