# Unlocking the Potential for Everyone to Flourish in the love of Christ.

**'But I am like an olive tree flourishing in the house of God.' Psalm 52:8**

# Allergy Safety Policy
# September 2026

Next Review July 2027

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|---|---|
| **Related Documents** | Health and Safety Policy<br>Supporting Pupils with Medical Conditions Policy<br>First Aid Policy<br>Safeguarding and Child Protection Policy<br>Educational Visits Policy<br>Health and Wellbeing Policy<br>Risk Assessment Procedures<br>Equality, Diversity and Inclusion Policy |

## Contents

## Policy Statement

St Peter's CE Primary School is committed to providing a safe, inclusive and supportive environment for pupils with allergies. The School recognises that allergies can be serious, unpredictable and, in some cases, life-threatening. The school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens, ensure staff are trained to respond appropriately, and enable pupils with allergies to participate fully in school life. This policy will be published on the School website and communicated to staff, parents and carers as part of the school's arrangements for supporting pupils with medical conditions.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy and relevant school procedures for first aid, food safety, educational visits and risk assessment.

# 1. Purpose

The purpose of this policy is to set out the School's approach to allergy safety and to provide a consistent framework for all staff to follow.

This policy aims to:

- set out how the School will manage allergy safety;
- reduce, as far as reasonably practicable, the risk of pupils being exposed to known allergens during the school day and during school-related activities;
- ensure that pupils with allergies are supported, included and able to participate fully in school life;
- ensure that individual allergy risks are identified, assessed and managed appropriately;
- ensure that pupils with known allergies have appropriate Individual Healthcare Plans and Allergy Action Plans in place where required;
- ensure that staff understand how to recognise and respond to allergic reactions, including anaphylaxis;
- set out arrangements for the storage, checking and use of prescribed and spare adrenaline auto-injectors;
- ensure that incidents and near misses are recorded, reviewed and used to strengthen practice;
- promote allergy awareness across the school community.

This policy supports the School's compliance with its statutory duties and reflects the anticipated requirements arising from the updated statutory guidance associated with Benedict's Law.

# 2. SCOPE

This policy applies to:

- all pupils;
- all staff employed by the School;
- agency staff, supply staff, volunteers, contractors and visitors;
- catering providers and any other third-party providers operating on School or school premises;
- breakfast clubs, after-school clubs, trips, visits, residentials and other school-led activities.

This policy applies during the normal school day and during all school-related activities, whether on or off site.

This policy does not replace individual medical advice. Where a pupil has a known allergy, support must be based on information provided by parents/carers and, where appropriate, healthcare professionals. Where a pupil requires specific arrangements, these must be recorded in an Individual Healthcare Plan and/or Allergy Action Plan.

# 3. ROLES AND RESPONSIBILITIES

## 3.1 The Governing Board

The School Board are responsible for:

ensuring that the school has appropriate arrangements in place to safeguard pupils with allergies;

approving this policy;

seeking assurance that allergy safety is managed consistently and effectively across the school;

ensuring that appropriate governance oversight is in place

appointing a named governor with responsibility for allergy safety; monitoring the school's compliance with this policy;

ensuring allergy safety is considered as part of safeguarding, health and safety and inclusion oversight;

receiving appropriate reports in relation to serious incidents, near misses, training compliance and policy implementation.

## 3.2 Named Governor for Allergy Safety

The named Governor for Allergy Safety is responsible for:

maintaining oversight of allergy safety arrangements at the school;

seeking assurance that the school has identified pupils with known allergies;

seeking assurance that relevant pupils have Individual Healthcare Plans and Allergy Action Plans in place;

ensuring that allergy safety is considered as part of local governance monitoring;

supporting the Headteacher and senior leaders in promoting a culture of allergy awareness and inclusion.

