Allergens Policy

Allergy Safety and Anaphylaxis Management

Document Control

Version	Author	Summary of Changes	Approved By	Date Published	Date of Review
1	CEM	New policy	CEO	Sept 2026	Sept 2027

Contents

1. Purpose and Principles

Leger Education Trust is committed to ensuring that pupils and students with allergies are safe, included and able to participate fully in school life. Allergy can range from mild symptoms to anaphylaxis, a potentially fatal reaction requiring an immediate emergency response.

This policy establishes a consistent Trust-wide approach to identifying and reducing allergy-related risk, supporting individual pupils/students, managing food safely, ensuring rapid access to emergency medication, responding to allergic reactions, training staff, and learning from incidents and near misses.

The Trust will apply the following principles:

- Allergy safety is a whole-school responsibility and is not limited to mealtimes or to pupils/students already known to have an allergy.
- Risk will be reduced through proportionate, individualised and practical controls rather than through unrealistic claims that a school is completely "allergen-free".
- Pupils/students with allergies will not be unnecessarily segregated, stigmatised or excluded from lessons, meals, trips, sport, clubs or wider school life.
- Action plans, emergency medication and trained adults must be available wherever a pupil may reasonably need them.
- Pupils/students will be supported to take increasing responsibility for their allergy management according to age, understanding, competence and individual need, without removing the school's duty to provide support.
- Parents, pupils/students **and relevant healthcare professionals** will be involved in planning and reviewing support.
- Serious incidents and near misses will be recorded, investigated in a learning-focused manner and used to improve systems.

2. Scope and Definitions

Who this policy covers: this policy applies to every Leger Education Trust school and to all pupils/students attending Trust provision, including school-based early years, primary, secondary, special, alternative provision and sixth-form/post-16 provision. It applies during the school day, breakfast and after-school clubs, supervised activities, educational visits and residentials, sports fixtures, work-related learning arranged by the school, and other school-organised activities.

All-age application. The July 2026 DfE allergy safety guidance has a narrower formal statutory scope for some types of provision. LET nevertheless adopts its core safety expectations as a minimum standard across all Trust provision. EYFS provision must additionally comply with the EYFS statutory framework, and post-16 provision must meet any sector-specific duties that apply.

3. Key Terms

Term	Meaning
Allergy	An immune system reaction to a substance that is usually harmless, such as a food, insect venom, medicine, latex, animal dander or airborne allergen.
Allergen	A substance capable of triggering an allergic reaction in a susceptible person.
Anaphylaxis	A severe, potentially life-threatening allergic reaction affecting Airway, Breathing and/or Circulation (ABC).
Adrenaline device (AD)	A prescribed device for emergency treatment of anaphylaxis. This may include an adrenaline auto-injector (AAI) or another prescribed form of adrenaline device.
Adrenaline auto-injector (AAI)	A single-use injection device that delivers adrenaline. Under current arrangements, school "spare" adrenaline stock is in AAI form.
Individual Healthcare Plan (IHP)	A written plan setting out the additional or different arrangements required to support an individual pupil's medical needs safely and inclusively in school.
Allergy Action Plan	A clinically informed emergency plan specifying the pupil's allergens, symptoms and treatment. The Trust prefers nationally recognised plans produced by the British Society for Allergy and Clinical Immunology (BSACI) or an equivalent clinician-approved plan.
Near miss	An event that did not cause harm but had clear potential to cause a serious allergy-related incident.
Serious incident	An allergy-related event in which a pupil, staff member or visitor is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services are required.

Coeliac disease and food intolerances require careful dietary management but are not allergic conditions and cannot themselves cause anaphylaxis. They will be managed through the Trust/school medical conditions and catering arrangements, with equivalent care to prevent harmful exposure and cross-contamination.

4. Legal and Statutory Framework

This policy has been written for schools in England and has regard to the current legal and statutory framework, in particular:

- Department for Education, Allergy safety in schools: statutory guidance (July 2026).
- Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, including the requirement for relevant schools to have, publish and keep an allergy safety policy under review.
- Department for Education, supporting pupils/students with medical conditions at school (which remains in force pending further update).
- Department of Health and Social Care guidance on using emergency adrenaline auto-injectors in schools, together with the Human Medicines Regulations 2012 as amended.

