ALLERGY MANAGEMENT POLICY
2026/2027

Date Created:	16th September 2026	Created by:	Kelly Davis, Assistant Headteacher
		Approved by:	Heidi Hoskin, Headteacher

Review dates	
Date Reviewed	Reviewed by

1.Policy Statement

At Doubletrees School, we are committed to ensuring the safety, wellbeing and inclusion of all pupils, including those with allergies. We recognise that many of our pupils have severe and/or complex learning disabilities and may be unable to recognise, communicate or manage allergic reactions independently.

This policy sets out how we manage allergies safely, proportionately and inclusively, in line with national statutory guidance and our safeguarding responsibilities.

2. Scope of the Policy

This policy applies to:

1. All pupils with diagnosed or suspected allergies.
2. All staff, including teachers, support staff, supply staff, volunteers and contractors.
3. All school activities, including lunchtimes, trips, off-site learning and wraparound care.

3. Legal and Statutory Framework

This policy is informed by:

1. Children and Families Act 2014.
2. Supporting Pupils with Medical Conditions (DfE).
3. Equality Act 2010.
4. Health and Safety at Work Act 1974.
5. Keeping Children Safe in Education (KCSIE).
6. Statutory guidance on managing allergies and anaphylaxis in schools (Benedict's Law).

4. Key Principles

1. Pupils with allergies are entitled to full access to education.
2. Safety is managed through planning, training and proportionate risk reduction.
3. Responsibilities are shared through partnership with parents/carers and healthcare professionals; however, there is a named Allergy Safety Lead within Doubletrees School.
4. Allergies are managed as a safeguarding and health and safety priority.

5. Allergy Safety Lead

Dr Kelly Davis is the named Allergy Safety Lead and, as such, will oversee the implementation of this policy, staff training, maintenance of allergy records, incident reviews and compliance with statutory guidance.

As part of our commitment to ensuring the highest standards, allergy training will take place through:

- Online training.
- In-person training.
- Scenario-based training.

We have adopted a variety of training approaches to ensure that we remain aligned with current allergy guidance, legal and statutory frameworks and, in particular, Benedict's Law.

5.1 Individual Healthcare Plans (IHPs)

5.1.1 When an IHP is Required

An Individual Healthcare Plan (IHP) will be put in place for pupils with allergies where:

1. There is a risk of allergic reaction or anaphylaxis.
2. Medication is required to be available in school.
3. Adjustments are needed to support safe inclusion.

An IHP is not limited to pupils who have been prescribed an adrenaline auto-injector. An IHP will be used whenever a pupil's allergy requires planned management, specific staff actions or adjustments to ensure the pupil's safety and inclusion in school. This is particularly important where pupils are unable to recognise, communicate or manage symptoms independently.

5.1.2 Developing the IHP

The school is responsible for ensuring the IHP is written. It is:

1. Developed in partnership with parents/carers.
2. Informed by medical advice from healthcare professionals.
3. Reviewed at least annually, or sooner if needs change.

5.1.3 Content of the IHP

The IHP will clearly set out:

1. The child's allergy and known triggers.
2. Signs and symptoms of a reaction.
3. Emergency procedures.
4. Medication details and storage.
5. Roles and responsibilities of staff.

6. Arrangements for trips and activities.

6. Roles and Responsibilities

6.1 The School

The school will:

1. Maintain a whole-school allergy policy.
2. Maintain an up-to-date allergy register that is accessible to relevant staff.
3. Ensure IHPs are in place and implemented.
4. Train all staff in allergy awareness and anaphylaxis response.
5. Hold spare emergency adrenaline auto-injectors.
6. Reduce risk through reasonable and proportionate measures.
7. Record and review any allergic incidents.

6.2 Healthcare Professionals

Healthcare professionals are responsible for:

1. Diagnosing allergies.
2. Assessing severity and risk.
3. Providing Allergy Action Plans or medical advice.
4. Prescribing medication where required.

Medical advice informs, but does not replace, the school's IHP.

6.3 Parents and Carers

Parents/carers are expected to:

1. Inform the school of their child's allergy.
2. Provide up-to-date medical information.
3. Work with the school to agree the IHP.
4. Supply in-date prescribed medication.
5. Inform the school of any changes.

7. Staff Training

All staff will receive regular training which includes:

1. Recognising allergic reactions.
2. Responding to anaphylaxis.

3. Safe use of adrenaline auto-injectors.
4. Recording and reporting incidents.

Training is refreshed regularly and forms part of staff induction.

8. Medication Management

1. Medication is stored safely and accessibly.
2. Pupils' own prescribed medication is clearly labelled.
3. Spare emergency adrenaline auto-injectors are held by the school.
4. Medication is checked regularly for expiry.

9. Risk Reduction and Inclusion

The school will take reasonable steps to reduce exposure to allergens while ensuring pupils are not unnecessarily restricted or excluded. Adjustments will be proportionate and based on individual nee

10. Information Sharing Arrangements

Relevant allergy information, IHPs and emergency procedures will be shared with staff who need the information to keep pupils safe, including temporary staff, supply staff and trip leaders.

11. Emergency Adrenaline Use for First-Time Anaphylaxis

It is now recognised that some children can experience anaphylaxis for the first time at school.

In these circumstances, staff will follow emergency procedures where anaphylaxis is suspected, even if a pupil has no previously diagnosed allergy, and emergency services will be contacted immediately.

12. Catering and Food Management

The school will work with catering providers to:

1. Share relevant allergy information securely.
2. Ensure allergen information is available where required.
3. Reduce the risk of cross-contamination.
4. Support safe meal provision for pupils with allergies.
5. Ensure staff supervising meals understand relevant allergy management procedures.

13. Educational Visits and Off-Site Activities

Risk assessments for trips will:

1. Consider allergy risks.
2. Ensure medication and trained staff are present.
3. Follow the pupil's IHP arrangements.

14. Managing, Reporting and Reviewing Medical Incidents

All allergic reactions and medical incidents are treated as serious and are managed in line with safeguarding and health and safety procedures.

14.1 Immediate Response

1. Staff will follow the child's Individual Healthcare Plan (IHP) and emergency procedures without delay.
2. Emergency services will be contacted where required.
3. Parents/carers will be informed as soon as it is safe to do so.

14.2 Recording and Reporting

1. All medical incidents must be recorded on Medical Tracker, regardless of severity.
2. Records will be factual, timely and detailed.
3. Parents/carers will be informed of all medical incidents via Medical Tracker and through direct contact where appropriate.

14.3 Review and Debrief Process

Following any allergic reaction or medical incident, the school will carry out a robust review and debrief process which may include:

1. A staff debrief to review the response and identify any immediate actions.
2. Review of the Individual Healthcare Plan and risk assessments.
3. Consideration of whether additional controls, training or adjustments are required.
4. Liaison with parents/carers and, where appropriate, healthcare professionals.

Learning from incidents is used to strengthen systems, improve practice and reduce future risk.

15. Monitoring and Review

This policy is reviewed annually or sooner if:

1. Guidance changes.
2. An incident highlights the need for review.

The Headteacher and Governing Body are responsible for oversight and assurance.