Allergy Safety Policy

Policy owner	Finance Director and Operations Manager (FDOM)
Approved by	Finance and general Purposes Committee Date
Ratified by	Trust Board Date
Version	1.0
Review cycle	Annual (or sooner following a serious incident or near miss)
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Applies to	All Schools within the Trust

This policy is issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and has regard to the Department for Education's statutory guidance "Allergy safety in schools" (July 2026).

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1. Introduction

1.1 This policy sets out the Trust's approach to allergy safety across all of its schools. It has been produced in line with the Department for Education's statutory guidance "Allergy safety in schools" (July 2026) ("the statutory guidance"), which the Trust must have regard to when carrying out its duty under section 34 of the Children's Wellbeing and Schools Act 2026.

1.2 Section 34 of the Children's Wellbeing and Schools Act 2026 amends section 100 of the Children and Families Act 2014, placing a requirement on schools to have an allergy safety policy, publish it, and keep it under review.

1.3 This policy sits alongside, and should be read in conjunction with, the Trust's Supporting Pupils with Medical Conditions Policy. Where a child or young person has coeliac disease or a food intolerance, this is normally managed through the medical conditions policy rather than this allergy safety policy, save where it also gives rise to allergy or anaphylaxis.

1.4 This policy does not establish a framework for the delegation of healthcare activities from regulated healthcare professionals to education staff. Where a child or young person's support requires a healthcare activity that falls under NHS responsibility, this is arranged through the appropriate clinical governance, training, competency and accountability arrangements.

1.5 This is the key Trust-wide document for allergy safety. Individual schools may adopt local arrangements consistent with this policy, for example to reflect their site, catering arrangements or pupil population, provided these do not fall below the standards it sets out.

2. Scope

2.1 This policy applies to all schools within the Trust, including all pupils, staff (permanent, temporary, supply, peripatetic and regular volunteers), Trustees, local governors, parents, carers and visitors.

2.2 This policy covers allergy, including the risk of anaphylaxis, and its interaction with asthma. It does not cover coeliac disease or food intolerances, which are addressed through the Trust's Supporting Pupils with Medical Conditions Policy, except where these also give rise to an allergic reaction.

2.3 Early years provision within the Trust continues to apply the Statutory Framework for the Early Years Foundation Stage (EYFS) alongside this policy.

3. Key Principles

3.1 In fulfilling its duties under this policy, the Trust and its schools will be guided by the following key principles:

- Every child and young person with allergy is entitled to be safe, included and supported to participate fully in school life, including trips, extra-curricular activities and school meals

- All staff, not only those directly supporting a child with a known allergy, must be able to recognise and respond to anaphylaxis, since around one in five children and young people with allergy have their first reaction while at school.
- Arrangements will be built around the individual child or young person, in partnership with them, their parents and relevant healthcare professionals, rather than applying a blanket approach.
- Serious incidents and near misses will be treated as opportunities to learn and improve, in a "no blame" spirit, rather than to assign fault.
- The wellbeing of children and young people with allergy, including their emotional wellbeing, is as important as the physical measures taken to keep them safe.

4. Roles and Responsibilities

4.1 The Trust Board is responsible for:

- ensuring that each academy within the Trust has an allergy safety policy which has regard to the statutory guidance;
- ensuring allergy-related risks are recorded on each academy's risk register and are actively managed;
- ensuring that a named senior leader is in place in each academy with responsibility for allergy safety;
- setting out, through the scheme of delegation, how oversight of allergy safety is exercised in each academy, to enable effective monitoring, support and challenge;
- receiving periodic reports on serious incidents and near misses relating to allergy across the Trust;
- ensuring this policy is reviewed at least annually.

4.2 The Head of School and Senior Leadership Team of each academy are responsible for:

- implementing this policy and the academy's local allergy safety arrangements;
- ensuring a named senior leader is in place with day-to-day responsibility for allergy safety (this should not be the catering manager);
- ensuring all staff who may be present when pupils are on site receive annual allergy awareness and emergency response training;
- ensuring the academy's allergy safety policy is published on the academy website and made available in hard copy on request;
- ensuring Individual Healthcare Plans are drawn up, reviewed and kept up to date for all pupils who require them;
- ensuring serious incidents and near misses are recorded, reported and reviewed, and that lessons are learned.