- The Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019, including allergen-information requirements for prepacked for direct sale food.
- The Equality Act 2010, including duties relating to disability and reasonable adjustments, where applicable.
- Health and Safety at Work etc. Act 1974 and the common-law duty of care.
- The Education Act 2002 safeguarding duties and current Keeping Children Safe in Education guidance where applicable.
- The Early Years Foundation Stage statutory framework for young children in EYFS provision.
- The UK GDPR and Data Protection Act 2018 in relation to health information, photographs and other special-category personal data.
- Where regulations or statutory guidance are updated, the Trust will review this policy promptly. Local procedures must always follow the most recent manufacturer instructions and current clinical guidance for any medication or device.

5. Governance, Leadership and Responsibilities

Board of Trustees

- Approves the Trust Allergens Policy and ensures it is reviewed at least annually.
- Ensures allergy-related risks are reflected in Trust risk management and receives assurance about implementation, training and serious incidents.
- Ensures sufficient resources and governance arrangements are in place to meet the Trust standard across all schools.

Chief Executive Officer / Delegated Executive Lead

- Provides Trust-wide leadership and ensures schools implement this policy consistently.
- Ensures Trust systems support annual assurance, incident escalation, procurement and learning across schools.
- Ensures any changes in legislation, statutory guidance or national safety advice are reflected in Trust arrangements.

Headteacher

- Is accountable for local implementation and for ensuring that suitable arrangements are in place for every pupil who needs allergy support.
- Appoints a senior Allergy Safety Lead and ensures sufficiently trained staff are available at all relevant times and activities.
- Ensures local arrangements in Appendix 1 are complete, current, understood by staff and reviewed whenever circumstances change.
- Decides, with parents, the pupil **and relevant healthcare professionals**, whether an IHP is required and ensures it is implemented.

School Allergy Safety Lead/Medical Lead

- Coordinates the school's allergy-safety arrangements and maintains the local implementation schedule.
- Maintains oversight of the allergy register, IHPs and Allergy/Asthma Action Plans and ensures information is accessible to staff who need it.
- Ensures annual allergy awareness and emergency response training is completed and recorded, including induction arrangements for new, temporary and supply staff.
- Coordinates risk assessment for allergy-sensitive activities and ensures trips/visits are planned inclusively.
- Ensures prescribed and spare emergency medication is stored correctly, readily accessible and checked as required.
- Records and reviews serious incidents and near misses, implements learning and escalates matters through Trust procedures.

- Promotes allergy awareness and works with catering, pastoral, safeguarding and first-aid leads.

Named medication-check staff

- Each school will identify at least two named members of staff to check school-held spare AAIs and other designated emergency stock at least monthly, record the checks and arrange timely replacement before expiry.
- Prescribed pupil medication will also be monitored locally so that expiry concerns are identified early, while parents retain responsibility for supplying in-date prescribed medication.

All pupil-facing staff

- Know how to recognise mild/moderate allergic reactions and anaphylaxis and how to summon emergency help.
- Know which pupils/students in their care have known allergies and what relevant adjustments or emergency arrangements apply.
- Take reasonable steps to reduce exposure to known allergens and follow IHPs and action plans.
- Know where emergency medication is kept and do not create delays by sending an unwell pupil to collect it.
- Report allergic reactions, medication use, errors and near misses promptly.

Catering staff and catering providers

- Comply with food-allergen legislation and Trust/school procedures for allergen information, ingredient changes, preparation, service and cross-contamination controls.
- Use robust, non-stigmatising systems to identify pupils/students with food allergies and their agreed meals.
- Escalate any uncertainty about ingredients, substitutions or contamination before food is served.

Parents

- Provide accurate, current information about allergies, previous reactions, asthma and medication and tell the school promptly when this changes.
- Provide the school with the pupil's current Allergy/Asthma Action Plan and prescribed medication, including two in-date AAIs where these are prescribed, unless a clinician has specified otherwise.
- Work with the school **and healthcare professionals** to develop and review the IHP when required.
- Follow school rules on food brought into school and communicate with staff before events involving food where individual arrangements are needed.

Pupils/Students

- Pupils/students will be involved according to age, understanding and competence. They are encouraged to recognise their symptoms, tell an adult immediately if they feel unwell or may have been exposed to an allergen, avoid sharing food or medication, and follow their action plan.
- Older and competent pupils/students may carry and self-administer their prescribed emergency medication, but staff must remain able to assist if the pupil/student cannot do so.

6. Identifying Pupils/Students at Risk and Maintaining Records

Schools will identify allergy and asthma needs proactively rather than relying only on a diagnosis being volunteered after a problem occurs.

