ALLERGY SAFETY & ANAPHYLAXIS
POLICY

EFFECTIVE: SEPTEMBER 2026 | REVIEW: SEPTEMBER 2027

Impact Alternative Learning - commissioned alternative provision | Allergy safety and Benedict's Law

1 | PURPOSE AND SCOPE

Protect learners, staff and visitors from avoidable allergen exposure and ensure a prompt emergency response. Applies to commissioned AP at both sites, cooking, meals, transport, visits and external activities. Cover food, medicine, latex, animals, insect stings and other identified allergens. Read alongside First Aid and Medication, SEND, Safeguarding, Health and Safety, and visits procedures.

2 | STATUS AND GUIDANCE

Use DfE Allergy Safety in Schools guidance (July 2026), associated with Benedict's Law, as the benchmark for this policy. Its specified statutory scope covers maintained schools, PRUs and academies, with stated exclusions; independent-school requirements are planned. Impact does not claim registered-school status before approval. Apply relevant health and safety, equality, food-information and medicines duties to current AP arrangements.

3 | LEADERSHIP AND RESPONSIBILITIES

Kate Willis, Principal, owns this policy and coordinates allergy safety, staffing, resources and review. Kirsty Lampkin supports information sharing and secure records. Staff must understand each learner's arrangements before taking responsibility. Commissioners and families supply current information; Impact checks it and confirms delivery responsibilities. Governance scrutinises implementation, incidents and actions. First-aid training alone does not establish allergy competence.

4 | IDENTIFY NEEDS BEFORE ATTENDANCE

Ask about allergies, previous reactions, asthma, prescribed medicines, action plans and specialist advice during referral and induction. Obtain clear parent/carer information and involve the learner accessibly. For adult learners, involve them directly and agree lawful family involvement. Record known triggers, emergency contacts, communication needs and any uncertainty. New symptoms require prompt clinical advice; staff do not diagnose allergies.

5 | INDIVIDUAL HEALTHCARE AND ACTION PLANS

Agree a written individual healthcare plan where needed, informed by current clinical advice and an allergy action plan. Record triggers, prevention, symptoms, medicines and prescribed dose/device, storage, self-management, staff responsibilities, emergency response and arrangements beyond the classroom. Name the responsible adult and review date. Confirm arrangements with families and commissioners before the placement starts or needs change.

6 | INCLUSION AND SAFE PARTICIPATION

Make reasonable adjustments so learners can join cooking, trips, PE and social activities safely. Do not routinely exclude a learner because of allergy or require a parent to attend as a substitute for suitable staffing. Plan an equally meaningful alternative if a specific activity cannot be made safe. Address allergy-related bullying, deliberate exposure and food coercion through safeguarding and behaviour procedures.

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7 | FOOD CHECKS AND SUBSTITUTIONS

Check every ingredient label each time, including substitute products; recipes and suppliers can change. Retain ingredient and allergen information for food prepared or served. Confirm individual restrictions before buying, cooking or offering food. Do not infer safety from appearance, branding or a previous purchase. If ingredients or cross-contact risks cannot be established, do not serve the food to the affected learner.

8 | COOKING AND CROSS-CONTACT CONTROLS

Plan cooking lessons using individual risk information. Separate allergenic ingredients, equipment and storage where needed; clean surfaces and utensils thoroughly and supervise handwashing with soap and water. Prevent sharing of food, drinks and utensils. Check aprons, cloths and preparation areas. Tasting is optional; never use tasting or tolerating an allergen as a learning requirement. Review the whole group's activity where exposure is possible.

9 | ENVIRONMENT AND WIDER ALLERGENS

Check craft materials, sensory resources, cosmetics, gloves, cleaning products, animal contact and gardening activities for relevant triggers. Consider food rewards, celebrations and donated food. Communicate restrictions discreetly to those who need to know. Do not promise an allergen-free site: specific restrictions reduce risk but do not replace cleaning, supervision, individual plans or emergency readiness.

10 | PRESCRIBED EMERGENCY MEDICATION

Agree that prescribed adrenaline auto-injectors (AAIs) and other medicines accompany the learner; where prescribed, two AAIs must be readily available. Record consent and clinical instructions. Check the learner name, device, dose, expiry and condition. Provide an accessible labelled location known to responsible staff; emergency medicines must not be locked away or left somewhere that delays access. Follow manufacturer storage instructions.

11 | SELF-CARRY AND MISSING MEDICATION

Assess and record a learner's ability to carry and use their own medicine; self-carry does not remove staff responsibility. Staff must know where devices are. Check access before sessions, transport and visits. If medication is missing, expired or unusable, contact family and the responsible lead immediately and agree a safe individual response; do not proceed with an activity relying on unavailable emergency treatment.

