Allergy Safety Policy

This policy will be reviewed annually and after a serious incident or near miss.

Colleagues affected by this policy:	All Trust Employees
Approved and adopted by CEO:	Sep 2026
Next review:	Sep 2027
Person responsible for the Policy:	COO

Nominated Allergy Lead:	Kristy Emsley
Nominated Governor Lead:	Layla Marrs
Data Administrator:	Marjory Fieldhouse
Adrenaline Auto-Injector (AAI) Kit Location	Front Main Office (PCA Site) Team Leader Office (The Oracle Site)

Contents

Aims

This policy aims to:

- Set out The Sea View Trust's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our settings support pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

Legislation and Guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

Roles and Responsibilities

Governance and Oversight

The Sea View Trust recognises its statutory duty to support pupils with allergies and to maintain a safe, inclusive environment in which pupils can participate fully in school life.
The Trust Board and Local Governing Committees are responsible for ensuring that:

- Appropriate allergy management arrangements are in place
- This policy is implemented effectively within each setting
- Adequate resources are available to support pupils with allergies
- Appropriate training is provided to staff
- Significant incidents, near misses and lessons learned are reviewed
- This policy is reviewed at least annually

Each academy will nominate a senior leader to function as the Allergy Lead with responsibility for day-to-day implementation and oversight of allergy safety arrangements.

This policy will be published on academy websites and made available to staff, parents/carers, and relevant professionals upon request.

Allergy Lead

The nominated allergy lead will be a member of the Senior Leadership Team (SLT) who has pastoral/welfare responsibilities.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy information and medical dietary requirements for all relevant pupils. The collection itself may be delegated; however, the Allergy Lead has ultimate responsibility
- Deliver or arrange any specific training required

The Allergy Lead will monitor:

- Individual Healthcare Plan (IHP) completion and compliance
- Staff training compliance
- Adrenaline auto-injectors (AAI) stock and expiry dates
- Incident trends
- Near misses
- Policy compliance
- Emergency procedures
- Allergy Anaphylaxis Registers
- Allergy Action Plans

Ensuring:

- Accuracy of allergy and AAI registers
- All allergy information is up to date and readily available to relevant members of staff
- Where provided by a healthcare professional, Allergy Action Plans will be obtained, maintained and attached to the pupil's Individual Healthcare Plan (IHP)
- All pupils with allergies have an Allergy Action Plan completed by a medical professional
- All staff receive an appropriate level of allergy training at least annually
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment

The Allergy Lead is also responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families

Findings will be reported to the Headteacher/Principal and Local Governing Committee

Teaching and Support Staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of the allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Familiarising themselves with IHPs and Allergy Action Plans
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

Parents/carers

Parents/carers are responsible for:

- Being aware of our pupil allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions, and anaphylaxis

- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Pupils with Allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

Pupils without Allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency

Assessing Risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be conducted where a visitor requires a guide dog.

Managing Risk

Hygiene Procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and can identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled

- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to minimise cross-contamination check with BBC catering

Food Restrictions

We acknowledge that it is impractical to enforce an allergy aware approach. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola, or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

Where specific allergen restrictions are considered necessary, decisions will be made by the Allergy Lead following individual risk assessment and consideration of local circumstances.

Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

Support for Mental Health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher or tutor

Events and School Trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training

- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see section Use of AAIs off school premises).

Procedures for Managing an Allergic Reaction

Register of Pupils with AAIs

The academy must maintain an up-to-date Allergy and Anaphylaxis Register (Appendix 1) for all pupils who have a diagnosed allergy requiring ongoing management, including those who have been prescribed an Adrenaline Auto-Injector (AAI). The register shall be reviewed regularly and updated whenever new information is received.

The academy shall retain and maintain copies of any Allergy Action Plans, Emergency Care Plans or other relevant medical documentation provided by healthcare professionals. These documents will be linked to the Allergy and Anaphylaxis Register and be readily accessible to staff who require the information to safeguard pupils.