- Before admission or the start of a new school year, parents will be asked to confirm current medical, allergy, asthma and dietary information and the medication carried or required.
- For mid-year admissions or a newly identified allergy, interim safe arrangements will be put in place immediately and full arrangements completed as soon as reasonably possible, normally within two weeks.

- Information will be checked at least annually and whenever a pupil's condition, treatment, weight-dependent medication, prescribed device or level of independence changes.
- Transition information will be obtained from the previous setting and shared with the receiving setting in line with data-protection requirements.
- Where appropriate, staff and planned visitors will be invited to disclose relevant allergies so that proportionate workplace/visit arrangements can be made.

7. Allergy Register

Each school will maintain an up-to-date allergy register that can be accessed rapidly by authorised staff. It should include, as relevant, the pupil's/student's known allergens, known risk factors for anaphylaxis, prescribed medication/device and dose, location of medication, emergency plan status, relevant asthma information and an appropriate identification method. Photographs may be used where necessary and lawful, subject to the Trust's data-protection arrangements.

Information must be available where it is operationally needed, including to catering and trip staff, while access is limited to those who need the information to keep the pupil/student safe.

8. Individual Healthcare Plans and Allergy/Asthma Action Plans

When an IHP is required

An IHP should be used where a pupil's allergy has a functional impact in school, places the pupil at risk of harm, or requires arrangements that are additional to or different from ordinary school arrangements. A formal diagnosis is not always necessary before proportionate support is put in place where symptoms and risk require action.

The Headteacher or Medical Lead, in discussion with the pupil/student, parents **and relevant healthcare professional**, will determine whether an IHP is needed. The IHP will identify who does what, when and how, including emergency arrangements and reasonable adjustments.

Allergy and asthma action plans

- Pupils/students with a known food or insect-sting allergy should have a current **clinician-approved** Allergy Action Plan.
- Pupils/students with asthma should have a current Asthma Action Plan.
- Action plans should be attached to, or form part of, the IHP and kept with or immediately accessible alongside emergency medication.
- Whenever an action plan changes, the IHP and school register must be reviewed.

Review and transition

IHPs will be reviewed at least annually and sooner following a change in need, treatment, medication, a significant incident or near miss, or at the request of the pupil/parent/healthcare professional. Transition between classes, phases, sites, schools or post-16 provision will be planned in advance so that support is continuous from the pupil's first day in the new setting.

9. Age-Appropriate Self-Management and Access to Medication

The Trust uses an individualised approach to independence. Age alone does not determine whether a pupil can safely self-manage, and staff must not assume that older pupils/students need no support.

Phase	Trust expectation
EYFS and younger pupils	Adults will take the lead in recognising risk, supervising food and activities, and ensuring emergency medication is immediately accessible to trained adults. Medication must be safely stored but never in a way that causes delay.
Primary-aged pupils	Pupils will be taught age-appropriate awareness and may take increasing responsibility where their competence and IHP support this. Staff supervision and rapid access to medication remain essential.
Secondary-aged students	Competent students should be supported to carry their prescribed adrenaline devices and inhalers and to self-administer where appropriate. Staff must still know the emergency plan and be prepared to administer medication if the pupil is unable to do so.
Sixth-form/post-16 students	The presumption is increasing autonomy, subject to the individual's competence and plan. The school remains responsible for safe systems, access to emergency help, staff awareness and reasonable support while the pupil is participating in school-organised activity.

10. Risk Assessment and Minimising Exposure

Schools will take reasonable and proportionate steps to reduce known allergy risks. Controls will be informed by the individual pupil's allergy, route of exposure, severity/history, age and competence, and the activity or environment involved.

Individual and activity risk assessment

- A specific allergy risk assessment will be completed where a pupil at risk of a significant reaction is involved in an activity with foreseeable exposure risk. Examples include:
- Food technology, cooking, tasting or hospitality activities.
- Science experiments or practical demonstrations involving food, latex, chemicals, animals or other known triggers.
- Art, craft or sensory activities using food packaging, play materials, glues, balloons or natural materials.
- Animal handling, farms, petting zoos and activities involving animal dander.
- Outdoor activities where insect stings are a known risk.
- PE, swimming, sports fixtures and exercise where allergy/asthma triggers are relevant.
- Educational visits, residentials, travel and external venues.
- Celebrations, cultural events, fundraising, fairs or other events involving food.

Everyday controls

- Pupils/students and staff are encouraged to wash hands before and after eating and after contact with identified allergens where relevant.
- Food, drinks, utensils and containers should not be shared where this could create an allergy risk.
- Named bottles and lunchboxes should be used where needed and allergy-safe meals clearly identified through agreed systems.

- Food preparation and eating areas will be cleaned using appropriate methods to reduce cross-contact.
- Ingredient labels will be checked every time; staff will not assume a familiar product is unchanged.
- Where a planned activity presents an avoidable risk, the school will first consider a safer alternative for the whole group rather than excluding the allergic pupil.

"Allergen-free" and nut-free approaches

The Trust adopts an "allergy-aware" approach. Schools will not claim to be completely allergen-free because this can create false reassurance and is rarely possible to guarantee. A school may restrict a specific food or allergen where an individual risk assessment indicates that this is proportionate control, but such a restriction does not replace staff training, safe food systems, individual plans or emergency preparedness.

11. Food Provision, Catering and Food Brought Into School

School food provision must comply with food-allergen law and support pupils/students' medical and dietary needs. Catering arrangements must be capable of providing safe, appropriate options for pupils/students with food allergy.

Allergen information and ingredient control

- Allergen information for the 14 regulated allergens will be available in accordance with legal requirements, including requirements for prepacked for direct sale food.
- Ingredient and allergen information will be checked when suppliers, brands, recipes or menu items change.
- Precautionary allergen labelling such as "may contain" will be managed according to the pupil's IHP/action plan and clinical advice rather than by assumption.
- Parents and pupils/students will be able to discuss allergy-safe meal arrangements with appropriate catering contact.

Cross-contact and meal identification

- Catering staff will use documented controls for preparation, storage, utensils, cleaning, service and substitutions to reduce allergen cross-contact.
- At least two robust, age-appropriate identification checks should be used when serving pupils/students who require an allergy-safe meal, for example a verified pupil list/photo system plus direct verbal or electronic confirmation.
- Identification methods must be discreet and must not unnecessarily stigmatise or segregate the pupil.
- If staff are uncertain whether a meal or product is safe, it must not be served until the uncertainty is resolved.

Food brought into school

Each school will publish clear expectations for food brought from home, celebrations and shared treats. Sharing food is discouraged where allergy risk is present. For EYFS and younger primary pupils, no unplanned food should be given to a pupil with a food allergy without checking the agreed arrangements and, where required by the IHP/local procedure, parental engagement or permission. Additional detail is within the Allergen Management Policy.

12. Adrenaline Devices and Emergency Medicines

Prescribed adrenaline devices

- Pupils/students prescribed adrenaline should have rapid access to their own prescribed device(s) at all times while under school supervision, including lessons, breaks, dining, PE, clubs and trips.
- Two in-date prescribed AAIs should normally be available where AAIs are prescribed, unless the treating clinician has specified otherwise or the prescribed emergency device is of another type.
- Competent pupils/students are encouraged to carry their own prescribed devices. Where this is not appropriate, medication will be stored in a clearly identified location that is not locked away and can be reached without avoidable delay.

- Prescribed medication will be labelled and accompanied by the current action plan. Staff will bring emergency medication to the pupil; a pupil experiencing a reaction must not be sent to fetch it.
- Adrenaline devices will be stored at room temperature and protected from direct sunlight and temperature extremes, in line with manufacturer instructions.

Trust requirement for spare AAIs

All Trust schools that are legally permitted to purchase and hold spare AAIs will do so. Spare AAIs are a back-up and do not replace a pupil's prescribed medication. The quantity, strength(s), brand and storage locations will be determined locally using current DHSC/DfE guidance, the age and needs of the pupil population, site size and the need for a pair of devices to be rapidly accessible.

- Spare AAIs will be kept in clearly labelled emergency containers, separate from named pupil medication, unlocked and accessible to staff who may need them.
- On larger or split sites, storage points will be arranged so a pair of spare AAIs can be obtained without avoidable delay.
- At least two named staff will check spare stock at least monthly for presence, integrity and expiry and arrange replacement in good time.
- If the law or regulations change to extend or alter spare-adrenaline requirements, the school will follow the updated requirements.

Other prescribed adrenaline devices

Where a pupil is prescribed a non-injectable adrenaline device, staff will be trained in that specific device and follow the pupil's action plan. Current national arrangements for school spare stock should be checked before any school attempts to purchase a non-injectable device as spare stock.

Asthma inhalers

Where allergy and asthma coexist, the pupil's reliever inhaler must be readily accessible. Schools may hold an emergency salbutamol inhaler in accordance with current DHSC guidance and consent requirements. A breathing problem in a pupil with known food allergy may be anaphylaxis rather than "just asthma"; staff must follow the pupil's plans and emergency training.

Disposal and expiry

Used AAIs are single-use devices and will be handed to ambulance staff where appropriate or disposed of as sharps in accordance with manufacturer instructions and local clinical-waste arrangements. Expired prescribed medication will be returned to parents for appropriate disposal unless other lawful arrangements apply. Expiry checks must be especially careful after school holidays or long closures.

13. Responding to an Allergic Reaction and Anaphylaxis

Mild to moderate allergic reaction

Staff will follow the pupil's Allergy Action Plan. Where antihistamine or other medication is prescribed for mild/moderate symptoms, it will be given as directed. The pupil will remain under close observation because symptoms can worsen. The DfE guidance advises monitoring after an allergic reaction; the school will follow current guidance and the individual plan.

Suspected anaphylaxis

Emergency rule. Anaphylaxis is a medical emergency. If Airway, Breathing or Circulation symptoms are present, give adrenaline without delay in accordance with the action plan/device instructions and call 999. Do not wait for a rash or for symptoms to become more severe.

1. Keep the pupil where they are, call for help and do not leave them alone.
2. Position safely: lie flat with legs raised where possible. If breathing is difficult, allow the pupil to sit up/propped up as needed, but do not allow them to stand or walk.

3. Give the prescribed adrenaline device immediately, or a school spare AAI where appropriate under current law/guidance. Note the time.
4. Call 999 and state clearly that anaphylaxis is suspected/occurring. Follow the emergency operator's instructions.
5. If symptoms have not improved after 5 minutes, give a second dose of adrenaline using a second device.
6. If there are no signs of life, begin CPR and use an AED if available, in line with emergency training.
7. Contact the parent/carer as soon as practicable after emergency treatment is underway. For older pupils/students, follow the incident-reporting and consent arrangements in section 15.
8. Any person treated for anaphylaxis or given emergency adrenaline must be assessed by emergency healthcare services and should be taken to hospital for observation in line with clinical advice.

Appendix 2 provides a concise emergency protocol for display and local training. The pupil's individual Allergy Action Plan always takes priority where it gives specific clinically informed instructions.

14. Curriculum, Sport, Clubs, Visits, Residentials and Transport

Pupils/students with allergies must have equitable access to school life. The school will plan ahead rather than relying on parents to attend in order to make an activity possible.

- Trip and activity planning will consider known allergens, food provision, travel, emergency response, mobile-phone coverage/communications, distance to healthcare and storage/access to medication.
- Relevant staff will receive the necessary allergy information and training before the activity.
- Prescribed emergency medication and the relevant action plan will accompany the pupil and be readily accessible, not packed away in luggage or a vehicle that may be separated from the group.
- At least one accompanying adult will be competent to respond to anaphylaxis and administer the pupil's prescribed emergency medication; staffing will be sufficient to maintain safety if an emergency occurs.
- Spare AAIs will be taken off site where permitted and appropriate under current guidance and the school's local procedure.
- For residential visits, the venue and caterer will be informed in advance and arrangements verified before departure.
- If prescribed emergency medication is unexpectedly missing at departure, staff will take immediate reasonable steps to obtain/recover it and assess whether the activity can proceed safely. Exclusion will not be the automatic response; any decision not to proceed must be based on an individual safety assessment and documented.

Sport and exercise

Medication required for allergy and asthma must be available at the sports hall, field, pool or external venue. PE/sports staff must know the relevant plans. Where exercise is a known trigger, the pupil's IHP will specify additional precautions. Pupils/students will not be excluded from sport solely because of allergy where reasonable planning can make participation safe.

School transport

Where transport is arranged or commissioned by the Trust/school, relevant allergy information and emergency arrangements will be considered in planning and shared with the transport provider where necessary and lawful. Medication must remain accessible to the pupil or responsible adult during the journey.

15. Training, Drills and Allergy Awareness

Mandatory Trust training standard

All staff who are expected to be present when pupils/students are on site or who supervise pupils/students on school-organised activities will receive allergy-awareness and emergency-response training at least annually. This includes permanent and temporary staff, supply teachers, agency staff, peripatetic staff,

relevant volunteers, catering staff and staff supervising breakfast/after-school provision. New starters must complete training as part of induction before undertaking unsupervised pupil-facing duties where practicable.

Training will cover:

- common allergic conditions, allergens and routes of exposure;
- difference between allergy, anaphylaxis, asthma, coeliac disease and food intolerance;
- recognition of mild/moderate reactions and ABC signs of anaphylaxis;
- immediate emergency actions, including when to call 999 and safe positioning;
- location and correct use of prescribed and spare emergency medication, including practical familiarity with trainer devices;
- use of Allergy/Asthma Action Plans and relevant IHP information;
- food and activity risk reduction and the responsibilities of different staff roles;
- wellbeing, inclusion and allergy-related bullying;
- recording and reporting reactions, medication use, incidents and near misses.

First-aid training alone is not treated as a substitute for allergy-specific training. Training records will be retained in accordance with Trust procedures.

Practical drills

Each school will carry out an allergy/anaphylaxis response drill at least annually. The drill should test recognition, communication, access to medication, response roles and emergency calling. Learning from the drill will be recorded and used to improve local arrangements.

Pupil awareness

Schools will teach age-appropriate allergy awareness so pupils/students understand why food and medication should not be shared, how to support peers and why allergy-related teasing or deliberate exposure is dangerous. Awareness activities must avoid singling out individual pupils/students unnecessarily.

16. Inclusion, Wellbeing, Safeguarding and Bullying

Allergy can affect confidence, participation, attendance and emotional wellbeing. The Trust will support pupils/students so that allergy management does not become a barrier to education or social inclusion.

- Pupils/students will not be segregated at mealtimes or excluded from activities unless an individual clinical or risk-assessment reason makes a specific adjustment necessary.
- Staff will not assume that a pupil is "being difficult" when they question whether food or an activity is safe.
- Pastoral staff will provide reassurance and check-ins where allergy-related anxiety is affecting the pupil.
- Allergy-related bullying, threats, deliberate contamination or deliberate exposure to a known allergen will be treated seriously under the Behaviour and Safeguarding policies.
- Following a serious incident or near miss, support will be offered to the pupil, family, witnesses and staff involved in the response.

Where a severe allergy amounts to a disability under the Equality Act 2010, the school will meet its duties to avoid discrimination and make reasonable adjustments. Even where the legal definition of disability is not met, the Trust will continue to provide proportionate medical support and reasonable safety measures.

17. Serious Incidents, Near Misses and Learning

Recording

All serious allergy-related incidents and near misses will be recorded as soon as reasonably practicable using the school/Trust incident system, MediTracker. The record should capture who was affected, what happened, where and when, known causes or contributing factors, actions taken, medication used, whether emergency services attended, and the outcome.

Reporting and communication

- Parents of pupils/students aged under 16 will be informed as soon as practicable. The Trust uses a system called MediTracker. For students aged 16 or over, the school will take account of the young person's capacity, confidentiality and the DfE guidance on agreement to parental notification, while always acting to protect life and safety.
- The Headteacher, Allergy Safety Lead and appropriate Trust executive/health-and-safety lead will be informed in accordance with the Trust incident-reporting procedure.
- Where the incident meets statutory reporting criteria, the school/Trust will make any required report to the Health and Safety Executive, local authority food-safety team or other relevant body.
- Where an incident concerns the content or delivery of a healthcare/action plan, the relevant healthcare professional will be informed where appropriate.

Learning review

Reviews will be carried out in a learning-focused, no-blame manner. The school will consider whether changes are needed to the individual IHP/action plan, catering controls, medication access, training, supervision, activity risk assessment or this policy. Significant learning will be shared across the Trust where it may prevent recurrence elsewhere.

18. Information Sharing and Data Protection

Information about allergy and other health conditions is special-category personal data. Schools will process and share it only where there is a lawful basis and a genuine need to keep the pupil or others safe, in accordance with the Trust Data Protection Policy and privacy notices.

- Relevant staff must have sufficient information to act safely; confidentiality must not be used in a way that creates avoidable emergency risk.
- Information shared with catering providers, trip venues, transport providers or contractors will be limited to what is necessary for the task and handled securely.
- Allergy registers, IHPs and action plans will be stored securely but must remain rapidly accessible to authorised staff in an emergency.
- Pupil photographs used for safe identification will be managed lawfully and securely and reviewed for necessity and accuracy.

19. Monitoring, Assurance, Publication and Review

School assurance

Each Headteacher will provide annual assurance through the Trust's governance process that the school has: a named Allergy Safety Lead; current allergy register/IHPs/action plans; suitable prescribed and spare medication arrangements; annual staff training and drills; safe catering systems; local implementation information; and a process for incident learning.

Publication and communication

This Trust policy will be published on the Trust website and made available through each school's website or clearly linked from it. Schools will communicate the policy to staff, pupils/students and parents and ensure that local operational information is available to those who need it. Staff will be reminded of the policy through annual training and induction.

Review

The Board of Trustees will ensure the policy is reviewed at least annually. An earlier review will take place where there is a serious incident or near miss, a material change in law or statutory guidance, a national medication/device safety alert, or evidence from audits/drills that arrangements need strengthening.

18. Related Trust Policies and Procedures

- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- First Aid Policy / procedures
- Safeguarding and Child Protection Policy
- Behaviour and Anti-Bullying Policy
- Educational Visits Policy
- Food / Catering Policy and food-safety procedures
- Data Protection Policy and Privacy Notices
- Equality Policy / Accessibility Plan
- EYFS medication and safer-eating procedures
- Attendance Policy
- Incident reporting and RIDDOR procedure
- Business continuity / emergency response arrangements

Key national references used in developing this policy

- Department for Education (2026), Allergy safety in schools: statutory guidance.
- Department for Education, Supporting pupils with medical conditions at school.
- Department of Health and Social Care, Guidance on the use of emergency adrenaline auto-injectors in schools.
- Department for Education / Food Standards Agency guidance on food allergens and school food.
- British Society for Allergy and Clinical Immunology (BSACI), paediatric Allergy Action Plans.
- Anaphylaxis UK and Allergy UK, model policy and school allergy-management resources.

Appendix 1. School-local implementation schedule

Each school must complete this schedule and review it at least annually and whenever staffing, site arrangements, catering provision or pupil needs to materially change. It may be held as a controlled local annex to the Trust policy.

Local requirement	School arrangement
School	Castle Hills Primary Academy
Headteacher/Principal	Mr N Harris
Allergy Safety Lead (SLT)	Mr N Harris
Deputy/cover Allergy Safety Lead	Miss K Parkinson
Named staff responsible for monthly spare AAI checks	1. Miss K Parkinson 2. Mr N Harris
Allergy register location/access route	Medical tracker
IHP/Action Plan storage/access	Medical tracker
Prescribed medication storage points	In classrooms accessible by student. Fridge medication held in reception
Spare AAI storage points	Reception (0.3mg), KS1 dinner hall (0.15mg)
Spare AAI stock profile	EpiPen Jr, Adrenaline Auto-injector 0.15 EpiPen, Adrenaline Auto-injector 0.3
Emergency asthma inhaler location (if held)	Main Office Corridor, KS1 Office
Catering provider / manager	OCS
System used to identify allergy-safe meals	School grid
Clinical waste / sharps disposal route	Site Manager's Office
First aid / emergency response point	Main office
Annual allergy training month / provider	Flick Learning – August High Speed Training
Annual anaphylaxis drill month	Termly
Trust incident escalation route	Medical tracker
Arrangements for trips / off-site spare AAIs	Spare in portable storage – Located in main office until needed.
School-specific food brought-in rules	Kitchen remains nut free.
Date schedule last checked	9/9/26

Appendix 2. Emergency Response: Suspected Anaphylaxis

ANAPHYLAXIS = ABC. Treat as anaphylaxis if there is a severe or rapidly worsening problem affecting AIRWAY, BREATHING or CIRCULATION. A rash may be absent.

ABC sign	Examples
AIRWAY	Throat/tongue swelling, difficulty swallowing or speaking, hoarse voice, throat tightness.
BREATHING	Difficult/noisy breathing, wheeze, persistent cough, marked breathlessness.
CIRCULATION	Dizziness/faintness, collapse, pale/clammy appearance, sudden floppiness in a young child, loss of consciousness.

Act immediately

1. Keep the pupil where they are, call for help and do not leave them alone.
2. Position safely: lie flat with legs raised where possible. If breathing is difficult, allow the pupil to sit up/propped up as needed, but do not allow them to stand or walk.
3. Give the prescribed adrenaline device immediately, or a school spare AAI where appropriate under current law/guidance. Note the time.
4. Call 999 and state clearly that anaphylaxis is suspected/occurring. Follow the emergency operator's instructions.
5. If symptoms have not improved after 5 minutes, give a second dose of adrenaline using a second device.
6. If there are no signs of life, begin CPR and use an AED if available, in line with emergency training.
7. Contact the parent/carer as soon as practicable after emergency treatment is underway. For older pupils/students, follow the incident-reporting and consent arrangements in section 15.
8. Any person treated for anaphylaxis or given emergency adrenaline must be assessed by emergency healthcare services and should be taken to hospital for observation in line with clinical advice.

Do not delay. Bring the medication to the pupil. Do not make a pupil who may be having anaphylaxis stand, walk or go to another room to collect medication. Follow the individual Allergy Action Plan and the instructions on the prescribed device.

Appendix 3. Allergy Risk-Assessment Prompts

Use these prompts when an individual pupil or activity requires a specific allergy risk assessment. The assessment should be proportionate and linked to the pupil's IHP/action plan.

Area	Prompt questions
Person and condition	What is the known/suspected allergen? What reaction history is known? Is asthma present? What is the pupil's age, competence and ability to communicate symptoms?
Exposure route	Is risk from ingestion, sting, medicine, contact or airborne exposure? What amount/contact is clinically relevant?
Activity/environment	What ingredients, animals, plants, latex, chemicals, sensory materials, food packaging, cooking, sport, travel or outdoor conditions are involved?
Prevention	Can the allergen be removed/substituted for everyone? What cleaning, handwashing, labelling, separation of utensils or supervision is needed?
Food	How will ingredients be verified? Who has checked allergen information? What cross-contact controls and meal-identification checks will be used?
Emergency medication	Where are the pupil's prescribed devices? Are two devices available where applicable? Is a school spare AAI available? Can medication be reached rapidly from the activity location?
People	Which staff need to know? Who is trained to administer emergency medication? Is cover adequate if the lead adult must accompany the pupil to hospital?
Communication	How will the pupil, parents, catering team, venue, transport provider and relevant staff be briefed?
Emergency response	How will 999 be called? What is the exact location/address? Is mobile signal reliable? How will emergency services reach the group?
Inclusion	Can the activity be adapted for the whole group so the pupil participates safely? What reasonable adjustment is needed?
Review	What changed after the activity, incident or near miss? Does the IHP or local procedure need updating?

Appendix 4. Trust Compliance Checklist

This checklist consolidates the policy areas highlighted in the DfE statutory guidance and allergy-safety checklist. It can be used for annual school assurance.

✓	Area	Evidence / assurance
☐	**Leadership and publication**	Named senior Allergy Safety Lead; policy communicated to staff/pupils/students/parents and published; local schedule current.
☐	**Identification**	Reliable process to identify pupils/students, staff and relevant visitors with allergies; allergy register accurate and accessible.
☐	**IHPs and action plans**	Pupils/students needing additional/different arrangements have an IHP; food/insect allergy and asthma action plans are current and linked to the IHP.
☐	**Training**	All relevant staff complete allergy awareness and emergency-response training at least annually; induction and supply/cover arrangements in place; practical device training and annual drill completed.
☐	**Minimising risk**	Individual/activity risk assessments completed where needed; hygiene, curriculum, animal, insect-sting and environmental controls in place.
☐	**Food allergy**	Catering complies with allergen-information requirements; ingredient changes and cross-contact controlled; robust non-stigmatising meal identification system operating.
☐	**Prescribed medication**	Rapid access to prescribed adrenaline devices and inhalers at all times, including trips and sport; storage appropriate and not locked away.
☐	**Spare emergency medication**	Spare AAIs stocked where legally permitted; appropriate strengths/quantities; kept in pairs and accessible; monthly checks documented. Emergency asthma inhaler arrangements compliant where held.
☐	**Visits and trips**	Pupils/students with allergies included; risk assessed; medication/action plans accessible; trained staff and emergency arrangements in place.
☐	**Wellbeing and bullying**	Pastoral support available; allergy-related bullying or deliberate exposure addressed under behaviour/safeguarding procedures.
☐	**Incidents and near misses**	Recording, parental communication, Trust escalation, statutory reporting and learning-review processes operating.
☐	**Information sharing**	Health information shared on a need-to-know lawful basis; records secure but accessible in emergencies.
☐	**Review**	Policy, IHPs and local arrangements reviewed annually and after relevant changes/incidents.

Document control. School-specific names and operational details belong in Appendix 1. Any school-specific procedure or risk assessment must be consistent with this Trust policy and current national guidance.