12 | SPARE DEVICES AND LEGAL ELIGIBILITY

Assess spare-device arrangements separately from learner-prescribed medicines. The Principal must verify current legal eligibility, procurement and administration rules with a pharmacist or appropriate health professional for Impact's actual AP status. Do not assume the school exemption permits non-school AP to buy prescription-only spare AAIs. Record the agreed lawful arrangements and staff instructions. A planned supply is not evidence that devices are held.

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13 | RECOGNISING ANAPHYLAXIS

Treat sudden breathing difficulty, throat or tongue swelling, a hoarse voice, collapse or marked faintness as possible anaphylaxis. A rash may occur but may be absent. Changes can be rapid, and a person may not have a known allergy. Take the learner's report seriously, especially where communication differences make symptoms harder to describe. Begin emergency action immediately.

14 | IMMEDIATE EMERGENCY ACTION

Use an available adrenaline auto-injector promptly when anaphylaxis is suspected, following device instructions and the action plan. Call 999 and say “anaphylaxis”; give the exact location and access route. Ask another adult to bring additional medicine and meet the ambulance. Do not delay treatment to seek parental permission or locate paperwork. If no device is available, call 999 immediately and follow the call handler.

15 | POSITION, MONITOR AND REPEAT

Keep the person lying down; raise legs if appropriate. If breathing is difficult, allow shoulders to be raised or sitting up slowly. Do not let them stand or walk, even if they improve. If symptoms have not improved after five minutes, use a second AAI if available. Note dose times. Follow 999 instructions; start CPR if unresponsive and not breathing normally.

16 | HANDOVER AND CONTINUING CARE

Stay with the person and maintain observation until emergency help takes over. Antihistamines and asthma inhalers do not replace adrenaline for anaphylaxis. Tell ambulance staff symptoms, suspected trigger, medicines and timings, and provide used devices safely. Inform parents/carers promptly after emergency action starts. Arrange adult support for other learners. Follow clinical advice on hospital assessment and return to provision.

17 | TRANSPORT AND EXTERNAL PROVIDERS

Before each journey or activity, confirm access to medication, action plans, a working phone and a competent responsible adult. Brief drivers and mentors on triggers and emergency roles. Check venues' food, cleaning and emergency arrangements and record who supplies, carries and administers medicines. Provider assurances do not replace Impact's checks. Do not leave medication in a vehicle or transfer care without a clear handover.

18 | STAFF AWARENESS AND COMPETENCE

Provide allergy awareness and emergency-response instruction during induction, with refresher training at least annually and sooner after changes or incidents. Include mentors, drivers, volunteers and staff preparing or supervising food. Practise with trainer devices for the brands learners use; never practise with a live device. Keep training and competence records and identify cover arrangements for absence or off-site work.

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19 | DAILY CHECKS AND READINESS

The responsible adult checks that individual plans and medicines are accessible before accepting responsibility. Leaders schedule recorded checks of expiry dates, storage and supplies and arrange replacement before expiry. Brief temporary staff on relevant risks without unnecessary disclosure. Rehearse emergency roles, building access and ambulance directions for each site. Investigate gaps and record the corrective action and owner.

20 | INFORMATION AND CONFIDENTIALITY

Explain this policy and individual arrangements to learners and families in accessible formats. Share essential information securely with staff, commissioners and external providers who need it for safety. Record lawful sharing decisions; do not delay emergency safeguarding or medical information sharing while seeking routine consent. Store healthcare records with role-based access under data protection procedures. Keep contact information current.

21 | INCIDENTS AND NEAR MISSES

Record the event promptly: time, place, activity, food/product details, symptoms, suspected exposure, witnesses, response, medication times and notifications. Preserve labels and relevant evidence safely. Inform family and commissioner as appropriate and escalate to safeguarding or statutory reporting routes where indicated. The Principal reviews serious incidents and near misses with relevant staff, identifies causes and assigns corrective actions.

22 | REVIEW AFTER AN INCIDENT

Support the learner and staff; seek updated clinical advice and revise healthcare plans and risk controls before further exposure. Confirm replacement medication and safe return arrangements. Share lessons with staff without unnecessary personal detail. Governance monitors actions to completion. Review arrangements after new allergy information, a medicine/device change, a significant incident, new activities or updated guidance.

23 | POLICY CONTROL AND ASSURANCE

Policy owner: Kate Willis, Principal and Proprietor. Policy period: September 2026; scheduled review September 2027, or sooner when needed. Record the actual approval, communication and implementation decisions in governance records; these dates do not certify that training or consultation has occurred. Publish the current policy with Impact's policy information and withdraw superseded copies.

24 | SOURCES AND CLINICAL BOUNDARIES

DfE: Allergy Safety in Schools (6 July 2026), including its policy and healthcare-plan templates: gov.uk/government/publications/allergy-safety-in-schools.

NHS: Anaphylaxis: nhs.uk/conditions/anaphylaxis/.

Follow current clinical advice, the person's action plan and device instructions. This policy does not prescribe medicines or replace practical emergency training. Recheck official guidance during each review.