4.3 The named senior leader for allergy safety in each academy is responsible for:

- driving implementation of this policy on a day-to-day basis;
- leading or contributing to the annual review of the academy's allergy safety arrangements;
- maintaining the academy's record of pupils, staff and visitors with known allergy;
- acting as the main point of contact for parents, staff and healthcare professionals on allergy safety matters;
- ensuring lessons from serious incidents and near misses are fed back into training, policy and Individual Healthcare Plans.

4.4 All members of staff are responsible for:

- attending allergy awareness and emergency response training at least annually;
- knowing how to recognise an allergic reaction and anaphylaxis, and how to respond, including administering "spare" adrenaline devices where necessary;
- being aware of which pupils in their care have a known allergy, and referring to Individual Healthcare Plans and Allergy or Asthma Action Plans as appropriate;
- considering the risk of allergen exposure when planning any activity, including cooking, craft, science and activities involving animals;
- reporting any incident or near miss involving allergy promptly, in line with section 14 of this policy.

4.5 Pupils are encouraged, in a manner appropriate to their age and understanding, to:

- take increasing responsibility for managing their own allergy where it is safe and appropriate to do so;
- carry their own medication, including adrenaline devices, where agreed with their parents and appropriate healthcare professionals;
- treat peers with allergy with respect, and not use another pupil's allergy as a means of exclusion, bullying or ridicule;
- know how to seek help promptly if they, or a friend, experience an allergic reaction.

4.6 Parents and carers are asked to:

- provide the academy with full and up-to-date information about their child's allergy, including any Allergy or Asthma Action Plan issued by a healthcare professional;
- work with the academy to develop and review their child's Individual Healthcare Plan;
- ensure prescribed adrenaline devices provided to the academy remain in date and are replaced promptly when needed;
- clearly label any food, drink or medication brought into the academy for their child.

4.7 Visitors and contractors are expected to:

- respond to any request for information about their own allergy, particularly where they are likely to be offered food;

- follow reasonable instructions given by academy staff in relation to allergy safety while on site.

5. Allergy Awareness Training

5.1 Each academy will ensure that all staff present during times when pupils are scheduled to be on site receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers and catering staff. It does not extend to contractors with no pupil-facing role, such as builders or maintenance personnel.

5.2 First aid training alone is not sufficient to meet this requirement. Training will ensure that all staff:

- understand allergy as a spectrum of conditions (including food allergy, asthma, eczema and hay fever) which can co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- can identify the range of symptoms of an allergic reaction and recognise anaphylaxis;
- know how to respond in an emergency, including calling emergency services, informing parents, and locating and administering emergency medication;
- understand the impact of allergy on a child or young person's wellbeing;
- understand this policy and how to check whether a pupil is on the academy's record of known allergy;
- understand how to report an allergic reaction or case of anaphylaxis, whether an incident or a near miss.

5.3 Each academy will set out induction arrangements for new staff and arrangements to ensure supply and cover staff have received allergy awareness training before working unsupervised with pupils.

5.4 This training is allergy awareness and emergency response training. It does not replace any separate clinical governance, competency or delegation arrangements required where a pupil needs individual healthcare support beyond academy-level allergy safety arrangements.

6. Wellbeing and Anti-Bullying

6.1 Many children and young people with allergy experience anxiety as a result of the risk of exposure to allergens and the possibility of anaphylaxis, which may be compounded by co-existing asthma or eczema. Each academy will be active in providing reassurance and support.

6.2 Examples of good practice each academy is encouraged to adopt include:

- regular communication to pupils, parents and staff to maintain awareness and appreciation of the risks associated with allergy;

- proactive engagement with new joiners who have a known allergy, including a tour of the kitchen and canteen where helpful;
- "allergy champion" roles for staff and/or pupils, acting as a point of contact and support for children with allergy.

6.3 Each academy will set out how it will prevent and respond to bullying related to allergy, which can range from exclusion from activities to threats to force-feed a known allergen. Such behaviour will be treated seriously under the academy's behaviour and anti-bullying policies.

7. Minimising the Risk of Exposure to Allergens

7.1 Each academy will take reasonable steps to minimise the risk of pupils, staff and visitors coming into contact with their known allergens. This includes:

- managing the risk of exposure to food allergens through food provided by the academy;
- managing the risk of exposure to food allergens through food brought in by pupils, parents or staff;
- putting reasonable measures in place for pupils with known allergy to airborne or contact allergens;
- ensuring staff planning any activity (craft, science, cookery, music, or activities involving animals) consider the risk of allergen exposure;
- carrying out specific risk assessments for pupils with allergy taking part in external visits or trips.

7.2 Pupils will not be excluded from activities simply because of a risk of allergen exposure. Where practicable, alternative materials or arrangements will be found so that the whole group, including the pupil with allergy, can participate together.

7.3 The Trust does not consider a blanket "nut-free" policy to be the most effective approach, since it can create a false sense of security and nuts are only one of many allergens. Schools are encouraged to adopt an "allergy aware" environment, remaining actively alert to the risk posed by allergens generally and maintaining robust emergency response arrangements.

8. Food Allergy and Food Provision

8.1 The catering team at each academy will manage the risk of food allergy and provide clear information on allergens in food it provides, in compliance with the Food Information Regulations 2014 and, where relevant, the requirements for pre-packed for direct sale (PPDS) food ("Natasha's Law").

8.2 Each academy will maintain at least two independent methods of identifying pupils with known allergy at mealtimes, to ensure they receive a safe meal, while avoiding segregating them from their peers.

8.3 Reasonable adjustments relating to food, including for pupils entitled to free school meals, will be captured through the pupil's Individual Healthcare Plan and agreed with the academy's catering team, the pupil and their family.

8.4 Food brought in from home, including packed lunches and ingredients for food technology lessons, should be clearly labelled, prepared and stored safely. While schools may discourage certain allergens being brought on site, the primary focus remains on active allergen awareness and robust emergency response.

9. Identifying Pupils, Staff and Visitors with Allergy

9.1 Each academy will maintain a record of all pupils, staff and, where appropriate, visitors with known allergy, including their known allergens and whether they carry medication such as an adrenaline device.

9.2 Information will be gathered from the pupil, their parents and, where relevant, their previous school, including any existing Individual Healthcare Plan or Allergy Action Plan. Arrangements will be in place by the start of term for known allergies, and within two weeks for pupils joining mid-term, wherever this is within the academy's control.

9.3 It is good practice for each academy to keep an accessible list of pupils with known allergy (including current photographs and known allergens) in areas where food is served or handled, restricted to staff access only.

10. Individual Healthcare Plans

10.1 A pupil should have an Individual Healthcare Plan (IHP) where: their allergy has a functional impact on them at school; 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.

10.2 The IHP is not a clinical document. It records how the academy will respond to the information and advice received about a pupil's allergy, including from the pupil, their parents and any healthcare professionals involved in their care. Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, this will be attached to the IHP.

10.3 IHPs will be developed in collaboration with the pupil and their parents, and reviewed at least annually or sooner where circumstances, advice or medication change, or following a serious incident or near miss.

10.4 Where no clinical advice is yet available (for example while a diagnosis is pending), the academy will not dismiss the pupil or the information it receives, and will put in place the best supportive arrangements it can, informed by engagement with the pupil, their parents and, where needed, the school nursing team or the local authority's Designated Medical Officer/Designated Clinical Officer.

10.5 A pupil moving to a new academy, including within the Trust, will require a new IHP. The previous IHP and any attached action plans will be shared to inform this, provided the pupil's allergy has not changed.

11. Prescribed Adrenaline Devices

11.1 Each academy will ensure that pupils prescribed adrenaline devices (AAIs or nasal adrenaline devices) have rapid access to them at all times, including in the lunch area, playground, sports fields, and on visits or trips, and while travelling to and from the academy.

11.2 In the event of anaphylaxis, adrenaline must be administered within five minutes. Where a pupil's prescribed devices are not immediately available, "spare" adrenaline devices will be used instead.

11.3 Where necessary, each academy will set out arrangements for pupils and parents to take individually prescribed devices home (for example at the end of the school day) and for checking that devices remain in date, along with a record of which pupils have been provided with prescribed adrenaline and an Allergy Action Plan.

12. "Spare" Adrenaline Devices

12.1 Every academy will stock "spare" adrenaline auto-injectors (AAIs) of the correct dosage for its pupil population, in line with the Human Medicines (Amendment) Regulations 2017, for use in an emergency where a pupil's own device is unavailable or misfires, or where anaphylaxis occurs in a pupil with no prior diagnosis.

12.2 "Spare" AAIs will be:

- stored in pairs, in a central, unlocked, easily accessible location (not an office where access is restricted);
- positioned so that a pair is available within five minutes of anywhere they may be needed – larger sites should consider more than one location;
- clearly labelled as "spare" devices to avoid confusion with individually prescribed devices;
- checked regularly to confirm they remain in date, with a process in place for prompt replacement;
- safely disposed of once used, in line with manufacturer guidance and local arrangements for the disposal of sharps.

12.3 Indicative stock levels, based on the statutory guidance, are set out at Appendix C.

12.5 The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used to save a life without prior consent having been obtained. It remains good practice to seek advance parental consent so that, wherever possible, this is already in place.

If a pupil who has no known allergy, no Individual Healthcare Plan (IHP) for an allergy, and no previously identified requirement for an AAI develops signs and symptoms of anaphylaxis while at school, the school may administer a spare AAI in an emergency. Parental consent does not need to be obtained before administering the AAI in such an emergency. Staff must not delay potentially life-saving treatment while attempting to contact a parent or carer. This provision applies where the AAI

is being administered as an emergency, life-saving measure in response to suspected anaphylaxis, in accordance with Regulation 238 of the Human Medicines Regulations 2012. Where there is doubt about whether the reaction is sufficiently severe to warrant adrenaline, the risks associated with delaying adrenaline in suspected anaphylaxis should be considered and emergency medical advice sought. The use of a spare AAI for a pupil with no previously identified allergy is an emergency measure and does not replace the requirement for appropriate parental consent, medical information and an Individual Healthcare Plan where a pupil has a known allergy or identified ongoing medical need.

13. Visits and Trips

13.1 Each academy will carry out a risk assessment for any pupil at risk of anaphylaxis taking part in an off-site visit. Pupils at risk of anaphylaxis will have their own adrenaline device with them, and staff trained to administer adrenaline will be present.

13.2 Schools may consider whether it is appropriate to take "spare" adrenaline devices on certain trips, provided this does not leave the site without adequate "spare" stock.

13.3 No pupil will be prevented from participating in a trip, or have unnecessary barriers placed in their way (for example a requirement that a parent accompany them), solely because of their allergy.

14. Serious Incidents and "Near Misses"

14.1 A serious incident is any event relating to allergy in which a pupil, member of staff or visitor is harmed, or is placed at immediate and significant risk of harm, including where emergency medication or emergency services are required. A "near miss" is an event which did not result in harm but had the clear potential to do so.

14.2 Any serious incident or near miss will be recorded as soon as feasible, including who was affected, what happened, why, how staff responded, and how the incident concluded. Reports may also come from a pupil, their parents, or a healthcare professional, since the effects of an allergic reaction are sometimes only recognised once the pupil is at home.

14.3 Parents or carers will be notified as soon as possible, and the report shared with the academy's named senior leader for allergy safety, who will consider whether the academy's policies, arrangements or the pupil's IHP need to change.

14.4 Where relevant, incidents will also be reported to the appropriate body, including the local authority environmental health team or Primary Authority (for food safety incidents), the Health and Safety Executive under RIDDOR (where a death or hospitalisation results directly from a work activity), and any healthcare professional responsible for the pupil's care.

14.5 Serious incidents and near misses will be approached in a "no blame" spirit, focused on learning lessons, and will be reported periodically to the Finance and General Purposes Committee and the Trust Board.

15. Information Sharing

15.1 A pupil's allergy is special category health data under UK GDPR. Each academy has a lawful basis to hold, use and share this information where necessary to keep the pupil safe, but will do so in a controlled and proportionate way, respecting the pupil's dignity and confidentiality.

15.2 Information will be shared with staff who need to know it in order to support the pupil, and with a new academy or setting as part of transition, in line with the Trust's Data Protection Policy.

16. Awareness and Publication of this Policy

16.1 This policy, and where each academy's local allergy safety arrangements, will be published on the relevant academy website and made available in hard copy on request.

16.2 All staff will be made aware of this policy as part of annual allergy awareness training. Each academy will consider how to raise awareness of allergy safety among pupils, particularly to prevent bullying, and, with the agreement of the pupil and their parents, how friends of a pupil at risk of anaphylaxis might be made aware of how to seek help in an emergency.

17. Monitoring and Review

17.1 This policy will be reviewed at least annually by Finance Director and Operations Manager, and may be reviewed more frequently where a serious incident, near miss, or change in statutory guidance indicates this is necessary.

17.2 Where applicable, each academy's local allergy safety arrangements will be reviewed at least annually, taking account of any serious incidents or near misses from the preceding year.

17.3 Pupils, staff and parents with lived experience of allergy will be invited to contribute to the development and review of this policy.

17.4 This policy will be updated to reflect any further statutory requirements introduced by the Secretary of State through Regulations, including in relation to "spare" adrenaline devices and allergy safety training.

18. Links with Other Policies

This policy should be read alongside the following Trust policies and documents:

- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- Equality Policy and Accessibility Plan
- Behaviour and Anti-Bullying Policy
- Data Protection Policy
- SEND Information Report
- Critical Incident Plan

Appendix A – Recognising an Allergic Reaction and Anaphylaxis

Mild to moderate allergic reactions (which do not affect the Airway, Breathing or Circulation) may include:

- swollen lips, face or eyes
- itchy or tingling mouth
- mild throat tightness
- hives or itchy skin rash
- abdominal pain or vomiting
- a sudden change in behaviour

Anaphylaxis affects the Airway, Breathing and/or Circulation ("ABC") and is a medical emergency:

- Airway: swelling in the throat or tongue, tightening in the throat, hoarse voice, difficulty swallowing
- Breathing: sudden wheezing, difficulty breathing, persistent cough, noisy breathing
- Circulation: dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness

If in doubt whether a reaction is anaphylaxis, always treat with adrenaline. Anaphylaxis can occur without a skin rash or other mild symptoms being present.

Appendix B – Managing Anaphylaxis: Emergency Steps

- 1. Lie the person flat with legs raised (allow them to sit only if breathing is difficult). Do not let them stand or walk.
- 2. Give the adrenaline device without delay, using the person's own prescribed device or the academy's "spare" device if needed.
- 3. Immediately dial 999 for an ambulance and say "anaphylaxis".
- 4. Stay with the person until the ambulance arrives; keep them lying down.
- 5. Phone the parent or emergency contact.
- 6. If there is no improvement after 5 minutes, give a second dose of adrenaline using a second device, if available.
- 7. Commence CPR at any time if there are no signs of life.

Staff who act reasonably and in good faith to save a life are protected in law, even where mistakes, hesitation or imperfect technique occur. This does not amount to serious or wilful misconduct.

Appendix C – Indicative "Spare" Adrenaline Device Stock Levels

Based on the statutory guidance, schools should expect to hold the following minimum stock of "spare" AAIs. Schools with large sites should consider two pairs so that a pair is always within five minutes of anywhere it may be needed.

School type	Under 6 years (150mcg)	Over 6 years (300mcg)
State-funded nursery school	One pair	n/a
Primary school	One pair	One pair
Secondary school	n/a	One or two pairs*
Special school	One pair	One pair

** Schools with large sites should consider two pairs of "spare" AAIs to ensure availability within five minutes of anywhere on site.*