

South East Essex Academy Trust



SEEAT Allergy Safety Policy 2026

Title	SEEAT Allergy Safety Policy 2026
Author	Caroline Thornton
Owner	SEEAT
Status	New Policy
Ratified Date	24 th September 2026
Ratified by	Approved by the Education Committee adopted by the Local Governing Body (LGB)
Review Cycle	Annual
Review Date	September 2027

Prince Avenue Academy and Nursery

School Information and Key Contacts

School Context

This school operates an allergy-aware approach in accordance with the SEEAT Allergy Safety Policy. Whilst the school cannot guarantee an allergen-free environment, reasonable steps are in place to minimise risk, support pupils with allergies and ensure an effective response to allergic reactions and anaphylaxis. School-specific arrangements are detailed within this section and Appendix 1.

Headteacher: Mrs Tracy Dennis

Named Allergy Lead: Mrs Debbie Day – Office Manager

SENDCo: Mrs Lynn Hargreaves

Names of First Aiders: There are many different types of first aiders at Prince Avenue. The two main first aiders are **Debbie Day and Jody Scott, who work in the school office.** We have many staff that have the Basic First Aid Certificate or the Paediatric First Aid Certificate. The list can be found in the staffroom, school medical room, kitchen and nursery.

School Nurse Contact Details:

SOUTHEND SCHOOL NURSING TEAM – 01702 534843

Emergency Response Summary

Suspected anaphylaxis requires immediate action. The school will ensure that appropriately trained staff respond without delay, administer adrenaline in accordance with the pupil's Individual Healthcare Plan or emergency procedures, call 999 and state "anaphylaxis", and remain with the pupil until emergency medical assistance arrives. No pupil experiencing a suspected allergic reaction or anaphylaxis will be left unattended.

Parents/carers will be informed as soon as practicable, and all incidents will be recorded, reviewed and used to inform any necessary improvements to allergy safety arrangements.

Contents

	School information and key contacts
1	Introduction
2	Aims
3	Legislation and statutory responsibilities
4 4.1 4.2 4.3 4.4 4.5 4.6 4.7	Roles and responsibilities Trustees The local governing body (LGB) Allergy Lead and Headteacher All Staff Parents and Carers Pupils with Allergies Pupils without Allergies
5 5.1	Awareness and Training Training and Induction
6	Wellbeing, Inclusion and Behaviour
7	Minimising Risk
8	Educational Visits, Sporting Events and other Off-Site Activities
9	Food Allergies

10	Identification of Pupils with Allergies
11	Transition Arrangements
12	Staff and Visitors with Allergies
13	Individual Healthcare Plans (IHPs)
14	Allergy Register and Record Keeping
15 15.1 15.2 15.3 15.4 15.5 15.6 15.7 15.8 15.9 15.10	Prescribed Emergency Medication Access to Prescribed Adrenaline Devices Lunchtimes, Playtimes and Outdoor Activities Transporting Prescribed Adrenaline Devices Between Home and Schools Monitoring and Checking Medication Purpose and Use of Spare Adrenaline Auto-Injector Devices Location and Accessibility of Spare Adrenaline Auto-Injectors Storage of Spare Adrenaline Auto-Injectors Monitoring, Replacement and Disposal of Spare Adrenaline Auto-Injectors Oversight and Review Asthma
16	Information Sharing
17 17.1 17.2 17.3 17.4 17.5	Serious Incidents and Near Misses Definitions Recording Reporting Learning Lessons Governance Oversight
18	Unacceptable Practices
Appendix 1	Supporting Document Templates
Appendix 2	Useful Links and Supporting Information

1. Introduction

South East Essex Academy Trust (SEEAT) is committed to safeguarding and promoting the health, safety, wellbeing and inclusion of all individuals with allergies, including children, young people, staff and visitors. The Trust recognises that allergies can have a significant impact on a pupil's health, education and participation in school life and that, in some cases, exposure to allergens may result in a serious or life-threatening allergic reaction, including anaphylaxis.

SEEAT is committed to maintaining an allergy-aware approach across all schools. Whilst it is not possible to guarantee an allergen-free environment, schools will take reasonable steps to minimise the risk of exposure to known allergens and ensure that effective arrangements are in place to identify, manage and respond to allergic reactions.

Through this policy, the Trust will:

- Promote a consistent Trust-wide approach to allergy management
- Reduce the risk of exposure to known allergens where reasonably practicable
- Encourage pupils to develop age-appropriate self-management and awareness of their allergies
- Ensure robust emergency procedures are in place, including access to emergency medication and trained staff
- Work in partnership with pupils, parents/carers and healthcare professionals.
- Support the full inclusion and participation of pupils with allergies in all aspects of school life, including educational visits, enrichment activities and extracurricular opportunities
- Promote allergy awareness across the wider school community.

This policy will be published on each school's website and communicated to staff, governors, parents and relevant stakeholders. New staff will be made aware of the policy during induction.

2. Aims

SEEAT is committed to providing a safe, inclusive and allergy-aware environment for all. This policy aims to ensure that effective arrangements are in place to support those with allergies, minimise risk, promote awareness and provide an appropriate response to allergic reactions and anaphylaxis.

This policy aims to:

- Promote the safety, wellbeing and inclusion of pupils with allergies

- Reduce the risk of exposure to known allergens where reasonably practicable
- Ensure effective arrangements are in place to recognise and respond to allergic reactions, including anaphylaxis
- Promote allergy awareness across the school community
- Clarify roles and responsibilities for managing allergies and supporting pupils with allergy-related medical needs.