## 3.3 Headteacher

The Headteacher is responsible for:

ensuring this policy is implemented;

ensuring a named senior leader is appointed as the school Allergy Lead;

ensuring the school has suitable arrangements for identifying and supporting pupils with allergies;

ensuring that pupils with allergies are not unnecessarily excluded from school activities, educational visits or extended provision;

ensuring that appropriate risk assessments are completed;

ensuring that staff receive appropriate allergy awareness training;

ensuring that prescribed and spare adrenaline auto-injectors are stored, checked and accessible in line with this policy;

ensuring that incidents and near misses are recorded, reviewed and reported appropriately;

ensuring that parents/carers are engaged in planning support for pupils with allergies.

## 3.4School Allergy Lead

The School Allergy Lead is responsible for:

promoting and maintaining allergy awareness across the school; ensuring allergy information is recorded, accurate and accessible to relevant staff;

maintaining an allergy register;

ensuring pupils with known allergies have appropriate Individual Healthcare Plans and Allergy Action Plans where required;

ensuring staff are aware of pupils with allergies where they need this information to keep pupils safe;

ensuring that risk assessments are completed for relevant activities;

liaising with parents/carers, healthcare professionals, catering providers and other relevant staff;

ensuring spare adrenaline auto-injectors are available, stored appropriately and checked regularly;

ensuring staff receive appropriate allergy awareness and emergency response training;

reviewing allergy incidents and near misses and ensuring lessons are learned;

supporting the Headteacher to review and improve local allergy safety arrangements.

## 3.4 School Nurse, Medical Officer or First Aid Lead

School Nurse, Medical Officer or First Aid Lead are responsible for:

coordinating medical information received from parents/carers;

supporting the development and review of Individual Healthcare Plans and Allergy Action Plans;

liaising with healthcare professionals where appropriate;

coordinating medication provided by families;

checking that prescribed medication and adrenaline auto-injectors are in date;

checking spare adrenaline auto-injectors in line with this policy;

- supporting staff awareness of pupil-specific arrangements;
- maintaining records of medication, consent and emergency treatment where applicable.

## 3.9 Teaching and Support Staff

Teaching and Support Staff are responsible for:

- being aware of this policy and following schoolprocedures;
- promoting allergy awareness among pupils in an age-appropriate way;
- being aware of pupils with allergies in their care, where this information is needed to keep pupils safe;
- knowing where emergency medication and spare adrenaline auto-injectors are stored;

being able to recognise signs of an allergic reaction and anaphylaxis; responding promptly in an emergency;

attending allergy awareness training as required;

considering allergy risks when planning lessons, practical activities, rewards, food-related activities, celebrations, trips and visits;

ensuring pupils with allergies are included and not unnecessarily disadvantaged;

reporting allergy-related incidents and near misses.

## 3.5 Catering Providers and Catering Staff

Catering Providers and Catering Staff are responsible for:

complying with food safety and allergen information requirements;

ensuring allergen information is accurate, accessible and kept up to date;

following appropriate procedures to reduce the risk of cross-contamination;

receiving appropriate allergen awareness training;

liaising with the school regarding pupils with known food allergies;

ensuring that menu changes are communicated appropriately where they may affect pupils with allergies;

supporting reasonable alternative food provision where required.

## 3.6 Parents and Carers

Parents and Carers are responsible for:

informing the school of their child's allergy or suspected allergy;

providing accurate and up-to-date medical information;

notifying the school promptly of any changes to their child's condition, medication or treatment;

providing prescribed medication, including adrenaline auto-injectors, where required;

ensuring prescribed medication is in date and replaced when necessary;

providing copies of Allergy Action Plans or other medical plans issued by healthcare professionals;

engaging with the school in developing and reviewing Individual Healthcare Plans;

providing written consent for the use of spare adrenaline auto-injectors where appropriate;

supporting the school's reasonable arrangements for managing allergy risks.

## 3.7 Pupils with Allergies

Pupils with Allergies are responsible for:

understanding their allergy and known triggers where age and understanding allow;

avoiding known allergens where possible; not

sharing food or drink;

telling a member of staff immediately if they feel unwell or believe they may have been exposed to an allergen;

carrying their own adrenaline auto-injector where this is agreed as appropriate;

using medication only for its intended purpose;

participating in discussions about their support and Individual Healthcare Plan where appropriate.

### 3.8 Pupils without Allergies

Pupils without Allergies are responsible for:

being aware that allergies can be serious in an age-appropriate way;

not sharing food or drink;

following school rules about food and hygiene;

treating pupils with allergies with respect;

alerting a member of staff if they think another pupil is unwell or may be having an allergic reaction.

### 3.9 Visitors, Volunteers and Contractors

Visitors, Volunteers and Contractors are responsible for:

following school procedures relating to food, allergens and health and safety;

informing the school in advance if they are bringing food or animals onto site;

complying with any allergy-related risk assessment or control measures;

taking reasonable care not to place pupils with allergies at risk.

## 4. EQUALITY AND DIVERSITY

The School is committed to:

- promoting equality and diversity in its policies, procedures and guidelines;
- delivering high quality education and services that meet the diverse needs of pupils and staff;
- ensuring that no individual or group is disadvantaged because of a medical condition, allergy or disability;
- making reasonable adjustments for pupils whose allergy or medical condition amounts to a disability;
- ensuring pupils with allergies are able to participate as fully as possible in school life.

The School recognises that some allergies may constitute a disability under the Equality Act 2010 where they have a substantial and long-term adverse effect on a pupil's ability to carry out normal day-to-day activities. Where this applies, school must consider and implement reasonable adjustments.

The School will not treat pupils with allergies less favourably because of their allergy. Pupils with allergies must not be unnecessarily excluded from lessons, school meals, clubs, trips, visits, celebrations or other activities. Where there is a risk, the school must consider how the risk can be managed so that the pupil can participate safely.

The School also recognises that pupils with allergies may experience anxiety, isolation or bullying. School must take appropriate steps to promote inclusion, prevent stigma and respond promptly to any concerns.

The School recognises that severe allergies may constitute a disability under the Equality Act 2010 and will ensure that no pupil is placed at a substantial disadvantage because of their medical condition.

# 5. PRINCIPLES

## 5.1 Whole School Approach to Allergy Safety

The School takes a whole-school and whole-School approach to allergy safety. Allergy management is not the responsibility of one person alone. All staff have a role in reducing risk, recognising symptoms and responding quickly in an emergency.

The School's approach is based on the following principles:

- pupils with allergies should be safe, supported and included;
- allergy risks should be identified and managed proactively;
- arrangements should be based on individual risk rather than assumptions;
- prevention is important, but emergency preparedness is essential;
- emergency treatment must never be delayed;
- staff should be trained and confident to respond;
- parents/carers and pupils should be involved in planning support;
- incidents and near misses should be reviewed so that lessons are learned;
- allergy safety should form part of the academy's wider safeguarding, health and safety and inclusion arrangements.

School should not claim to be "allergen free" as it is not possible to guarantee the total absence of allergens. Instead, school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens

## 5.2 Identification of Allergies

Each school must have clear arrangements for identifying pupils with allergies. Information should be gathered on admission, when a pupil transfers from another setting, when a parent/carer informs the school of a new allergy, when a pupil receives a new diagnosis, when a pupil's allergy, symptoms, medication or treatment changes, and before educational visits, residentials or activities where allergy risk may arise.

Parents/carers should be asked to provide relevant medical information, including:

- known allergens;
- history of allergic reactions or anaphylaxis;
- symptoms and warning signs;
- medication prescribed;
- whether the pupil has been prescribed adrenaline auto-injectors;
- whether the pupil has asthma or other relevant medical conditions;
- emergency contact details;
- any Allergy Action Plan provided by a healthcare professional.

School must not wait for a formal diagnosis where it is clear that a pupil may require support. Proportionate interim arrangements should be put in place while further information is obtained.

## 5.3 Individual Healthcare Plans and Allergy Action Plans

Any pupil with a known allergy requiring active management should have an Individual Healthcare Plan.

The Individual Healthcare Plan should set out:

- the pupil's name, date of birth and photograph;
- known allergens;
- symptoms and warning signs;
- medication required;
- where medication is stored;
- whether the pupil carries their own medication;
- emergency procedures;
- staff who need to be aware of the plan;
- arrangements for lessons, lunch, breaktimes, clubs, trips and visits;
- risk reduction measures;

- consent for emergency medication, including spare adrenaline auto-injectors where appropriate; • any wellbeing or inclusion considerations;
- review arrangements.

Where a pupil has an Allergy Action Plan issued by a healthcare professional, this must be attached to the Individual Healthcare Plan.

Individual Healthcare Plans must be developed in consultation with parents/carers and, where appropriate, the pupil and relevant healthcare professionals. They should be shared with staff who need to know the information in order to keep the pupil safe.

Individual Healthcare Plans must be reviewed at least annually, when needs or medication change, when a new Allergy Action Plan is provided, following an allergic reaction, following a serious incident or near miss, and before any significant trip, residential or change in provision where required.

## 5.4 Allergy Register

Each school must maintain an allergy register. The register should include pupils with known allergies, known allergens and risk factors, whether the pupil has an Individual Healthcare Plan or Allergy Action Plan, whether the pupil has been prescribed adrenaline auto-injectors, the type and dose, where medication is stored, whether the pupil self-carries medication, whether parental consent has been given for the use of spare adrenaline auto-injectors, emergency contact details and a photograph of the pupil where consent has been obtained.

The allergy register must be accessible to relevant staff, including lunchtime staff, first aiders, catering staff and staff responsible for trips, clubs and activities. It must be stored and shared in line with data protection requirements.

## 5.5 Assessing Risk

School must assess allergy risks as part of normal risk assessment arrangements. An allergy risk assessment must be completed where a pupil with a known allergy may be exposed to increased risk, including but not limited to:

- food technology or cooking lessons;
- science experiments involving food, chemicals, latex or other possible allergens;
- art, craft or sensory activities involving food packaging, seeds, grains, flour, egg boxes, milk cartons or other potential allergens;
- school meals, buffets or tasting activities;
- celebrations, parties, fundraising events or rewards involving food;
- breakfast clubs, after-school clubs or holiday provision;
- educational visits, residentials and off-site activities;
- animal visits, farm visits or animal handling;

• activities involving plants, pollen, grass or outdoor learning;

• visits from guide dogs, therapy dogs or other animals;

• lettings or third-party use of the premises where food may be involved.

Risk assessments should consider the pupil's known allergens, the severity and likelihood of reaction, how the pupil may be exposed, required control measures, staff training and supervision, access to medication, emergency response arrangements, travel and off-site arrangements, and communication with parents/carers and external providers.

## 5.6 Managing Risk and Reducing Exposure

School must take reasonable and proportionate steps to reduce the risk of exposure to known allergens.

• ensuring staff are aware of pupils with allergies where necessary;

• ensuring pupils do not share food or drink;

• using named water bottles;

• encouraging regular handwashing;

• cleaning tables and surfaces before and after eating or food activities;

• ensuring allergen information is available for school meals;

• liaising with catering providers;

• avoiding unnecessary use of food in lessons and rewards;

• considering non-food alternatives for celebrations and incentives;

• considering seating arrangements at lunch where needed;

• ensuring medication is accessible;

• planning for allergy risks on trips and visits;

• ensuring supply, agency and cover staff receive relevant information.

Risk reduction measures must be realistic and capable of being implemented. School should avoid blanket statements that cannot be guaranteed, such as claiming to be nut-free or allergen-free. Where restrictions on particular foods are necessary, these should be based on individual risk assessment and communicated clearly.

## 5.7 Hygiene Procedures

Good hygiene is an important part of allergy risk reduction. School should ensure that pupils are reminded to wash their hands before and after eating, handwashing is encouraged after messy play, food-related activities, animal handling and outdoor learning, tables and surfaces are cleaned before and after food is consumed, food waste is disposed of appropriately, pupils do not share cups, bottles, cutlery or food, younger pupils are supervised appropriately during snacks and mealtimes, and staff are aware of any additional cleaning arrangements required for pupils with severe allergies.

Hand sanitiser is not a substitute for handwashing where allergen residue may be present. Soap and water should be used where possible.

## 5.8 Catering and Food Provision

The School is committed to supporting safe and inclusive food provision for pupils with allergies. School and catering providers must ensure that allergen information is available and accurate, catering staff are aware of pupils with food allergies where needed, catering staff receive appropriate allergen awareness training, suitable systems are in place to identify pupils with allergies at the point of food service, menus and ingredients are checked and kept under review, parents/carers can access relevant menu and allergen information, menu changes that may affect pupils with allergies are communicated appropriately, appropriate steps are taken to reduce the risk of cross-contamination, and reasonable alternative meals are considered where required. Food allergen information must be managed in line with food safety requirements. Catering providers must ensure that staff understand the importance of accurate allergen information and cross-contamination control. Where an school uses an external catering provider, the
Headteacher or Allergy Lead must ensure that the provider is aware of this policy and understands the school's expectations.

## 5.9 Food Brought into School

The School recognises that it is not practical or possible to eliminate all allergens from school environments. However, school may place reasonable restrictions on food brought into school where this is necessary to manage risk.

School should communicate clearly with parents/carers regarding expectations for packed lunches, snacks, birthday treats, celebrations and food brought in for sharing.

As a general principle, pupils should not share food, food brought in for whole-class sharing should be avoided unless agreed in advance, staff should consider non-food alternatives for rewards and celebrations, parents/carers should be encouraged to consider allergy risks when preparing packed lunches, and high-risk foods may be restricted where an individual risk assessment identifies this as necessary.

Where an school asks pupils or staff not to bring particular foods onto site, this must be communicated clearly and reviewed regularly. Any restriction should be reasonable, proportionate and linked to identified risk. If a pupil brings food into school that presents a specific risk to another pupil, staff may take appropriate steps to manage the risk. This may include asking the pupil to eat separately, storing the item safely until the end of the day, or contacting parents/carers.

## 5.10 Curriculum Activities

Staff must consider allergy risks when planning curriculum activities. This includes activities involving food preparation or tasting, baking or cooking, science experiments, art and craft materials, sensory play, gardening or outdoor learning, animal handling, latex or other materials that may cause allergic reactions.

Food must not be used in lessons or activities without consideration of known allergies. Where an activity may involve an allergen, staff must check pupil allergy information and complete a risk assessment where required. Pupils with allergies should not be excluded from curriculum activities unless there is no reasonable way to manage the risk. Staff should consider alternative materials or reasonable adjustments wherever possible.

## 5.11 Insect Bites, Stings and Animal Allergies

Some pupils may be allergic to insect stings, animal dander, saliva, fur or other environmental allergens. Where this is known, the pupil's Individual Healthcare Plan should include specific risk reduction and emergency arrangements.

When outdoors, school should consider reasonable measures such as ensuring pupils wear shoes outdoors, covering food and drinks where appropriate, avoiding eating near bins or areas where wasps or bees are likely to gather, supervising pupils who are at risk, and ensuring medication is available during outdoor activities.

Where animals are brought onto site or pupils visit locations with animals, staff must consider allergy risk in advance. This may include checking whether any pupil has an animal allergy, informing parents/carers in advance where appropriate, ensuring pupils wash hands after contact with animals, preventing direct contact where required, ensuring medication is available, and completing a risk assessment where necessary.

## 5.12 Educational Visits, Events and Clubs

Pupils with allergies must be supported to participate in educational visits, school events and clubs wherever reasonably possible. School must plan in advance for allergy safety during day trips, residential visits, sports fixtures, performances, enrichment activities, breakfast clubs, after-school clubs, holiday provision, school discos, fairs and fundraising events, transition events, and off-site alternative provision.

Planning should include reviewing the pupil's Individual Healthcare Plan, consulting parents/carers where appropriate, liaising with venues and providers, checking food arrangements, ensuring medication and spare adrenaline auto-injectors are available, ensuring staff attending the visit are trained and aware of emergency procedures, considering travel arrangements, identifying the nearest emergency medical support where appropriate, and ensuring emergency contact details are available.