Where a healthcare professional has provided an Allergy Action Plan, the plan will also be attached to and form part of the pupil's Individual Healthcare Plan (IHP).

The register includes:

- Known allergens and triggers
- Severity of the allergy and risk factors
- Details of prescribed medication, including AAI brand and dose
- Location of medication
- Consent for the use of a spare school AAI
- Date of IHP review
- Reference to any supporting allergy action plan or emergency care plan provided by a healthcare professional; a photograph should be attached to the plan (subject to parental consent)
- The register is kept in the main front office PCA Site and in Team Leaders Office The Oracle Site it can be checked quickly by any member of staff as part of initiating an emergency response.

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

Allergic Reaction Procedures

Staff should immediately call 999 if anaphylaxis is suspected

An EpiPen delivers a fixed, pre-measured dose of medication and can only be used once. Staff are not required to determine or calculate the dose

All staff will receive training appropriate to their role to recognise the signs and symptoms of allergic reactions and anaphylaxis, understand the academy's Emergency Allergy and Anaphylaxis Procedure (Appendix 2), and administer Adrenaline Auto-Injectors (AAIs) where required.

Where a pupil experiences an allergic reaction:

- Staff will immediately follow the pupil's Allergy Action Plan and the academy's Emergency Allergy and Anaphylaxis Procedure
- If anaphylaxis is suspected, adrenaline must be administered without delay in accordance with the Allergy Action Plan or emergency procedures
- Where available, the pupil's prescribed AAI should be used. If this is not immediately available, a spare school AAI may be used where the appropriate medical authorisation and parental consent arrangements are in place
- A school AAI may also be used where the pupil's prescribed device is unavailable, damaged, out of date, has misfired or has been administered incorrectly
- Parents/carers will be informed as soon as reasonably practicable, but administration of adrenaline must not be delayed while attempting to contact them
- Any pupil who receives adrenaline must be assessed by healthcare professionals, even if they appear to have recovered
- If a pupil is taken to hospital, a member of staff will remain with the pupil until a parent/carer arrives or will accompany the pupil in the ambulance where appropriate
- Where symptoms are mild and do not indicate anaphylaxis, the pupil will be monitored, treated in accordance with their Allergy Action Plan and parents/carers informed
- If no Allergy Action Plan is available, staff will follow the academy's Emergency Allergy and Anaphylaxis Procedure and normal emergency response arrangements. A copy of these procedures will be kept with the Emergency Anaphylaxis Kit and made readily available to staff

Adrenaline Auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for AAIs, covering these areas

Purchasing of Spare AAIs

Mrs Emsley Assistant Headteacher/SENDCO is responsible for buying AAIs and ensuring they are stored according to the guidance.

- The AAIs will be sourced from the local pharmacy.
- We have 2 Adult and 1 Junior AAIs on both sites.
- Mylan brand AAI are uses

The dosage is (As recommended by the above document and the Local pharmacy who does not stock higher doses.

Mylan AAI Junior (150 micrograms): recommended for children **under 6 years of age.**
Mylan AAI Adult (300 micrograms): recommended for children **aged 6 to 11 years and adults.**

Resuscitation Council UK recommends a 500-microgram adrenaline dose; a second auto-injector should always be available where already prescribed. The local pharmacist does not stock 500 microgram AAi's and has recommended that another 300 micrograms is available to administer after 5 minutes in this situation.

- **Storage (of both spare and prescribed AAIs)**

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff always have access, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed.

Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

Maintenance (of spare AAIs)

Mrs Emsley and Mrs Fieldhouse are responsible for maintaining the AAI Inventory Log (Appendix 3) and completing the AAI Monthly Checks (Appendix 4), ensuring that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near
- AAIs are fit for purpose

Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in a sharp bin and returned to the pharmacist.

Off-site Visit Arrangements

A suitable number of spare AAIs and pupil-prescribed AAIs will be taken on all educational visits where a pupil at risk of anaphylaxis is attending. The trip leader will confirm that medication is present before departure and that at least one trained member of staff accompanies the visit.