3. Legislation and Statutory Responsibilities

This policy is based on and should be read alongside:

- Department for Education statutory guidance, Supporting Pupils at School with Medical Conditions. [Supporting Pupils at School with Medical Conditions \(DfE\)](#)
- Department of Health and Social Care guidance, Guidance on the Use of Adrenaline Auto-Injectors in Schools. [Guidance on Using Auto-Injectors in School \(DfE\)](#)
- Department for Education Allergy Safety in Schools guidance relating to the management of allergies and anaphylaxis in education settings. [Allergy Safety in Schools 2026](#)
- Keeping Children Safe in Education (KCSIE) 2026. [Keeping Children Safe in Education \(DfE\) 2026](#)

This policy also reflects the requirements of:

- Section 100 of the Children and Families Act 2014
- Equality Act 2010
- Human Medicines (Amendment) Regulations 2017
- Health and Safety at Work etc. Act 1974
- Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)

4. Role and Responsibilities

Under the 2026 statutory Allergy Safety in Schools guidance, governing bodies, academy trusts and proprietors have a strategic responsibility for ensuring effective allergy safety arrangements are in place and monitored. Schools are now required to have an allergy safety policy, provide staff training, maintain appropriate arrangements for pupils with allergies, and learn from incidents and near misses.

All staff share responsibility for supporting the safety, wellbeing and inclusion of pupils with allergies. Staff are expected to be familiar with the school's allergy safety arrangements,

understand the needs of pupils with allergies, and respond appropriately to concerns, allergic reactions and emergencies. All staff will receive allergy awareness and emergency response training for both anaphylaxis and acute asthma, and will know how to access relevant Allergy Action Plans, Individual Healthcare Plans (IHPs) and emergency medication where required.

4.1 Trustees

The Trust Board has strategic oversight of allergy safety across SEEAT and is responsible for ensuring appropriate systems, policies and assurance arrangements are in place across all Trust schools. Trustees will:

- Approve and periodically review the Trust's Allergy Safety Policy
- Seek assurance that statutory requirements and Trust expectations are being implemented consistently across schools
- Ensure appropriate arrangements are in place for monitoring allergy safety, staff training and compliance
- Receive reports on significant allergy-related incidents, trends or emerging risks where appropriate
- Promote a Trust-wide culture of safety, inclusion and continuous improvement in relation to allergy management.

4.2 Local Governing Body (LGB)

The Local Governing Body is responsible for ensuring that the school has appropriate arrangements in place to support pupils with allergies and to comply with statutory requirements relating to allergy safety. The Local Governing Body will:

- Ensure the school implements and reviews this policy annually and following any significant incident or near miss, involving individuals with allergy (whether children or young people, or staff) in doing so where possible
- Monitor the effectiveness of allergy safety arrangements through appropriate reporting and assurance processes
- Ensure suitable staffing, training and resources are available to support pupils with allergies
- Review significant allergy-related incidents and lessons learned where appropriate
- Support a culture which promotes the safety, wellbeing and inclusion of pupils with allergies.

4.3 Allergy Lead and Headteacher

Each school will identify a member of the senior leadership team, or another appropriately trained member of staff, to lead on allergy safety and coordinate the implementation of this policy.

The allergy lead will:

- Promote and maintain allergy awareness across the school community
- Maintain oversight of pupils with known allergies and ensure allergy information is accurate, up to date and accessible to relevant staff
- Ensure pupils with allergies have an appropriate Individual Healthcare Plan (IHP) and/or Allergy Action Plan or Asthma Action Plan, supported by risk assessments where required
- Maintain oversight of the school's allergy register and emergency medication arrangements
- Ensure staff receive appropriate allergy awareness and emergency response training, including induction arrangements for new staff
- Ensure staff are familiar with the school's allergy safety procedures and emergency arrangements
- Monitor the availability, storage and expiry dates of emergency medication, including any spare adrenaline auto-injectors held by the school
- Review allergy-related incidents, near misses and lessons learned, and take appropriate action to improve practice
- Support the headteacher in monitoring the implementation and effectiveness of this policy.

The designated allergy lead and the headteacher may delegate aspects of the day-to-day co-ordination of allergy safety arrangements to an appropriately trained member of staff.

Delegated staff are responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAI's are in date
- Creating the Individual Healthcare Plans
- Consulting the school nurse, or other medical professional where required.

4.4 All Staff

All staff share responsibility for promoting an allergy-aware, inclusive and safe school environment. Staff are expected to be aware of pupils with known allergies, follow agreed

support plans, and respond appropriately to allergy-related concerns, incidents and emergencies.

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any observations/ concerns immediately
- Following school procedures relating to high-risk allergens and allergen reduction measures.
- Ensuring risk assessments are read and understood.

4.5 Parents and Carers

Parents and carers play a key role in supporting the safe management of their child's allergy and are expected to work in partnership with the school to ensure that allergy information, medication and support arrangements remain accurate, up to date and effective.

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included, ensuring high risk foods are avoided
- Any food which is brought into school to be shared, must be shop bought, with a clear list of ingredients, all food must be handed to the front office to be reviewed
- Updating the school on any changes to their child's condition

4.6 Pupils with Allergies

Pupils with allergies will be supported to develop an age-appropriate understanding of their allergy, take responsibility for managing their condition where appropriate, and follow the

arrangements set out in their Allergy Action Plan, Asthma Action Plan and/ or Individual Healthcare Plan (IHP).

These pupils are responsible for (in line with their SEND):

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If appropriate to their age, understanding and individual needs, carry their adrenaline auto-injector and use it only for its intended purpose.

4.7 Pupils without Allergies

These pupils are responsible for (in line with their age, understanding and any SEND needs):

- Being aware that some allergens can pose a serious risk to others
- Following school expectations and guidance to help reduce exposure to allergens
- Treating pupils with allergies with kindness, respect and inclusion
- Supporting a safe environment by reporting concerns or seeking help from a member of staff if they believe a pupil may be experiencing an allergic reaction
- Not sharing food, drinks, medication or eating utensils with other pupils
- Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency.

5. Awareness and Training

SEEAT schools will ensure that all staff are made aware of, and understand, this policy through induction and regular allergy awareness training for both anaphylaxis and acute asthma, including the identification of allergic reactions, emergency response procedures and the use of adrenaline auto-injectors where appropriate. The policy will be published on the school website and communicated to relevant stakeholders. Schools may also promote age-appropriate allergy awareness amongst pupils to support a safe and inclusive environment. Any activities involving individual pupils with allergies will be undertaken sensitively, in consultation with the pupil and their parents/carers and will complement rather than replace staff training and emergency response arrangements.

5.1 Training and Induction

To support a consistent Trust-wide approach to allergy safety, SEEAT will identify mandatory allergy awareness and emergency response training requirements for staff to undertake

annually. All staff are expected to complete allergy awareness and emergency response training appropriate to their role and responsibilities.

As a minimum:

- All staff, including teachers, support staff, leaders, governors and trustees, will complete allergy awareness, anaphylaxis and acute asthma training before the start of each academic year or as part of their induction programme
- Staff responsible for administering medication or supporting pupils with medical needs will complete appropriate medical needs and medication administration training
- Schools may access additional training and practical support from healthcare professionals and specialist providers where required
- Records of training will be maintained and monitored to ensure staff remain competent and confident in recognising and responding to allergic reactions and anaphylaxis.

Training will ensure that staff are able to:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
 - calling emergency services and informing parents;
 - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
 - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;

Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a “near miss”).

Training will be provided as part of staff induction and refreshed regularly to ensure staff remain competent and confident in supporting pupils with allergies.

6. Wellbeing, Inclusion and Behaviour

SEEAT is committed to promoting the wellbeing, safety and inclusion of pupils with allergies. Schools will take reasonable steps to ensure that pupils with allergies feel safe, supported and able to participate fully in all aspects of school life. Staff will promote allergy awareness, encourage understanding of individual needs and respond appropriately to concerns that may affect a pupil's wellbeing.

Bullying, teasing, intimidation or unsafe behaviour relating to a pupil's allergy will not be tolerated and will be addressed in accordance with the school's Behaviour Policy, Anti-Bullying Policy and safeguarding procedures. Any incident that places a pupil at risk because of their allergy will be taken seriously and managed promptly and appropriately.

Recommended practice includes:

- Regular communication to children, young people, parents and staff about allergy, ensuring ongoing awareness and appreciation of the severity of the potential risks.
- Proactive engagement with new joiners with known allergy, setting out the school, college or setting's policies and the support available.
- Inviting new joiners with allergy to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment. This may reduce anxiety and helps everyone to get to know one another, which will support staff to identify children and young people with allergy, intolerances and coeliac disease in the dining hall.
- Introducing “allergy champion” roles for staff and students (not just within the catering team). Acting as a point of contact for children, young people and staff with allergy, they can share feedback and support new joiners or anxious children and young people.

7. Minimising risk

SEEAT recognises that it is not possible to guarantee an allergen-free environment. Schools will adopt an allergy-aware approach and take reasonable steps to minimise the risk of exposure to known allergens for individuals (whether children, young people, staff or visitors) whilst

supporting the inclusion, wellbeing and participation of pupils with allergies. Allergy safety arrangements will be informed by individual needs, risk assessments, Allergy Action Plans, or Asthma Allergy Plans and Individual Healthcare Plans (IHPs).

Schools will:

- Take reasonable steps to minimise the risk of exposure to known allergens
- Ensure relevant staff are aware of pupils' allergies and the support arrangements in place
- Consider allergy risks when planning lessons, activities, educational visits and events involving food
- Work in partnership with pupils, parents/carers, catering providers and healthcare professionals to identify and manage risks
- Ensure emergency medication is readily accessible and that staff know how to respond to allergic reactions and anaphylaxis
- Promote good hygiene practices to reduce the risk of accidental allergen exposure
- Review allergy-related incidents and near misses to identify lessons learned and strengthen future practice
- Prepare specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Staff should consider:

- Old food boxes or packaging may contain traces of allergens
- Some products contain wheat flour, including play dough
- Some glues contain milk, wheat or soya
- Bird feed may contain nuts and sesame.

8. Educational Visits, Sporting Events and other Off-Site Activities

SEEAT is committed to ensuring that pupils with allergies can participate fully and safely in educational visits, residential visits, enrichment activities and other off-site provisions.

Appropriate planning and risk assessment arrangements will be implemented to support inclusion whilst reducing the risk of exposure to known allergens.

Schools will:

- Ensure managing the risk of individuals (whether children, young people, staff, or visitors) coming into contact with their known allergens is considered as part of the educational visit planning and risk assessment process

- Ensure relevant staff are aware of pupils' allergies, Allergy Action Plans (AAPs), Asthma Action Plan and Individual Healthcare Plans (IHPs)
- Ensure emergency medication is available, accessible and accompanies the pupil throughout the visit
- Ensure there are sufficient suitably trained staff available to respond to an allergic reaction or anaphylaxis
- Children and young people at risk of anaphylaxis should have their own adrenaline device with them
- Work with parents/carers, pupils, venues and external providers to identify and manage allergy-related risks
- Consider catering arrangements, food allergens and the risk of cross-contamination where food is provided
- Take reasonable steps to enable pupils with allergies to participate fully in all activities and avoid unnecessary barriers to inclusion
- Ensure accommodation providers, residential centres and other relevant organisations are informed of significant allergy-related needs where appropriate and with due regard to confidentiality requirements.

Pupils will not be excluded from educational visits solely because they have an allergy. Where necessary, reasonable adjustments and additional control measures will be implemented to support safe participation.

