The Rose Learning Trust

Allergy Safety Policy

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Approved by	Trust Board		
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Changes	Policy implementation as per Benedicts Law requirement		
Next Review Due	Sept 2027 or earlier if there are changes to the relevant legislation		

Version Control

Version	Revision Date	Revised By	Section Revised
V1	July 2026	L Williams	Policy creation

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1. Introduction and scope

The Rose Learning Trust is committed to safeguarding and promoting the health, safety, wellbeing and inclusion of all pupils, staff, volunteers and visitors with allergies. This policy has been developed in accordance with the Department for Education's statutory guidance on allergy safety in schools and the Department for Education's Allergy Safety Policy Template.

The Trust recognises that allergies can range from mild reactions to life-threatening anaphylaxis. We are committed to:

- Creating an allergy-aware environment.
- Minimising exposure to known allergens.
- Ensuring effective identification and support for individuals with allergies.
- Providing staff with appropriate allergy awareness and emergency response training.
- Supporting full participation in school life, educational visits and extracurricular activities.
- Maintaining robust emergency procedures, including the use of prescribed and spare adrenaline devices.

The Trust will not adopt a "nut-free" approach as a sole control measure. Instead, schools will operate an "allergy-aware" approach focused on risk reduction, education and emergency preparedness.

Scope

This policy applies to:

- All schools within The Rose Learning Trust
- Pupils
- Employees
- Volunteers
- Agency and supply staff
- Contractors with pupil-facing responsibilities e.g. Breakfast clubs, after-school clubs, wraparound care
- Vistors

2. Roles and responsibilities

Trust Board

The Trust board will:

- Ensure compliance with statutory allergy safety requirements
- Receive all reports on significant allergy-related incidents and near misses

- Ensure this policy is reviewed annually
- Ensure the policy is approved and published

Local Governing Bodies

Governors will:

- Monitor implementation across its schools
- Receive regular reports of incidents and near misses

Headteachers

Headteachers will:

- Implement this policy within their school.
- Ensure appropriate staffing, training and resources.
- Maintain oversight of allergy management arrangements.
- Ensure Individual Healthcare Plans (IHPs) are in place where required.

Staff

All staff are responsible for:

- Following this policy and school procedures.
- Attending required allergy awareness training.
- Understanding emergency response procedures.
- Taking reasonable steps to minimise exposure to allergens.
- Reporting concerns, incidents and near misses.

Allergy Safety Lead

Each school will appoint a member of the **Senior Leadership Team** as the Allergy Safety Lead and is listed in Appendix A of this policy

The Allergy Safety Lead will:

- Coordinate allergy arrangements
- Maintain allergy records
- Monitor staff training
- Oversee emergency medication arrangements
- Lead reviews following incidents and near misses
- Act as the primary point of contact for allergy safety
- Provide details or incidents and near misses for the Local Governing Body

Parents / Carers

Parents/Carers will:

- Notify the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keep the school up to date with their child's medical information.
- Provide the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raise any concerns they may have about the management of their child's allergies with the classroom teacher. Inform school about their child's allergies and provide medical evidence if required.
- Provide up-to-date emergency medication and complete consent forms.
- Keep school informed of any changes.

Pupils

Pupils will:

- Ensure that they do not exchange food with other pupils.
- Avoid food which they know they are allergic to, as well as any food with unknown ingredients.
- Notify a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

Visitors / Volunteers / Contractors / Agency

- Follow school guidance on food and allergy-safe behaviour while on site.

3. Definitions

- Allergy: an immune system response to a normally harmless substance (allergen).
- Anaphylaxis: a severe, potentially life-threatening allergic reaction requiring emergency treatment.
- Adrenaline auto-injector (AAI): a pre-filled device for intramuscular administration of adrenaline (e.g., EpiPen®, Jext®, Emerade®).
- Individual Healthcare Plan (IHP): a documented plan that outlines an individual pupil's medical needs and how they will be met in school.
- Qualified staff: staff trained and assessed as competent to administer medication, including AAIs.

4. Allergy awareness training

All staff present during times when pupils are scheduled to be on site will receive allergy awareness training. This includes:

- Teaching staff
- Support staff
- Supply staff
- Agency staff
- Catering staff
- Breakfast club and after-school club staff
- Regular volunteers

It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

All staff who work when pupils are on site will receive allergy awareness and emergency response training at least annually.

Allergy awareness training will ensure all staff:

- 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 by **Kitt Medical**.

All new staff will receive allergy awareness training as part of their new staff induction and before assuming duties with pupils wherever possible.

Schools will confirm with supply staff agencies that all staff have received allergy training. If supply staff have not completed allergy training, they will be allocated training by the school, and this must be completed before

the supply posting is able to commence. Supply staff will be provided with allergy information on arrival at school.

5. Wellbeing and inclusion

The Rose Learning Trust recognises that allergies can significantly affect wellbeing and cause anxiety for pupils and families.

Schools will:

- Promote an inclusive environment.
- Reassure pupils and families regarding safety measures.
- Encourage pupil participation in all activities.
- Support pupils in developing confidence in managing their allergies.
- Consider allergy-related anxiety through pastoral support.

Bullying

Bullying related to allergies will not be tolerated.

Examples include:

- Deliberately exposing another person to an allergen
- Threatening to do so
- Mocking or excluding someone due to an allergy
- Tampering with food or medication arrangements

Such behaviour will be treated seriously under school behaviour and anti-bullying policies.

6. Minimising risk

Each school will adopt reasonable measures to minimise exposure to known allergens.

These measures include:

- Food provided by the school
- Catering providers will comply with food information regulations.
- Allergen information will be readily available
- Catering staff will receive appropriate training
- Schools will work with catering providers and parents to meet individual needs
- Measures will be used to reduce cross-contamination
- Food brought onto site

Schools will:

- Promote an allergy-aware approach
- Communicate expectations to parents and carers
- Discourage food sharing

- Require staff to consider allergen risks during celebrations and events

Curriculum Activities

Staff planning activities must consider allergens that may be present in:

- Cooking activities
- Craft materials
- Science investigations
- Food technology
- Animal interactions
- Musical and sensory activities

Alternative materials will be provided where necessary.

Airborne and Contact Allergens

Where pupils have known airborne or contact allergies, schools will implement reasonable measures to reduce exposure.

Educational Visits

Specific risk assessments will be completed for pupils affected by allergies, ensuring controls and emergency arrangements are in place.

7. Food allergy management

Schools will:

- Ensure allergen information is available for all school meals
- Meet legal requirements relating to allergen information
- Liaise with families regarding menu choices and adjustments
- Ensure reasonable adjustments are made where required
- Avoid unnecessary segregation of pupils with allergies
- Promote safe eating practices
- Establish clear expectations regarding packed lunches and food brought from home

8. Identification of Individuals with Allergies

Schools will maintain an up-to-date register of individuals with known allergies.

This will include:

- Pupils

- Relevant staff
- Visitors where appropriate

Information gathered may include:

- Known allergens
- Severity of allergy
- Prescribed medication
- Emergency contacts
- Individual Healthcare Plans
- Allergy Action Plans
- Asthma Action Plans

Schools will gather information through:

- Admission processes
- Annual data collection
- Meetings with families
- Information received from previous settings
- Notifications of new or changing medical conditions

9. Individual Healthcare Plans (IHPs)

IHPs should be written in collaboration with the pupil and their parents/carers, taking account of advice from healthcare professionals.

Schools will have named staff responsible for developing IHPs and these will be listed in Appendix A of this policy. Details of where IHPs are stored are also listed in Appendix A of this policy.

An IHP will be developed where a pupil:

- 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:

- Be developed collaboratively with parents and the pupil where appropriate
- Reference and attach Allergy and/or Asthma Action Plans
- Record support arrangements
- Detail emergency procedures
- Specify risk-reduction measures
- Be reviewed at least annually
- Be updated whenever clinical advice changes
- Be readily available in an emergency

10. Prescribed adrenaline

The Trust expects pupils prescribed adrenaline devices to have rapid access to them **at all times.** In a case of anaphylaxis, adrenaline should be administered **within five minutes**. This includes in the lunch area, playground and sports fields or when on visits or trips.

Schools will:

- Encourage pupils who are able to do so to carry their own devices where appropriate and agreed as part of their Individual Healthcare Plan (IHP).
- Where a pupil does not carry their device, schools must ensure it remains immediately accessible and can be administered without delay in an emergency. This may include devices being carried by the pupil, kept in the classroom, stored in a dedicated allergy or medical box that accompanies the pupil throughout the day, or other arrangements that ensure the device is appropriately supervised, securely stored and available **within five minutes** at all times.
- Ensure medication remains accessible throughout the school day
- Ensure devices are available during:
  - Lessons
  - Breaks and lunchtimes
  - Sporting activities
  - Educational visits
  - Travel arrangements where applicable e.g. for example at the end of the day for the journey home

Schools will:

- Maintain records of prescribed devices
- Monitor expiry dates
- Work with parents to ensure replacement devices are supplied when required

11. Spare adrenaline devices

Each school will maintain appropriately stocked spare adrenaline auto-injectors (AAIs) and emergency salbutamol inhalers in accordance with current guidance.

The trust has secured spare adrenaline devices through **Kitt Medical** and are wall mounted anaphylaxis kits that contain four AAIs. Kitt Medical will monitor expiry dates and provide replacement AAIs before the old AAIs expire and once notified, will immediately replace any AAIs that have been administered in an emergency.

However, it will remain the responsibility of the school to ensure:

- Devices are clearly labelled
- Devices are stored securely
- Devices can be accessed **within five minutes**
- Expiry dates are routinely checked and logged via the Every Compliance System

- Replacements are obtained promptly after use or expiry by notifying **Kitt Medical** via their online portal
- Appropriate disposal arrangements are in place

Some schools may maintain more than one emergency anaphylaxis kit to ensure rapid access across larger sites. Schools with large sites should consider having two pairs of "spare" devices, so that a pair of "spare" adrenaline devices are available **within five minutes** of wherever they may be needed. Where schools operate across more than one site, they should ensure there are spare adrenaline devices of the appropriate dosage on each site as required.

Appendix A of this policy will be completed by each school to detail the number of spare kits held by each school and their location.

12. Emergency Response

All staff must treat anaphylaxis as a medical emergency.

Where anaphylaxis is suspected:

1. Administer adrenaline immediately
2. Call 999 and request an ambulance
3. Inform parents/carers as soon as possible
4. Remain with the individual
5. Follow the individual's Allergy Action Plan
6. Administer a second dose if required in accordance with guidance and action plans

Staff are reminded:

If in doubt, treat for anaphylaxis and administer adrenaline.

All suspected allergic reactions and anaphylactic episodes must be reported according to school procedures.

13. Visits and trips

The Rose Learning Trust is committed to ensuring pupils with allergies can participate fully in educational visits.

Schools will:

- Complete individual risk assessments prior to the visit taking place
- Ensure access to prescribed medication
- Ensure trained staff are present
- Liaise with venues and providers regarding allergen management
- Consider emergency service accessibility

- Ensure contingency plans are documented
- Have a dedicated staff member to carry spare adrenaline devices on trips
- Brief all adults accompanying the trip on allergy procedures

Parents will not normally be required to attend a visit as a condition of participation.

14. Serious incidents and "near misses"

All schools will maintain procedures for recording, investigating and learning from allergy-related incidents and near misses.

- 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 an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A **'near miss'** is an event relating directly to a medical condition (including 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 had circumstances been only slightly different.

Incidents and "near misses" will be recorded in the accident/incident reporting module of the Every Compliance System.

Records will include:

- Who was involved
- What happened
- Date, time and location
- Actions taken
- Outcomes
- Lessons identified

Schools will:

- Inform parents immediately *(In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child or young person is back at home. It is therefore important that the child or young person, their parents or others e.g. healthcare professionals can report that there has been an incident).*
- Review existing control measures
- Amend IHPs where necessary
- Update procedures and training as appropriate
- Provide reports to the Local Governing Body at the next scheduled meeting

The Trust will:

- Monitor incidents and near misses
- Use them to inform and amend policy arrangements where necessary
- Report incidents and near misses to trustees at the next scheduled meeting

A "no blame" learning culture will underpin investigations.

15. Information sharing and data protection

Health information is special category personal data under UK GDPR.

Schools will:

- Hold allergy information securely
- Share information only where necessary
- Ensure relevant staff have access to information needed to keep pupils safe
- Respect confidentiality while maintaining effective safeguarding arrangements

Information may be shared with:

- Relevant staff
- Catering providers
- Visit leaders
- Healthcare professionals where appropriate

16. Raising Awareness

This policy will be:

- Published on school websites
- Available to parents upon request
- Included within staff induction
- Referenced during annual training

Schools will promote allergy awareness amongst pupils through age-appropriate education and pastoral activities.

17. Monitoring and Review

This policy will be reviewed annually by The Rose Learning Trust or sooner where:

- Legislation changes.
- DfE guidance changes.
- A serious incident or near miss identifies areas for improvement.
- Significant operational changes occur.

The Trust Board will receive assurance that allergy safety arrangements are effectively implemented across all schools.

Appendix A – School Local Arrangements

School Name	Scawby Academy
Date Appendix Completed/Reviewed	26/08/26
Allergy Safety Lead	Zoe Birchall
Names of staff responsible for completing IHP's	Zoe Birchall, Anthony Wells, Victoria Foster
Location of IHP's	School Office
Number of spare adrenaline devices and dosages held in school	2 adult and 2 child devices
Location of spare adrenaline devices (List each one individually)	Outside staffroom
Allergy register location	School office and on school MIS accessible to all staff
Names of school staff to be contacted in an emergency	Zoe Birchall, Anthony Wells
Local catering provider arrangements	Dolce – collect details of children who have allergies and these are recorded on their online system. Meals cannot be ordered if it contains ingredients that the child is allergic to. This is built into their system.
Educational visit procedures	Epipens are taken on visits if a child has allergies. For trips involving large amounts of children where no allergy is recorded; epipens will be taken on the visit. This will be risk assessed.
Communication arrangements for contacting parents	Telephone/Email – available on Arbor for teachers, office staff and SLT.
Any other important information relevant to school procedures	

Appendix B – Individual Health Care Plan

Source: Department for Education - July 2026
https://assets.publishing.service.gov.uk/media/6a4b6468e50f952c9b89e584/Individual_Healthcare_Plan_template_4_July_2026.docx

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.*	
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*	
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*	
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*	
Visits and trips: • *Give details of any arrangements or procedures which may be required for school trips or*	

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other activities outside of the normal timetable that will ensure the child can participate. Note any requirement for a risk assessment and prompts for specific issues which should be considered.	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

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https://assets.publishing.service.gov.uk/media/6a4b6468e50f952c9b89e584/Individual_Healthcare_Plan_template_4_July_2026.docx

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: Attach any Action Plan to the IHP for use in an emergency. Note which healthcare professional issued the plan, their role and the date issued.	
Issued by:	**Date:**
Care Plan: Note where any relevant care plan can be found. Note who staff are responsible for delivering / supporting delivery of the care plan.	
Parental consent:	**Date:**

Non-prescription medication: Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting. Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.	
Prescribed by:	**Date:**
Parental consent:	**Date:**
Prescription medication: Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline). Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access. Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.	
Prescribed by:	**Date:**
Parental consent:	**Date:**
Use of "spare" adrenaline devices: Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.	
Parental consent:	**Date:**
Use of "spare" salbutamol inhaler: If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.	
Parental consent:	**Date:**

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Note which healthcare professional issued the plan, their role and the date issued.	
Date:	**Date:**