Pupils at risk of anaphylaxis who can administer their own AAIs should carry their own AAI with them on school trips and off-site events

The Trip Leader will collect and sign out from the Front Office (PCA Site) or Team Leaders Office (The Oracle) the **spare offsite AAI** prior to attending a trip if **the pupils is already prescribed their own.**

The pupils' AAI will also be taken on the trip.

The trip leader is responsible for returning the spare AAI to the appropriate Office and signing it in.

Emergency Anaphylaxis Kit

The academy holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs

- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

Individual Healthcare Plans (IHPs)

Where a pupil has a diagnosed allergy that requires ongoing management, the academy will maintain an Individual Healthcare Plan (IHP).

The IHP will be developed in partnership with:

- Parents/carers
- The pupil (where appropriate)
- Relevant healthcare professionals
- Academy staff

The IHP will describe:

- The pupil's allergy and known triggers
- Signs and symptoms of an allergic reaction
- Medication requirements
- Arrangements for storing and accessing medication
- Emergency procedures
- Educational visit arrangements
- Dietary requirements
- Reasonable adjustments required to support participation in academy life

The IHP will be reviewed:

- At least annually
- Following any significant allergic reaction
- When medical needs change
- Upon transition between educational settings where appropriate

Where a healthcare professional has produced an Allergy Action Plan, this will be attached to and form part of the pupil's IHP.

Recording, Investigation and Learning

All allergic incidents, administration of AAIs, suspected anaphylactic reactions and significant near misses will be recorded using academy reporting procedures.

Following an incident, the academy will:

- Complete the Allergy incident and Near Miss Report (Appendix 5)
- Review the circumstances surrounding the event
- Identify any lessons learned
- Consider whether risk assessments require amendment
- Consider whether staff training needs have been identified
- Share learning where appropriate to prevent recurrence

Significant incidents will be reported in accordance with Trust health and safety procedures.
The Trust encourages a learning culture that seeks to improve allergy safety through continuous review and reflection.

Inclusion and Participation

The Trust is committed to ensuring that pupils with allergies are fully included in academy life.
Reasonable adjustments will be implemented to enable pupils with allergies to participate safely in:

- Learning activities
- Practical lessons
- Educational visits
- Residential trips
- Sporting activities
- Clubs and enrichment opportunities
- School events

No pupil will be excluded from an activity solely because they have an allergy where suitable control measures can be implemented.

Risk management arrangements will focus on inclusion, proportionality, and individual need

Unacceptable Practice

The Academy will not:

- Prevent pupils from participating in activities solely because they have allergies
- Require parents/carers to attend educational visits to manage a pupil's allergy
- Assume pupils can be protected solely through food bans
- Restrict access to prescribed emergency medication
- Delay administration of adrenaline while attempting to contact parents/carers
- Penalise pupils for allergy-related absence
- Segregate, isolate or unnecessarily exclude pupils from normal activities because of their allergy

All staff will promote an allergy-aware and inclusive culture throughout the academy community.

Training

The Trust is committed to ensuring that all staff receive appropriate allergy awareness training.
Training will include:

- Understanding allergies and anaphylaxis
- Common allergens and routes of exposure
- Recognising signs and symptoms of allergic reactions
- Recognising signs and symptoms of anaphylaxis
- Emergency response procedures
- Administration of Adrenaline Auto-Injectors
- Educational visit considerations
- Responsibilities under this policy
- Supporting the emotional wellbeing and inclusion of pupils with allergies

All staff will receive allergy awareness training appropriate to their role.
Training will be provided:

- As part of induction
- At least annually thereafter
- Following updates to guidance or local procedures
- Following significant incidents where additional learning is identified

Records of training will be maintained by each academy.
Training will be conducted through National College for new starters and by reading an annual briefing thereafter – any additional training required may be conducted by the Allergy Lead.

All staff must complete training at least once a year.

Communication and Information Sharing

The academy will ensure relevant allergy information is communicated appropriately to staff who need it to safeguard pupils.

