Allergen and Anaphylaxis Policy

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A. Site Specific arrangements

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Note on interpretation of TLT policies

All Together Learning Trust (TLT) policies are written and intended for use at individual school level.

This means that for employees whose role involves working directly for TLT (as part of the central team) references in the policies to the Principal, Headteacher or Head of school should be interpreted throughout as relating to the Chief Executive Officer (CEO) or Executive Leadership Team member of TLT. References to the Governing Body (or Chair of Governors) should similarly be interpreted as relating to the TLT Trustee's Board (or Chair of Trustees). This is in accordance with the line managers that are designated in TLT job descriptions and the TLT Scheme of Delegations.

(Please refer to any flowcharts in the appendices of policies for further clarification).

Appendix A: Site-Specific Arrangements must be completed in full by each school and retained on file as part of the school's compliance and audit documentation.

Statement of intent

Together Learning Trust strives to ensure the safety and wellbeing of all members of our school communities. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

Schools do not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting pupils at school with medical conditions'
- Children's Wellbeing and Schools Act 2026
- DfE 'Allergy guidance for schools'
- Children's Wellbeing and Schools Bill (Benedict's Law provisions relating to allergy management and emergency adrenaline auto-injectors in schools).

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits Policy
- Allergen and Anaphylaxis Risk Assessment

Definitions

For the purpose of this policy:

Definitions

Allergy – A condition where the body has an exaggerated (hypersensitive) response to a substance.

Allergen – A normally harmless substance that triggers an allergic reaction in some people.

Allergic reaction – The body's response to an allergen. Symptoms may include:

- Hives or flushed skin
- Itching or tingling (including around the mouth)
- Swelling of the face, mouth or throat
- Wheezing or breathing difficulty
- Abdominal pain, nausea or vomiting
- Changes in heart rate

- Feeling weak, anxious or unwell

Anaphylaxis – A sudden, severe and potentially life-threatening allergic reaction. Symptoms may include:

- Persistent cough or throat tightness
- Hoarse voice or difficulty speaking
- Wheezing or noisy breathing
- Difficulty swallowing or breathing
- Swollen tongue
- Chest tightness
- Dizziness, fainting or collapse
- In younger pupils, appearing pale or floppy

Roles and responsibilities

The Trust Board is responsible for:

- Ensuring there is a Trust-wide policy and framework for managing allergens and anaphylaxis
- Seeking assurance that statutory requirements are met across all schools
- Ensuring appropriate resources, training, and oversight arrangements are in place

The Governing Board is responsible for:

- Seeking assurance that the school is compliant with this policy
- Monitoring local implementation and risk management
- Reviewing incidents and ensuring lessons learned are embedded

The headteacher is responsible for ensuring:

- Implementation of this Trust policy within their school.
- Parents understand their responsibilities regarding their child's allergies.
- Relevant risk assessments (e.g. food preparation) are in place and controls are implemented.
- Designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- All staff receive annual training on allergic reactions, anaphylaxis, and appropriate responses.
- Catering staff are aware of pupils' allergies and follow all relevant food, hygiene, and policy requirements.

- Effective systems are in place to keep medical information up to date and shared with all relevant staff, including temporary and supply staff. New, temporary, agency and supply staff will receive allergy and anaphylaxis information as part of induction arrangements
- Up-to-date medical information (including allergies) is obtained annually from parents.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The kitchen manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying 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.

- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying 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.

Local implementation

Each school will:

- Maintain site-specific allergen risk assessments
- Identify named responsible staff (e.g. AAI leads, first aid leads)
- Ensure arrangements are appropriate to the age range and setting (e.g. primary/secondary/special school differences)
- Record allergen information in the school's MIS and ensure staff access
- Adapt procedures (e.g. dining, trips, classroom practice) to reflect local risks

Food allergies

Parents must provide a written list of any foods their child is allergic to, along with the actions to take in case of a reaction, including any required medication.

The school will keep a record of all pupils' food allergies, including whether they have school meals or packed lunches, and share this with the catering provider.

When menus or products change, the school will ensure dietary needs are still met by:

- Checking changes with suppliers
- Ensuring caterers read product labels
- Using the Food Standards Agency allergen matrix to identify ingredients in meals
- Keeping allergen ingredients clearly identifiable

Kitchen staff will have a full list of allergens and will avoid using them where possible. Where allergens are present, clear labels will be used in line with this policy.

Each school will provide dairy-free and gluten-free options for pupils with allergies or intolerances and will have systems in place to identify pupils with specific dietary needs.

To prevent cross-contamination:

- All food tables will be cleaned before and after use
- Colour-coded equipment and cleaning materials will be used
- Separate utensils will be used for at-risk pupils
- Designated utensils will be used for foods containing wheat
- Foods containing bread and wheat will be stored separately

The catering provider is responsible for complying with the school's policies at all times, including allergen management.

Any learning activities involving food will be planned in line with pupils' individual healthcare plans (IHPs) and known allergies.

Food allergen labelling

Schools will follow the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law).

All food must be labelled accurately. Food must not be described as "free from" an ingredient unless it can be guaranteed that no traces are present. Labels must be checked before food is served.

Relevant staff (e.g. kitchen staff) will receive training on their legal responsibilities before handling food. Training will be reviewed annually, or sooner if guidance or legislation changes.

Pre-packed for direct sale (PPDS) foods must clearly display:

- The name of the food
- A full ingredients list, with allergens clearly highlighted (e.g. bold or italics)

Schools will maintain robust systems to ensure accurate allergen information, including:

- Recording allergen information from suppliers in a kitchen allergen log on delivery
- Tracking allergens throughout storage, preparation, cooking and service
- Weekly checks of allergen logs by kitchen managers
- Recording and managing any errors or incidents in line with Trust procedures

The 14 major allergens are:

- Cereals containing gluten (e.g. wheat, spelt, rye, barley)
- Crustaceans (e.g. crab, prawns, lobster)
- Nuts (e.g. almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts, pistachios)
- Celery
- Eggs
- Fish
- Peanuts

- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites (above 10mg/kg or 10mg/L)
- Lupin
- Molluscs (e.g. mussels, oysters, squid, snails)

This applies to food prepared on site (e.g. sandwiches, salads and cakes) that is pre-packed before sale.

Kitchen staff will ensure all PPDS food is correctly labelled in a clear, legible format, either on the packaging or an attached label. Any items with incorrect or incomplete labelling will be removed, safely disposed of, and not offered for sale.

Any labelling issues must be reported immediately to the kitchen manager, who will contact the supplier if required.

The kitchen manager will monitor ingredients, packaging and labelling on a weekly basis and will address any issues with suppliers as necessary.

Changes to ingredients and food packaging

Schools will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

Animal allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

Schools will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

Seasonal allergies

Seasonal allergies include common outdoor reactions such as hay fever and insect bites.

To reduce risk, schools will take practical precautions, including avoiding mowing grass while pupils are outside. Pupils with severe allergies will be offered a supervised indoor space during break and lunchtime to minimise exposure to allergens.

Staff will monitor conditions such as pollen levels and use their judgement to decide whether pupils should remain indoors. Pupils will also be encouraged to wash their hands after outdoor play and, where appropriate, bring a change of clothes to reduce contact with allergens.

Staff will report any wasp, bee or ant nests to the site manager. Site staff are responsible for ensuring safe removal of these hazards.

If a pupil with a known allergy is stung or bitten, they will receive immediate medical attention.

Adrenaline auto-injectors (AAIs)

Pupils at risk of severe allergic reactions may be prescribed an AAI for emergency use.

Under The Human Medicines (Amendment) Regulations 2017, schools may purchase AAIs without a prescription for emergency use where a pupil's own device is unavailable or not working.

Schools will purchase AAIs from a pharmaceutical supplier using a request signed by the headteacher, stating the school name, purpose and quantity required. The headteacher will decide which brand(s) to purchase, aiming to use one brand where possible to reduce confusion.

AAIs will be selected based on pupil age to ensure correct dosage:

- Under 6: 0.15mg
- Age 6–12: 0.3mg
- Age 12+: 0.3mg or 0.5mg

Spare AAIs will be stored in an emergency anaphylaxis kit, which includes:

- AAI devices
- Instructions for use and storage
- Manufacturer's information
- A log of batch numbers, expiry dates and monthly checks
- Arrangements for replacement
- A list of pupils who may require an AAI
- An administration record

AAIs will be:

- Easily accessible to staff but kept out of pupils' reach
- Not locked away
- Clearly labelled to avoid confusion with personal devices
- Stored at room temperature, away from direct sunlight and extremes

The anaphylaxis kit will be checked monthly to ensure AAIs are in date and replaced when needed.

Used or expired AAIs will be disposed of safely in line with manufacturer guidance, including use of a sharps bin. Used devices may be given to paramedics in an emergency.

Whenever an AAI is used, the following must be recorded:

- Where and when the reaction occurred
- The dose given and who administered it

Access to spare AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

The school will seek to obtain advance consent from parents, or from the young person where appropriate, for a spare adrenaline device to be used. Where a pupil has a known allergy or risk of anaphylaxis, this consent will normally be recorded as part of their IHP or allergy action plan. Obtaining advance consent is good practice so that, in an emergency, consent can be assumed to be in place.

The absence of prior consent will not prevent or delay the administration of a spare adrenaline device in an emergency. Where anaphylaxis is suspected, anyone may take reasonable action to save a life without checking whether prior consent has been given.

Consent can be obtained as part of the development of a pupil's IHP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

Schools must use a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

School trips

A risk assessment will be completed for all school trips, taking into account any pupils with known allergies. Activities will be reviewed to identify risks, and alternative arrangements made where needed to ensure inclusion.

Schools will work with parents to agree any necessary arrangements in advance.

A designated adult will support the pupil throughout the trip. Where a pupil has an AAI, at least one trained member of staff will attend, and the pupil must bring their medication. Pupils will not be permitted to attend if essential medication is not provided.

A member of staff will be responsible for carrying the pupil's medication at all times. Two AAIs will be available and kept easily accessible.

Where suitable food cannot be guaranteed, pupils will bring their own food or be provided with a suitable packed lunch.

Medical attention and required support

Once a pupil's allergy is identified, the school will meet with parents, the class teacher and relevant staff to agree appropriate support and actions.

All medical support, including administering medication, will be in line with the Supporting Pupils with Medical Conditions Policy.

Parents must provide any required medication, clearly labelled with the pupil's name, class, expiry date and instructions. Pupils must not attend school or educational visits without essential life-saving medication (e.g. AAIs).

All staff working with the pupil will know where emergency medication is kept and what action to take in an emergency.

The pupil's support needs will be outlined in an Individual Healthcare Plan (IHP), and all relevant staff will be familiar with it.

Schools will work with parents to develop and maintain IHPs, including completing any required documentation and risk assessments.

The headteacher is responsible for ensuring IHPs are in place, regularly reviewed, and shared with relevant staff.

Staff training

Designated staff will be trained to administer AAIs and respond to an allergic emergency. Training will include recognising the symptoms of anaphylaxis, emergency response procedures, and the practical use of adrenaline auto-injectors.

All staff will receive appropriate training, in line with the Supporting Pupils with Medical Conditions Policy, based on their role and responsibilities. Specialist training will be provided where pupils are at risk of anaphylaxis.

Relevant staff (e.g. kitchen staff) will be trained to:

- Check food labelling and ensure compliance with Natasha's Law
- Remove and dispose of non-compliant PPDS foods
- Accurately track allergens from delivery through to service

Designated staff will be trained to:

- Recognise signs and symptoms of severe allergic reactions
- Take appropriate emergency action
- Administer AAIs correctly
- Record incidents accurately
- Respond to requests for assistance from colleagues

All staff will:

- Recognise the signs of allergic reactions
- Understand how quickly anaphylaxis can become life-threatening
- Know that AAIs must be administered without delay
- Know how to check the AAI register and access devices
- Know who designated staff are and how to contact them
- Be aware they may need to administer an AAI in an emergency
- Be familiar with this policy

Mild to moderate allergic reaction

Common symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or skin rash
- Abdominal pain or vomiting
- Sudden changes in behaviour

If a pupil shows any of these symptoms, a staff member will stay with them and follow their Individual Healthcare Plan (IHP). Parents will be informed as soon as possible, including where any medication has been given.

Pupils with mild to moderate symptoms will be monitored closely to ensure the reaction does not worsen.

If the reaction develops into anaphylaxis, the school will follow emergency procedures, including calling an ambulance.

Managing anaphylaxis

In the event of anaphylaxis:

- Lay the pupil flat and keep them still. If they feel faint, dizzy or appear pale, raise their legs.
- Call for a designated staff member and dial emergency services immediately.
- Administer an AAI without delay (by a designated member of staff, or the nearest staff member if there is any delay).

If needed:

- A second dose of adrenaline may be given after 5 minutes if there is no improvement.
- A trained member of staff will administer CPR if the pupil stops breathing.

While waiting for emergency services:

- A staff member must stay with the pupil at all times
- Keep the pupil lying flat and calm

- If necessary, make a second call to confirm an ambulance is on its way

Additional actions:

- Contact the headteacher and a trained first aider
- Inform parents as soon as possible
- Provide paramedics with:
    - Known allergens
    - Likely cause of the reaction
    - Time(s) AAI(s) were administered
- Give any used AAIs to paramedics

Staff should ensure the area is calm, moving other pupils away if needed, and reassure the pupil throughout.

A staff member will accompany the pupil to hospital if parents are not present.

If a pupil not known to be at risk of anaphylaxis develops symptoms consistent with anaphylaxis, staff will treat this as a medical emergency, call 999 immediately and administer an AAI without delay.

Following any use of an AAI or episode, the SLT and school nurse will review the response and identify any improvements, including training or support needs.

Monitoring and review

The Trust is responsible for reviewing this policy annually

Appendix A: Site-Specific Arrangements

1. School Details

Item	Detail
School name	Castle Hill School
Headteacher	Kieran Welsh
Date completed	November 2026
Review date	September 2027, or sooner where required
Annual staff training date	Autumn term annually

2. Staff member responsible for maintaining Register of pupils to whom spare AAIs can be administered (annual check)

Name	Role
Pippa Hinchliffe Designated member of the Nursing Team	Medical Lead Maintenance and clinical review of the register

3. Copies of the Register will be held in the following locations

Location
Nursing Team Room
Main school office with emergency anaphylaxis kit

4. Staff member responsible for maintaining Emergency Anaphylaxis Kits

Name	Role
Designated member of the Nursing Team	Clinical oversight of pupil medication and emergency arrangements

Jess Day	Designated First Aider responsible for routine checks of Emergency Anaphylaxis Kit
Pippa Hinchliffe	Medical Lead
Dan Pearce	Staff training coordination

5. Emergency Anaphylaxis Kits can be found in the following locations

Location
Main school office

6. Process to help catering staff to identify pupils with specific dietary requirements

Castle Hill School will:

- Provide catering staff with current allergy and dietary information.
- Use pupil photographs where appropriate, to support safe identification.
- Notify the Catering Manager promptly of new allergies or changes.
- Adapt menus and share them with parents or carers for agreement where required.
- Ensure access to accurate allergen information and follow Trust controls for labelling, preparation, tracking and prevention of cross-contamination.
- Work with families, the Nursing Team, and relevant health professionals where needs are complex.

7. Specialist Setting and Clinical Arrangements

Castle Hill School supports pupils with severe, profound and complex special educational needs and disabilities, including pupils with complex medical, dietary and feeding needs and diagnosed allergies. Some pupils may be unable to recognise, communicate or report symptoms. Staff must not rely on verbal reporting and must remain vigilant for observable signs, including:

- Changes in breathing or swallowing.
- Swelling of the face, lips, mouth or tongue.
- Changes in skin colour or the appearance of a rash.
- Vomiting.
- Sudden changes in behaviour or presentation.
- Unusual distress, drowsiness or reduced responsiveness.
- The pupil becoming pale or floppy.

Any concern must be acted upon immediately in accordance with the pupil's IHP, Allergy Action Plan and the Trust emergency procedures.

Nursing Team arrangements

The on-site Nursing Team provides clinical support and oversight. The Nursing Team will:

- Maintain oversight of pupils with diagnosed allergies.
- Ensure current Allergy Action Plans are stored with emergency medication.

- Maintain the register of pupils prescribed an AAI.
- Check allergy medication at least termly and notify parents or carers when replacement is required.
- Support training and clinical updates.
- Record emergency interventions and contribute to post-incident review.

Emergency response

When anaphylaxis is suspected, staff will immediately follow the Trust emergency procedures. The Nursing Team should be contacted immediately when the pupil is on site. However, contacting or waiting for the Nursing Team must not delay:

- Calling 999.
- Administering an AAI without delay.
- Positioning and monitoring the pupil in accordance with the Trust procedure.
- Providing any other urgent treatment specified in the Allergy Action Plan.

Medical information

Medical and allergy information will be communicated through:

- Individual Healthcare Plans and Allergy Action Plans.
- Nursing Team records and class medical overviews.
- Relevant EHCP information.
- The school management information system.
- The whole-school medical overview available to senior leaders.

Access to prescribed emergency medication

Prescribed emergency allergy medication will be stored in a clearly labelled bag or pouch with the Allergy Action Plan. It will normally accompany the pupil throughout the school day or remain immediately accessible in accordance with the IHP and risk assessment. A trained or appropriately briefed member of staff will ensure access during transitions and activities.

8. Specialist Curriculum, Catering and Off-Site Arrangements

Castle Hill's specialist curriculum may include food exploration, sensory activities, cooking, food technology, science, creative activities, enterprise, themed events, celebrations and community access.

Planning and risk assessment

The school will maintain site-specific allergen risk assessments and review them following:

- A significant allergic incident.
- A change in a pupil's allergy or medical needs.
- A significant change in provision or activity.
- A new foreseeable allergen risk.
- A revision to relevant Trust procedures.

Where an activity presents a foreseeable risk of exposure or cross-contamination, the Class Lead will:

- Check the pupil's IHP and Allergy Action Plan.

- Identify the allergen and route of exposure.
- Consult the Nursing Team or Medical Lead where necessary.
- Substitute materials or adapt the activity.
- Apply appropriate cleaning, preparation and food-handling controls.
- Brief staff and complete or update a risk assessment where required.

Alternative resources or activities will be provided where necessary to support safe and inclusive participation.

Catering arrangements

Catering and class-based food activities will comply with Trust requirements for accurate allergen information, food labelling, allergen tracking, cross-contamination controls, cleaning, appropriate equipment and utensils, and recording and responding to allergen-related errors or incidents.

Educational visits and community activities

For educational visits and community activities:

- The visit risk assessment will consider known allergies and possible exposure.
- The Allergy Action Plan and essential medication will accompany the pupil.
- Two AAIs will be available where prescribed or provided.
- Medication will remain readily accessible and be carried by an identified member of staff.
- At least one suitably trained member of staff will accompany a pupil at risk of anaphylaxis.
- Food and catering arrangements will be checked in advance.
- Parents or carers will be consulted where additional arrangements are required.
- Alternative arrangements will be made where safe participation cannot otherwise be assured.

9. Feeding Mats and Mealtime Allergy Information

Feeding mats form part of the school's wider medical information-sharing arrangements and are intended as a point-of-use prompt only. They do not replace the pupil's Individual Healthcare Plan, Allergy Action Plan, prescribed medication, medical overview, staff training, professional judgement or the Trust emergency procedure.

For pupils with a known allergy, the feeding mat will include a clearly identifiable allergy section containing, as applicable:

- The known allergen or allergens.
- The pupil-specific signs and symptoms staff may observe, including non-verbal indicators.
- The immediate actions staff must take, cross-referenced to the pupil's IHP and Allergy Action Plan.
- Whether the pupil has prescribed AAIs and where the emergency medication is kept or who carries it.
- Any pupil-specific food, feeding, preparation or cross-contamination controls.

For pupils prescribed an AAI, the allergy section will be prominently displayed and will clearly direct staff to follow the pupil's Allergy Action Plan and the Trust emergency procedure without delay.

Every pupil's feeding mat will include the following standardised allergy and anaphylaxis awareness prompt:

ALLERGY AND ANAPHYLAXIS AWARENESS

A severe allergic reaction may occur even where no previous allergy has been identified. Staff must remain alert to:

- Difficulty breathing or swallowing.
- Swelling of the face, lips, tongue or throat.
- A sudden rash or flushing.
- Vomiting following possible food or allergen exposure.
- A sudden change in presentation, responsiveness or behaviour.
- The pupil becoming pale, floppy or collapsed.

Particular attention must be paid to pupils with limited communication, severe learning difficulties or complex medical needs, who may be unable to communicate developing symptoms.

If concerned, staff must follow the Trust emergency procedure immediately and seek emergency medical assistance. The Nursing Team should be contacted immediately when the pupil is on site; however, contacting or waiting for the Nursing Team must not delay calling 999 or any other emergency action required by the Trust policy and the pupil's Allergy Action Plan.

The standard prompt will remain brief and visually distinct so that it supports rapid recognition without obscuring pupil-specific feeding guidance. It will not include instructions that conflict with the Trust policy or authorise use of a spare AAI outside the Trust's medical-authorisation and consent arrangements.

Governance of feeding-mat information

- The Class Lead will ensure that the correct feeding mat is available and used at mealtimes and during relevant food-based activities.
- The Medical Lead or designated member of the Nursing Team will verify allergy and anaphylaxis content before a feeding mat is issued or amended.
- Feeding-mat allergy information will be checked against the pupil's current IHP, Allergy Action Plan and medical records.
- The feeding mat will be reviewed at least annually and sooner following any change in allergy status, medication, healthcare advice, feeding arrangements or a significant incident.
- Obsolete versions will be removed promptly to reduce the risk of staff relying on superseded information.
- Relevant permanent, temporary, supply and agency staff will be directed to the feeding mat and the pupil's full healthcare documentation as part of their briefing.

Approval and Review

Approval detail	Record
Prepared by	Kieran Welsh, Headteacher
Consultation undertaken with	Senior Leadership Team, Medical Lead, Nursing Team, Catering Manager and relevant school leaders
Approved by	
Approval date	
Next review date	September 2027, or sooner where required

Version	1.0

These arrangements will be reviewed annually, following a significant allergic incident, following a relevant change in pupil needs or provision, or following revision of the Trust policy.

Appendix B

Pupil allergy declaration form

Name of pupil			
Date of birth		**Year group**	
Name of GP			
Address of GP			

Nature of allergy	

Severity of allergy	
Symptoms of an adverse reaction	
Details of required medical attention	
Instructions for administering medication	

Control measures to avoid an adverse reaction	

Spare AAIs

I understand that the school holds spare adrenaline devices for use in an emergency. I provide advance consent for a spare adrenaline device to be administered to my child where anaphylaxis is suspected.

I understand that obtaining advance consent is good practice; however, prior consent is not required for a spare adrenaline device to be administered in an emergency. Where anaphylaxis is suspected, the absence of prior consent will not prevent or delay reasonable action being taken to save a life.

I provide advance consent for the school to administer a spare adrenaline device to my child:

Yes	☐	**No**	☐

Name of parent	
Relationship to child	
Contact details of parent	
Parental signature	