9. Food Allergies

SEEAT recognises that food allergies can present a significant risk to the health, safety and wellbeing of pupils. Schools will adopt an allergy-aware approach and take reasonable and proportionate steps to reduce the risk of accidental exposure to known allergens whilst promoting inclusion and participation in all aspects of school life.

Schools will:

- Work with pupils, parents/carers, catering providers and healthcare professionals to identify and manage food allergy risks
- Ensure relevant staff are aware of pupils with food allergies and the support arrangements in place
- Consider food allergy risks when planning lessons, enrichment activities, educational visits, celebrations and events involving food

- Ensure clear allergen information is provided in accordance with relevant food information regulations
- Promote good food hygiene practices and take reasonable steps to reduce the risk of cross-contamination
- Encourage pupils with food allergies to make safe and informed choices about food
- Ensure emergency medication and Allergy Action Plans and Asthma Action Plans are readily available where required
- Respond promptly and appropriately to allergic reactions and review incidents and near misses to strengthen future practice
- Detailed food allergy management arrangements are set out in the school's local allergy procedures

The following steps can reduce the risk of allergen exposure:

- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- School caterers must provide information on food allergens to parent/carers, and have this available for the child to be able to check independently. Catering staff should be available to meet with parents/carers to discuss provision of allergen safe meals.
- Leaders need to be aware of, and engage with, caterers to understand the controls in place to ensure that food service conforms with legislation. Where food is provided by the school, school staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission should be sought in advance to ensure inclusion and safety for children with allergy.
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen or canteen.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and alternatives used when needed.

- In arts/craft, an appropriate alternative ingredient should be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food: use alternative, non-food containers for craft activities, where possible. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care).

10. Identification of Pupils with Allergies

SEEAT is committed to ensuring that accurate and up-to-date information is maintained for pupils with known allergies. Early identification and effective information sharing are essential to reducing risk and ensuring appropriate support arrangements are in place.

Schools will:

- Obtain information about a pupil's allergies (including any food allergy or asthma), and whether they carry their medication, and their support needs at admission, transition points or when new information becomes available
- Work in partnership with parents/carers, pupils, healthcare professionals and previous settings, where appropriate, to gather and update relevant information
- Maintain an up-to-date register of those with known allergies, including details of their known allergens, emergency medication needs, whether they carry medication, and including whether they have an Allergy Action Plans, Asthma Action Plan and/or Individual Healthcare Plans (IHP)
- Ensure allergy information is accessible to relevant staff on a need-to-know basis
- Review allergy information regularly and whenever there is a change in a pupil's condition, treatment or support arrangements
- Ensure arrangements are in place to identify and support pupils with newly diagnosed allergies or those who experience a first-time allergic reaction.

This information will be managed in accordance with data protection requirements and shared only where necessary to safeguard the health, safety and wellbeing of the pupil.

11. Transition Arrangements

The school recognises that periods of transition can present additional risks for those with allergies. Appropriate arrangements will therefore be put in place when pupils join the school, move between classes or key stages, transfer to another setting, or experience significant changes in their medical needs.

The school will:

- Obtain and review relevant allergy information, Allergy Action Plans, Asthma Action Plans, Individual Healthcare Plans (IHPs), and medication arrangements as early as possible
- Ensure relevant staff are informed of the pupil's allergy, support arrangements and emergency procedures before the transition takes place
- Work in partnership with parents/carers, pupils and healthcare professionals to ensure support arrangements remain appropriate and up to date
- Ensure emergency medication is available and accessible from the first day of attendance or transition
- Share relevant information with receiving schools or settings, where appropriate and in accordance with data protection requirements, to support continuity of care and safe participation in education.

Where necessary, transition arrangements will be supported through a review of the pupil's Individual Healthcare Plan and associated risk assessments.

12. Staff and Visitors with Allergies

The school recognises that staff and visitors may also have allergies and will take reasonable steps to support their health, safety and wellbeing whilst on the school site.

Staff are encouraged to inform the school of any known allergies, whether they carry medication and emergency medication requirements so that appropriate arrangements can be considered and, where necessary, emergency response procedures are put in place.

Where appropriate, visitors will be asked to notify the school of any known allergens, including whether they carry medication, particularly where food is being provided or activities may involve exposure to potential allergens.

The school will promote an allergy-aware environment and ensure that staff know how to summon assistance in the event of an allergic reaction affecting a pupil, member of staff or visitor. Emergency services will be contacted without delay where anaphylaxis is suspected.

13. Individual Healthcare Plans (IHPs)

The school will develop and maintain an Individual Healthcare Plan (IHP) for a child where:

- they have an allergy which has a functional impact on them in their school, college or setting
- they are at risk of harm as a result of their allergy, and;
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

This will include day-to-day management, any reasonable adjustments, medication arrangements, emergency procedures, and the roles and responsibilities of staff.

IHPs are developed in partnership with parents/carers, pupils and relevant healthcare professionals to ensure that appropriate support arrangements are in place, reviewed regularly, and updated whenever the pupil's needs or medical advice change. An Allergy Action Plan or Asthma Action Plan, where one has been issued by a healthcare professional, should be attached to and inform the IHP.

Schools will:

- Develop IHPs in collaboration with parents/carers, pupils and relevant healthcare professionals
- Clearly document allergy triggers, symptoms, prescribed medication, emergency procedures, reasonable adjustments and support arrangements
- Ensure IHPs are accessible to relevant staff and reviewed at least annually or sooner where needs change
- Link IHPs to any Allergy Action Plan, Asthma Action Plan or other healthcare documentation provided by a healthcare professional
- Review and update the IHP whenever a revised Action Plan is received or there is a change in the pupil's medical needs
- Ensure arrangements are in place to support pupils during lessons, social times, educational visits, enrichment activities and emergency situations
- Consider how the pupil's allergy may impact their wellbeing, attendance, participation and inclusion within school life.