Information will be shared in a manner that:

- Supports pupil safety
- Maintains confidentiality
- Complies with UK GDPR and Data Protection legislation

Relevant staff will have timely access to allergy information, Individual Healthcare Plans, Allergy Action Plans and emergency procedures as required for their role.

Links to Other Policies

This policy links to the following policies and procedures:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy

Appendix 1 – Allergy, Anaphylaxis Register - Pupils

Central register 2026-27

Pupil	Year	Allergy	Severity & Risk Factor	Prescribed AAI	Brand	Dose	Expiry Date	AAI or Medication Location	Spare AAI Consent	Allergy Action Plan- On file Y/N	IHP Review Date
e.g. John Smith	Year 5	Peanut	Severe allergy – airborne exposure requires close supervision during lunchtime	Yes	EpiPen Junior	150mcg 0.15mg	Dec - 2027	Classroom/medical box + carried	Yes	Yes - with photo attached	Sep 2026
e.g. Annie Body	Rec	Egg	Anaphylaxis - previous hospital admission following exposure	Yes	Jext	300mcg 0.30mg	Sep - 2026	Medical room- Admin Office	Yes	Yes - yes with photo attached	Oct 2026
e.g. Tom Jones	Year 2	Wasp stings	Moderate allergy – outdoor activities increase risk	No	N/A	-	N/A	Antihistamine in Medical Room	N/A	No	Sep 2026

Appendix 2 – Emergency Allergy, Anaphylaxis Procedure

Mild-moderate allergic reactions -

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. Use Adrenaline autoinjector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Guidance on the use of adrenaline auto-injectors in schools

Appendix 3 – AAI Inventory Log

Central register 2026-27

Location	Brand	Dose	Batch Number	Date Purchased	Checked by	Expiry Date	Date Replacement Ordered	Ordered by	Arrival Date of Replacement	Expired AAI Date Disposed
e.g. Reception AAI Kit	EpiPen	300mcg	ABC1234	01/2027	Name	09/2026				
e.g. Dining Hall AAI Kit	EpiPen Jr	150mcg	BCD3245	12/2026	Name	12/2026				
e.g. Educational Visits Kit in Main Office	EpiPen	300mcg	CDE3456	03/2027	Name	03/2027				

Appendix 4 – AAI Monthly Checks

Central register 2026-27

Only one check list to be completed for whole academy stock

Location	Brand	Dose	Batch Number	Expiry Date
e.g. Reception AAI Kit	EpiPen	300mcg	ABC1234	09/2026

- All devices present
- All devices in date
- Replacements required
- Viewing window clear
- Instructions present
- Packaging undamaged
- Stored correctly

Month	Checked by	Date checked	All checks completed on all AAIs	Comments/actions/issues
Sep 2026				
Oct 2026				
Nov 2026				
Dec 2026				
Jan 2027				
Feb 2027				
Mar 2027				
Apr 2027				
May 2027				
Jun 2027				
Jul 2027				
Aug 2027				

Appendix 5 – Allergy Incident & Near Miss Report

Date & Time of Incident:	
Location:	
Pupil Name:	
Staff member completing form:	

Type of Report

Near Miss	
Allergic Reaction	
Suspected Anaphylaxis	
AAI Administered	
Other	

Suspected Trigger

Food	
Insect sting/bite	
Animal contact	
Medication	
Unknown	
Other	

Incident Details

Symptoms Observed

Rash	
Swelling	
Itching	
Wheezing	
Difficulty breathing	
Change in voice	
Collapse	
Other	

Actions taken

Medication given	
AAI administered	
First aid provided	
Parent informed	
Ambulance called	
Taken to hospital	
Health care plan followed	
Other	

Where AAI administered, record the brand, dose & batch number:

Outcome

Learning and Preventative Actions

Was this a near miss that could have resulted in exposure	Yes/No
If Yes, what actions will be taken & lessons learned	

Allergy Lead Signature		Date: