



1.24a Allergy and Anaphylaxis Policy (EYFS & KS1-3)

Reviewer responsible: Deputy Head Pastoral/Bursar	Date of review: 10/26
Reviewed by: KS/AB	Date of next review: 10/27
Authorised by: Exec	

ALLERGY AND ANAPHYLAXIS POLICY

Regulatory note. This policy applies across the whole school, including Reception. For Reception pupils, the statutory EYFS requirements on food allergies, safer eating, supervision and paediatric first aid apply. Section 34 of the Children's Wellbeing and Schools Act 2026 requires equivalent allergy-safety requirements to be introduced for independent educational institutions through the Independent School Standards. Pending those regulatory amendments, the Department for Education's July 2026 Allergy Safety in Schools statutory guidance is not itself a statutory requirement for independent schools. NHP nevertheless adopts its provisions, together with the September 2026 School Food Standards: Allergy Guide, as whole-school good practice.

1. Aims and Scope

Notting Hill Preparatory School (NHP) is committed to safeguarding and promoting the welfare of pupils with allergies and to ensuring that they can participate safely and fully in school life. The school adopts a whole-school approach to allergy awareness, prevention, emergency response, inclusion and safeguarding.

This policy applies to all pupils, staff, volunteers, agency and temporary staff, relevant contractors, catering and wraparound providers, educational visits, residential trips and school activities on and off site. It should be read alongside the Whole School Food Policy, Supporting Pupils with Medical Conditions Policy, First Aid arrangements, Safeguarding and Child Protection Policy, Health and Safety Policy, Educational Visits Policy and relevant risk assessments.

2. Legal and Regulatory Framework

The school has regard, as applicable, to:

- the Early Years Foundation Stage (EYFS) statutory framework for group and school-based providers, effective 1 September 2026;
- the Education (Independent School Standards) Regulations 2014 and the current ISI inspection framework;
- the Equality Act 2010, including the duty to make reasonable adjustments where applicable;
- food safety and food information/allergen legislation, including the Food Information Regulations 2014;
- UK GDPR and the Data Protection Act 2018 when handling allergy and medical information;
- Department for Education Allergy Safety in Schools guidance (July 2026), which NHP adopts as good practice for the whole school pending implementation of the equivalent independent-school requirements required by section 34 of the Children's Wellbeing and Schools Act 2026;
- Department for Education School Food Standards: Allergy Guide (September 2026) and recognised clinical resources including BSACI Allergy Action Plans.

The school will review this policy sooner than the scheduled review date if legislation, statutory guidance, the Independent School Standards or relevant medical guidance changes.

3. Leadership and Responsibilities

- The Head and senior leadership team are responsible for ensuring appropriate allergy-safety arrangements are in place.
- The Deputy Head Pastoral is the named Senior Allergy Lead and oversees implementation and review of this policy.
- The Bursar/Health & Safety Lead supports operational risk management, catering arrangements and site controls.

- The School Nurse maintains medical/allergy records, supports IHPs and Allergy Action Plans, monitors emergency medication and provides clinical advice within the scope of the role.
- The designated governor for medical needs/safeguarding provides governance oversight and appropriate challenge.
- The catering provider is responsible for food safety, allergen information, cross-contact controls, menu/substitution procedures and appropriate catering staff training.
- All staff must understand the school's allergy procedures, know how to obtain relevant pupil information, attend required training and report incidents, concerns and near misses promptly.
- Parents must provide accurate, up-to-date information about allergies, prescribed medication and any change to diagnosis or treatment.
- Pupils are supported, in an age-appropriate way, to understand their allergy, avoid food sharing where relevant and seek adult help immediately if they feel unwell.

4. Identification and Individual Allergy Arrangements

Information about known allergies will be obtained from parents and kept up to date. Pupils whose allergy requires individual arrangements will have an Individual Healthcare Plan (IHP) and/or recognised Allergy Action Plan developed with parents and, where appropriate, healthcare professionals.

- Plans will record known allergens, signs and symptoms, prescribed medication, emergency treatment instructions, emergency contacts and relevant consent.
- Plans will be reviewed at least annually and sooner following a reaction, allergy-related hospital attendance/admission, new diagnosis or material change in treatment.
- For Reception pupils, the school will maintain ongoing discussions with parents and, where appropriate, health professionals and will have regard to recognised BSACI Allergy Action Plans.
- The school will maintain an up-to-date authorised dietary/allergy identification sheet containing photographs of pupils with known food allergies and details of their known allergens. It will be available securely to relevant catering and supervising staff where food is prepared, served or handled.
- The dietary/allergy photo sheet will be updated when the school is notified of a new diagnosis or change. Superseded copies must be removed promptly from use.
- At mealtimes, robust identification arrangements will be used, including the school's agreed dietary-card system and authorised staff/catering records where applicable.

5. Allergy-Aware Environment and Prevention

NHP is an allergy-aware school and does not describe itself as "allergen free" or "nut free", because no school can guarantee the complete absence of an allergen. The school may restrict or discourage specified allergens where an individual or whole-school risk assessment identifies this as a proportionate control measure. Any such restriction will be communicated clearly and will not replace individual risk assessment, Allergy Action Plans, careful food handling, staff training or emergency preparedness.

The school promotes safer eating practices. Pupils are discouraged from sharing food, drinks, cutlery or food containers where this could create allergy risk. Food-based lessons, celebrations, events and externally supplied food must take account of known allergies and be risk assessed where necessary.

6. Food and Catering

The school and catering provider will work together to ensure that pupils with food allergies and other medically required diets can eat safely.

- Accurate allergen information must be available for food served and relevant staff must know how to access it.
- Documented controls will minimise cross-contact during storage, preparation, cooking, service and cleaning, including use of separate utensils where required.
- Catering staff will have secure access to current authorised dietary/allergy information and will use agreed procedures to identify pupils requiring an allergen-safe or medically required meal.
- Ingredient or menu substitutions must not be made for a pupil with a food allergy unless allergen information has been checked and the meal can be confirmed as suitable.
- If the safety of a meal cannot be verified, it must not be served to the pupil and the agreed escalation process must be followed.
- Relevant changes affecting food provision must be communicated promptly between the school, catering provider and staff who need the information to keep the pupil safe.
- Food supplied by visitors, parents or external providers must have sufficient ingredient/allergen information to allow a safe decision to be made.

7. Recognition of Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction. It may occur without visible skin symptoms. Staff must never delay treatment while waiting for a rash or swelling to develop.

- Airway: swelling of the tongue or throat, difficulty swallowing or a hoarse voice.
- Breathing: wheezing, persistent cough, difficulty breathing or noisy breathing.
- Circulation: dizziness, pale or clammy skin, collapse or loss of consciousness.

8. Emergency Response

If anaphylaxis is suspected:

- Call for assistance immediately.
- Bring the pupil's emergency medication, or a suitable spare adrenaline auto-injector (AAI), to the pupil and administer adrenaline immediately where indicated. The pupil must not be sent elsewhere to collect medication.
- Note the time the AAI was administered.
- Call 999 and state "ANAPHYLAXIS".
- Lay the pupil flat with legs raised where possible; if breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk.
- Administer a second AAI after 5 minutes if symptoms persist or return, in accordance with the emergency plan/current guidance.
- Contact parents/carers as soon as practicable.
- Ensure transfer to hospital for medical assessment/observation.

9. Medication and Spare Adrenaline Auto-Injectors

Each pupil's emergency medication arrangements will follow their IHP/Allergy Action Plan. Medication must be clearly labelled, in date, readily accessible and accompany the pupil on visits and trips. Emergency medication must not be locked away in a way that prevents rapid access.

NHP will maintain appropriately dosed spare AAls in accordance with current law and government guidance. Spare AAls will be stocked and stored in pairs, with appropriate doses available for the age groups on each site.

Locations and stock levels will be arranged so that adrenaline can be brought to a pupil and administered without avoidable delay and, so far as reasonably practicable, within five minutes. Current designated locations are:

- OB Reception Desk
- JCB Reception Desk
- PGB Reception Desk
- Nurse's Room NG10 Defibrillator Cabinet

Stock, storage and expiry dates will be checked regularly. Used or expired AAls will be disposed of safely in accordance with medicines procedures and replacements arranged promptly after use or expiry.

10. Staff Training and Emergency Preparedness

All staff will receive allergy awareness and anaphylaxis training as part of induction and at least annually thereafter. Relevant catering, agency, temporary and wraparound staff will receive appropriate allergy information and training for their role.

- Training will cover allergy awareness, recognition of allergic reactions and anaphylaxis, prevention strategies, emergency response, administration of AAls, staff responsibilities and use of IHPs/Allergy Action Plans.
- Practical emergency preparedness will be rehearsed periodically, including retrieval of medication, emergency communication and use of trainer AAls.
- Learning from drills, incidents and near misses will be recorded and used to improve arrangements.

11. EYFS and Safer Eating

For Reception pupils, NHP will comply with the statutory EYFS requirements relevant to food allergy and safer eating.

- Before a child joins Reception, the school will obtain information about allergies, intolerances, special dietary requirements and relevant health needs.
- EYFS children will remain within sight and hearing of a member of staff while eating.
- While Reception children are eating, a member of staff holding a current full paediatric first aid certificate consistent with the EYFS criteria will be in the room.
- Staff will actively supervise eating, discourage unsafe food sharing, remain alert to choking and unexpected allergic reactions, and ensure each child receives food and drink consistent with their recorded requirements.

12. Trips, Clubs, Sport and Wraparound Provision

- Emergency medication must accompany the pupil and remain quickly accessible.
- Relevant staff must understand the pupil's Allergy Action Plan and emergency procedure.
- Catering arrangements, allergen exposure, emergency contacts, trained staff and access to emergency medical care must be considered in advance as part of the risk assessment.

- Breakfast club, after-school provision, holiday camps and external providers operating on behalf of the school must follow the school's relevant allergy and food-safety requirements.

13. Inclusion and Safeguarding

The school will make reasonable adjustments and use proportionate risk assessment to support pupils with allergies to participate fully in classroom activities, trips, residentials, clubs, sport and whole-school events. Allergy-related bullying, teasing, intimidation or deliberate exposure to allergens will be treated seriously and may constitute a safeguarding concern.

14. Incident and Near-Miss Reporting

The school will record allergic reactions, anaphylaxis, administration of AAI, accidental allergen exposure and relevant near misses. Following an incident or significant near miss, parents will be informed, arrangements will be reviewed and lessons learned will be used to update risk assessments, IHPs/Allergy Action Plans, training or operational controls as necessary.

15. Risk Assessment

The school will use whole-school, individual pupil and activity-specific allergy risk assessments where appropriate. Risk assessments will be reviewed at least annually and sooner following a reaction or near miss, a new diagnosis or material change, or before higher-risk activities and residential visits where necessary.

16. Communication and Confidentiality

Accurate and timely communication is fundamental to safe allergy management. Relevant information will be shared proportionately with staff, catering providers, agency/temporary staff, wraparound providers, educational visit providers and healthcare professionals where necessary to keep the pupil safe. Allergy and medical information will be handled securely in accordance with data-protection requirements.

17. Monitoring and Review

The Deputy Head Pastoral/Bursar will review implementation of this policy with the School Nurse, Health & Safety Lead, catering provider and relevant staff. Allergy incidents, near misses, training, medication arrangements and operational controls will be reviewed for lessons learned.

This policy will be reviewed at least annually and sooner following a significant incident, a material change in provision, or a change in law, statutory guidance or regulatory standards. The current Allergy and Anaphylaxis Policy will be published on the school website, made generally known within the school and to parents, and brought at least annually to the attention of pupils, parents and all persons working at the school, in an age- and role-appropriate manner.

18. Key References

- Children's Wellbeing and Schools Act 2026, section 34 (allergy safety provisions, including requirements to be introduced for independent educational institutions).
- Department for Education, Allergy Safety in Schools (July 2026).
- Department for Education, School Food Standards: Allergy Guide (September 2026).
- Department for Education, Early Years Foundation Stage statutory framework for group and school-based providers (effective 1 September 2026).

- Food Standards Agency guidance on food allergens and allergen information requirements.
- British Society for Allergy & Clinical Immunology (BSACI) Paediatric Allergy Action Plans.
- Anaphylaxis UK resources for schools.
- The Schools Allergy Code (Benedict Blythe Foundation / Allergy Team / ISBA) as a best-practice resource.