Not all pupils with allergies will require an IHP. Decisions will be based on the impact of their allergy, the level of risk presented, and the support arrangements required to ensure the pupil's safety and inclusion.

14. Allergy Register and Record Keeping

- The school will maintain an accurate and up-to-date Allergy Register which includes:
- The pupil's name, year group and photograph where appropriate
- Details of known allergens and triggers
- Details of prescribed medication, including adrenaline devices
- Whether the child carries their medication
- The location of prescribed medication
- The date medication was provided to school
- Expiry dates for prescribed medication
- Confirmation whether an up-to-date Allergy Action Plan and/or Asthma Action Plan has been received
- Details of any Individual Healthcare Plan (IHP)
- Information regarding parental consent for the use of a spare adrenaline device.
- The Allergy Register will be reviewed at least annually and whenever there is a change in a pupil's medical condition or treatment.
- Records relating to allergies, prescribed medication, Allergy Action Plans, Asthma Action Plans, Individual Healthcare Plans, incidents, near misses and staff training will be maintained securely in accordance with data protection requirements and will be accessible to relevant staff on a need-to-know basis.

15. Prescribed Emergency Medication

The school will ensure that children and young people who are prescribed adrenaline devices or asthma inhalers have rapid access to their devices at all times. In a case of anaphylaxis, adrenaline should be administered within five minutes. This means adrenaline devices should be no more than five minutes away from wherever they might be needed. This includes in the lunch area, playground and sports fields or when on visits or trips.

15.1 Access to Prescribed Adrenaline Devices

The school will ensure that:

- It endeavours to have access to an up-to-date Allergy Action Plan and, where required, an Individual Healthcare Plan (IHP) for all pupils prescribed adrenaline devices.

- Parents/carers provide two in-date prescribed adrenaline devices of the same type, unless advised otherwise by a healthcare professional
- Adrenaline devices (including spare adrenaline auto-injectors) are stored in locations that are known to staff, clearly identified, readily accessible in an emergency and never locked away
- Medication is rapidly available during lessons, breaktimes, lunchtimes, enrichment activities, sporting activities and educational visits
- Relevant staff know the location of all emergency medication and understand the arrangements for accessing it without delay
- Where appropriate, and following a risk assessment taking account of the pupil's age, understanding, SEND needs and ability to manage their condition safely, pupils may carry their own prescribed adrenaline devices
- The school maintains spare adrenaline auto-injectors in accordance with national guidance and seeks to obtain advance parental consent for their emergency use. The school notes that consent is not required in an emergency.

Children and young people should be encouraged to keep their adrenaline devices with them in their school bags (even in primary school), ensuring they have access to them when travelling to or from the school, college or setting.

If a child or young person cannot keep their adrenaline devices with them in the classroom (due to age or other considerations), then the devices should be stored in an appropriate central location that is unlocked and accessible at all times.

15.2 Lunchtimes, Playtimes and Outdoor Activities

The school will ensure that arrangements are in place so that pupils have rapid access to their prescribed adrenaline devices during:

- Breakfast club, after-school clubs and extracurricular activities
- Breaktimes and lunchtimes, including when pupils are eating in dining halls or outdoor areas
- Playground and outdoor learning activities
- PE lessons, sporting fixtures, swimming sessions and sports days
- Forest school provision and other outdoor education activities.

Where adrenaline devices cannot be carried by the pupil, an identified member of staff will be responsible for ensuring that the pupil's emergency medication either accompanies them or is rapidly accessible throughout the activity.

15.3 Transporting Prescribed Adrenaline Devices Between Home and School

The school recognises that pupils require access to their prescribed adrenaline devices during journeys to and from school and whilst at home. To ensure immediate access to emergency medication and reduce the risk of adrenaline devices being forgotten, lost or unavailable when needed, the school's preferred arrangement is that pupils have a dedicated set of prescribed adrenaline devices kept in school at all times, with separate prescribed devices available at home.

The school will:

- Encourage parents/carers to provide a set of prescribed adrenaline devices for school use that remains on site at all times, wherever this is clinically appropriate and practicable
- Advise parents/carers that maintaining separate home/ off-site and school adrenaline devices is the safest arrangement, as it reduces reliance on daily transfer of medication and ensures emergency medication is consistently available at school
- Where adrenaline devices must be taken home at the end of the school day, ensure clear arrangements are in place for their return to school and remind parents/carers promptly if medication has not been returned
- Require replacement medication to be supplied without delay if devices have been used, damaged, lost, recalled or have reached their expiry date
- Encourage parents/carers to regularly check the expiry dates and condition of all prescribed medication held at home
- Maintain records of all prescribed adrenaline devices kept in school, including the location, quantity and expiry date of each device
- Escalate concerns to parents/carers where a pupil does not have access to the required emergency medication in school, as this may impact the school's ability to safely support the pupil's attendance and participation in activities.

15.4 Monitoring and Checking Medication

The allergy lead, or delegated member of staff, will maintain an ongoing programme of medication checks.

This will include:

- Maintaining a register of pupils prescribed adrenaline devices
- Recording the type, quantity, location and expiry date of each device held in school
- Undertaking half termly checks of all prescribed adrenaline devices and monthly checks of any spare adrenaline auto-injectors held by the school
- Notifying parents/carers in advance of expiry dates and requesting replacement medication
- Recording when medication is replaced, returned home, used or disposed of.

15.5 Purpose and Use of Spare Adrenaline Auto-Injector Devices

The school will maintain sufficient spare adrenaline auto-injectors, stored in pairs and located strategically across the site, to ensure that adrenaline can be administered within five minutes of suspected anaphylaxis. Spare adrenaline auto-injectors will be readily accessible (and not locked away), clearly labelled, stored in accordance with manufacturer guidance, checked at least half termly for expiry and condition, and replaced promptly following use, expiry, recall or damage. All schools will always keep at least 2 adrenaline auto-injectors. Used, damaged, and out of date AIs must be replaced immediately.

Currently two types of adrenaline devices are licensed for use: an adrenaline auto-injector and a non-injectable nasal adrenaline device. Clinical advice recommends that people at risk of anaphylaxis carry two devices with them at all times, regardless of the type of device, since two doses of adrenaline may be required.

If a child or young person has been prescribed non-injectable adrenaline devices (nasal spray) but it is not available, the school's "spare" adrenaline auto-injectors may be used instead.

[Spare Adrenaline Auto-Injectors \(AIs\) in Schools: A Practical Guide for Schools](#)

Not all adrenalin auto-injectors are the same. The two doses commonly used in schools are:

- **Junior (150 micrograms)** — for children under 6 years old.
- **Adult (300 micrograms)** — for children over 6 years old.

Primary schools will require a mixture of both junior and adult devices, while secondary schools may only need adult devices.

In larger schools, it may be appropriate to keep more than one pair of spare adrenaline auto-injectors on site. The school lead will consider the size of the school site and the accessibility of adrenaline auto-injectors to decide how many pairs they should hold. Adrenaline auto-injectors should always be stored in pairs so that a second dose is immediately available if needed.

Spare adrenaline auto-injectors may be administered by suitably trained staff in any of the following cases:

- A pupil is known to be at risk of anaphylaxis and has written parental consent for the use of a spare adrenaline auto-injector
- The pupil's prescribed adrenaline auto-injector cannot be accessed quickly enough in an emergency
- The pupil's prescribed adrenaline auto-injector is unavailable, expired, damaged or has malfunctioned
- A second dose of adrenaline is required and an additional device is not immediately available
- Emergency services have been called and anaphylaxis is suspected, in accordance with the pupil's Allergy Action Plan and training provided to staff.

Spare adrenaline auto-injectors are not intended to replace the requirement for pupils to have their own prescribed medication available at school.

15.6 Location and Accessibility of Spare Adrenaline Auto-Injectors

The school will ensure that spare adrenaline auto-injectors are available and accessible so that adrenaline can be administered as soon as possible, or within the first five minutes in the event of suspected anaphylaxis.

Schools will:

- Ensure that spare adrenaline auto-injectors are located so that they can be brought to a pupil experiencing anaphylaxis within five minutes
- Ensure that no child or young person is more than five minutes away from an adrenaline device during the school day
- Consider the size, layout and use of the school site, including dining areas, playgrounds, sports facilities, specialist teaching areas and any separate buildings when deciding how many adrenaline auto-injectors are required, and where they should be stored
- Ensure age-appropriate spare adrenaline auto-injectors are available on each site where pupils at risk of anaphylaxis are educated
- Consider holding more than one pair of spare adrenaline auto-injectors where this is necessary to achieve rapid access across larger sites
- Ensure spare adrenaline auto-injectors are available during educational visits, sporting activities and other off-site activities where required by risk assessment.

The location of all spare AAls will be communicated to staff through training and induction.

15.7 Storage of Spare Adrenaline Auto-Injectors

Spare adrenaline auto-injectors will be stored in accordance with manufacturer instructions.

The school will ensure that spare adrenaline auto-injectors are:

- Readily accessible and never locked away
- Clearly identifiable and stored separately from medication prescribed to named pupils
- Clearly labelled as school-held spare emergency medication
- Stored in pairs so that a second dose is immediately available if required
- Kept in their original packaging where possible
- Stored at room temperature and protected from direct sunlight, excessive heat, cold and moisture, and otherwise in line with the manufacturer guidance
- Located in areas known to staff and accessible without delay during an emergency.

15.8 Monitoring, Replacement and Disposal of Spare Adrenaline Auto-Injectors

The allergy lead, or another designated trained member of staff, will maintain oversight of the school's spare adrenaline auto-injector arrangements.

The school will:

- Maintain a record of all spare adrenaline auto-injectors held on site, including device type, dosage, location and expiry date
- Check spare adrenaline auto-injectors half termly to confirm they remain fit for use and have not expired
- Ensure spare adrenaline auto-injectors remain within their expiry date
- Inspect devices for signs of damage, deterioration or inappropriate storage
- Arrange prompt replacement of any device that has been used, damaged, recalled or has expired
- Record the use, disposal and replacement of all spare adrenaline auto-injectors

The school will ensure that any spare adrenaline auto-injector which has been used, damaged, recalled or has reached its expiry date is disposed of safely and replaced promptly.

Used or expired adrenaline auto-injectors contain a needle and will be treated as clinical sharps. The school will:

- Dispose of used or expired adrenaline auto-injectors safely using an approved sharps container
- Hand used devices to attending ambulance personnel where appropriate
- Arrange disposal in accordance with local healthcare waste procedures
- Maintain records of disposal and replacement.

15.9 Oversight and Review

The allergy lead will maintain oversight of all spare adrenaline auto-injector arrangements, including stock levels, storage locations, expiry monitoring and incident reporting.

The effectiveness of the school's spare adrenaline auto-injector arrangements will be reviewed:

- As part of the annual review of this policy
- Following any anaphylaxis incident
- Following any near miss
- Following significant changes to pupil need, site arrangements or national guidance.

15.10 Asthma

Schools may buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer), without a prescription, for use in emergencies. The inhaler can be used if the child or young person's prescribed inhaler is not available (for example, because it is broken or empty). This is a different legal position from the use of "spare" adrenaline devices. Emergency asthma inhalers may only be used in the circumstances set out in the relevant guidance, i.e. for a child or young person who has been prescribed a reliever inhaler, but where their own prescribed inhaler is not available. Importantly, emergency asthma inhalers can only be used where written consent has been obtained.

Schools should keep emergency asthma reliever inhalers alongside "spare" adrenaline devices. The same monitoring obligations will apply to asthma inhalers as apply to spare adrenaline devices, ensuring they remain in date.

16. Information Sharing

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing

can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Schools will need to hold, use and share this information in order to ensure the child or young person receives the support they need to stay safe and be included in education.

Information will be handled in accordance with UK GDPR, data protection requirements and the Trust's data protection policies [SEEAT Data Protection Policy 2025](#)

17. Serious Incidents and Near Misses

SEEAT will record, report and respond to serious incidents or "near misses" involving allergy safety. Schools will maintain a culture of continuous improvement and a no-blame approach to reporting, enabling lessons to be learned and arrangements strengthened where necessary. All serious incidents and significant near misses should be recorded, reported as appropriate; and considered in terms of what lessons can be learned. In the first instance, **Serious Incident and Near Miss Record and Review Form** should be used to identify contributory factors, evaluate outcomes, capture lessons learned and ensure any required actions are implemented to reduce the risk of recurrence.

17.1 Definitions

A serious incident is any event relating directly to a medical condition (including allergy), in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent medical intervention or attendance by emergency services.

A near miss is an event relating directly to a medical condition (including an allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission or system failure could reasonably have led to a serious incident if circumstances had been only slightly different.

17.2 Recording

Schools should ensure any serious incident or near miss involving a child, young person, member of staff or visitor with a medical condition or allergy is recorded as soon as is feasible. The incident should be recorded in the accident book. A report should set out:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and students responded, what was done to support the individual and

whether emergency services were called

- How the incident concluded.

Reports do not need to be long or complicated. It may be more important to capture key information quickly, while it is fresh in the minds of those involved.

17.3 Reporting

The parents or carers of a child aged up to sixteen should be notified of the incident or “near miss” as soon as possible. In the case of a young person (CYP) aged over sixteen, the school or college should confirm that they agree that their parents or carers should be informed. The report should be shared with the child’s parents, the young person or the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school should then confirm what it has learned from the incident and should outline any actions it is taking as a result. The report should always be shared with school’s designated leader responsible for medical conditions and/or allergy. They will need to consider what lessons to learn and whether changes are required to the school’s medical conditions and/or allergy safety policies and/or to the arrangements in the child or young person’s Individual Healthcare Plan. Any learning should be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring. In addition, it may also be necessary to share the report with other agencies, as set out below:

- Schools acting as food businesses must report any allergen-related food safety incidents to their local authority
Schools, colleges and early years settings that operate as food businesses should record and review all allergen incidents and near-misses and, where appropriate, seek advice from their local authority environmental health team or Primary Authority. A legal duty to notify competent authorities arises where a food business has reason to believe that unsafe food (for example, food that is injurious to health, such as food containing an undeclared allergen) has left its immediate control and may pose a risk to consumers, in line with Article 19 of Regulation (EC) 178/2002.

In practice, this will depend on whether there is potential for wider consumer exposure beyond a single, contained incident. Where an issue is isolated and there is no ongoing risk to other consumers, formal notification is unlikely to be required. For example, this may include situations where a meal is provided in error but is immediately identified and contained.

If a child or young person is given food which is clearly labelled as containing an allergen, this would not usually be considered unsafe food and would not typically require notification, as the allergen has been properly declared. These events should be treated as serious incidents or “near misses” and therefore be recorded and reviewed. Where proportionate, they could be discussed with the local authority environmental health team or Primary Authority as part of good practice and continuous improvement. Larger catering providers may handle this through their Primary Authority arrangements, while smaller in-house or local operators may seek advice from their local authority environmental health team.

- Schools must report incidents which arose directly from the way they undertook a work activity which resulted in death or immediate hospitalisation to the Health and Safety Executive (RIDDOR).

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require employers such as schools, colleges and early years settings to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work to the HSE. This also applies in education settings, regardless of whether an accident happens to a child or young person, member of staff or visitor.

Schools, colleges and early years settings are only required to report incidents which arose out of or in connection with a work activity which resulted in death or being taken directly to hospital for treatment, for example where a child or young person had been given their allergen by a member of staff and suffered harm. There is no need to report incidents where individuals are taken to hospital purely as a precaution, when no injury is apparent.

Many of the common incidents that cause injuries to children and young people in a school, college or early years setting will not be reportable under RIDDOR, as they do not arise directly from the way the school, college or setting undertakes a work activity. HSE’s guidance on Incident reporting in schools (accidents, diseases and dangerous occurrences) is clear that a child or young person being taken to hospital because of a medical condition (e.g. an asthma attack or epileptic seizure) would not be reportable, as it did not result from a work activity.

- In the event that the incident or “near miss” related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional should be notified.

Where there is a serious incident or “near miss” relating to the delivery of a care plan or action plan issued by a healthcare professional, the school, college or early years setting should notify the relevant healthcare professional or team, providing a copy of the report. The healthcare professional may wish to provide further information or instructions or to review the care plan. If necessary, the local authority’s Designated Clinical Officer / Designated Medical Officer may be able to help engage the relevant healthcare professionals.

Incident reporting is not limited to staff in the school, college or setting. The child or young person, their parents or others (for example healthcare professionals) may be the ones to identify that there has been an incident.

Note that a safeguarding referral may be needed where an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person’s medical condition or allergy is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

An incident or a “near miss” with the potential to put a child or young person’s life at risk is a serious event. The school should consider its impact not only on the individual and their family, but also on those involved in responding and any children or young people who may have witnessed it.

The school, college or setting should take time to review the incident or near miss with the child or young person and their parents, since they may be understandably concerned that the environment may not be safe. The child or young person and their parents should be involved in reviewing the arrangements made (for example in the Individual Healthcare Plan) to ensure they are robust and appropriate. This is essential to retaining confidence that the school, college or setting is safe for the child or young person.

The school, college or setting should consider how it supports the staff involved. This might involve giving them time to reflect on what happened, in a constructive spirit. Carelessness, inadvertence or a simple mistake do not amount to serious and wilful misconduct.

The school, college or setting should consider how it communicates the incident or near miss internally. This can provide a valuable opportunity to remind all members of the community of the importance of supporting those with medical conditions (including allergy) and of the school, college or setting's medical conditions and/or allergy safety policies. However, care should be taken to respect the privacy of the child or young person involved.

17.4 Learning Lessons

The report should be submitted to the school's designated leader responsible for allergy. The designated senior leader and any staff involved in supporting the child or young person with their allergy should consider:

- Could the school, college or setting reasonably have foreseen an incident of this nature?
- Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken?
- Were the circumstances of the incident covered by a policy (for example a medical conditions policy, allergy safety policy) and/or a plan (for example an Individual Healthcare Plan or a care or action plan issued by a healthcare professional) which set out how to respond to an incident of this nature?
- If so, was the policy and/or plan followed? If the policy and/or plan was not followed, are there staff training, capability or even disciplinary issues to consider?
- Was the policy or plan adequate? If the policy and/or plan was not adequate, what changes might be required?
- Should the school, college or setting's policies be changed as a consequence?

The child or young person and their parents should be involved in reviewing the arrangements made (for example in the Individual Healthcare Plan) to ensure they are robust and appropriate.

Where the incident related to the delivery of a care plan issued by a healthcare professional, they or the relevant team should be involved in reviewing the arrangements to ensure they are robust and appropriate. The designated senior leader should consider whether the incident or near miss indicates that any statutory duties may have been breached, or at significant risk of

being breached, and whether there were weaknesses in the design or delivery of the relevant policies, the Individual Healthcare Plan and/or any care or action plan. If so, they will need to ensure steps are taken to review and where necessary amend the relevant policies or practice.

“Near misses” are particularly important in this respect, since they highlight weaknesses or risks and offer an opportunity to learn lessons without causing actual harm to a child, young person, member of staff or visitor. Some settings have used simulated drills, active training and role play to test out how staff would respond to a medical emergency or case of anaphylaxis, without putting individuals at risk.

A serious incident or “near miss” is therefore a prompt to consider whether the school’s policies should be reviewed and revised. It is not expected that policies should be revisited after every single incident, if they are considered to be fit for purpose.

The governing body, proprietor or management committee of the school, college or early years setting should receive periodic reports on serious incidents and “near misses”. When the school, college or setting reviews its allergy safety policy, all recent serious incidents and “near misses” which have occurred should be considered, since they will indicate potential areas for improvement.

17.5 Governance Oversight

The allergy lead will maintain oversight of allergy-related incidents and near misses. Significant incidents, emerging trends and lessons learned will be reported to the Local Governing Body as part of the school's monitoring and assurance arrangements. Allergy-related incidents and near misses will be considered during the annual review of this policy.

18. Unacceptable Practices

For the avoidance of doubt, the following constitute unacceptable practices:

- preventing children and young people from easily accessing their medication (for example prescribed adrenaline devices)
- ignoring the views of the child or young person or their parents or carer
- ignoring medical evidence or the opinion and advice of healthcare professionals
- assuming that every child or young person with allergy requires the same support

- assuming that older children and young people do not require support, even if they are able to take increasing responsibility for managing their allergy
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way
- discriminating against children or young people with allergy by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an allergic emergency (e.g. anaphylaxis), help must come to the child or young person rather than the other way round
- penalising children or young people for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition or allergy. This should be reflected in attendance policies
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child
- parents and carers should not have their work or other responsibilities impacted because the school, college or setting is failing to support their child's allergy; and
- preventing children and young people from participating, or creating unnecessary barriers to them participating, in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

Appendix 1 – Allergy Safety Policy Supporting Documents

[School Allergy Record Keeping and Medication Management Arrangement 2026](#)

[School Food Allergy Management Arrangements Record 2026](#)

[Allergy Register and Medication Audit Checklist 2026](#)

[Individual Healthcare Plan Blank Template 2026](#)

[Individual Healthcare Plan with Notes 2026](#)

[https://seeat-my.sharepoint.com/:w:/r/personal/caroline_thornton_seeat_org/Documents/NEW POLICIES 2026/FINAL Policies/Allergy Awareness Policy Documents 2026/Serious Incidents and Near Misses Record - complete.docx?d=w9e7a91775b51414ea21053d991dfefdb&csf=1&web=1&e=v66R2R](https://seeat-my.sharepoint.com/:w:/r/personal/caroline_thornton_seeat_org/Documents/NEW%20POLICIES%2026/FINAL%20Policies/Allergy%20Awareness%20Policy%20Documents%202026/Serious%20Incidents%20and%20Near%20Misses%20Record%20complete.docx?d=w9e7a91775b51414ea21053d991dfefdb&csf=1&web=1&e=v66R2R)

Appendix 2 - Useful Links and Supporting Information

[Anaphylaxis UK](#)

[Allergy UK - Supporting People with Allergies](#)

[Spare Pens in Schools - advice and support for schools, parents and pupils](#)

[Health Conditions in Schools Alliance](#)

[Food Allergy in Children and Young People](#)

[Anaphylaxis: assessment and referral after emergency treatment](#)

[Guidance for Schools on the Use of Auto-injectors](#)