Pupils must not be excluded from visits or activities solely because of an allergy unless, following risk assessment and consultation, there is no reasonable way to manage the risk safely. Parents/carers should not routinely be required to accompany a pupil on a visit because of an allergy. This may only be considered where it is necessary and appropriate following individual risk assessment.

## 5.13 Visitors, Contractors and Lettings

School must consider allergy safety when managing visitors, contractors and lettings. Where visitors are bringing food, animals or materials onto site, the school should consider whether this creates allergy risk.

Lettings agreements and third-party use of school premises should include expectations regarding food safety, allergens and cleaning where relevant. Contractors and visitors must comply with school instructions relating to allergy safety.

## 5.14 Allergic Reactions and Anaphylaxis

An allergic reaction occurs when the body's immune system reacts to a substance that is normally harmless. Reactions can vary from mild to severe. Anaphylaxis is a severe and potentially life-threatening allergic reaction. It can develop rapidly and requires immediate treatment.

Possible signs of an allergic reaction include itching, rash or hives, swelling of lips, face or eyes, sneezing, runny nose, nausea or vomiting, stomach pain, coughing, wheezing, breathing difficulty, throat tightness, difficulty speaking or swallowing, dizziness, collapse, confusion, pale or clammy skin, or loss of consciousness.

If anaphylaxis is suspected, staff must act immediately. Emergency response must include:

- staying with the pupil;
- calling for help;
- following the pupil's Allergy Action Plan where available;
- administering adrenaline without delay where indicated;
- calling 999 and stating "anaphylaxis";
- administering a second adrenaline auto-injector after 5 minutes if symptoms do not improve or return, where available;
- ensuring the pupil is not moved unnecessarily;
- placing the pupil in the correct position, usually lying down with legs raised unless breathing is difficult;
- contacting parents/carers;
- ensuring a member of staff remains with the pupil until parents/carers or emergency services take over;
- sending used adrenaline auto-injectors with the ambulance crew.

If there is any doubt about whether adrenaline is required, staff should administer adrenaline. Delay in administering adrenaline can increase risk. If a pupil experiences a mild to moderate allergic reaction, staff should monitor the pupil closely and follow the pupil's Allergy Action Plan. Parents/carers should be informed. Staff must remain alert to any signs that symptoms are worsening.

## 5.15 Adrenaline Auto-Injectors

Where a pupil has been prescribed adrenaline auto-injectors, parents/carers are responsible for providing the schoolwith the required medication. Pupils prescribed adrenaline auto-injectors should normally have access to two devices.

The pupil's Individual Healthcare Plan should specify the type and dose prescribed, where the devices are stored, whether the pupil carries their own devices, who is trained to administer them, parental consent for administration, and consent for use of spare adrenaline auto-injectors where appropriate.

School should hold spare adrenaline auto-injectors for emergency use. Spare devices may be used where the pupil has been prescribed an adrenaline auto-injector or has a medical plan recommending adrenaline and parental consent and medical authorisation are in place, or where emergency circumstances require reasonable action to save life.

Spare adrenaline auto-injectors must be stored at room temperature in line with manufacturer instructions, protected from direct sunlight and extremes of temperature, kept in a safe but accessible location, clearly labelled, not locked away where this would delay emergency access, stored separately from individual pupils' prescribed medication, available within a reasonable time in all areas of the school site, checked monthly, and replaced before expiry.

The Allergy Lead or nominated member of staff is responsible for ensuring that spare adrenaline auto-injectors are checked monthly and replaced when required.

## 5.16 Emergency Anaphylaxis Kits

Each school should maintain an emergency anaphylaxis kit. The kit should include spare adrenaline auto-injectors, instructions for use, manufacturer information, storage instructions, a checklist of devices including batch numbers and expiry dates, a monthly check record, a note of arrangements for replacing devices, a list of pupils for whom the spare device may be used where consent and medical authorisation are in place, and a record of any administration. Emergency kits must be clearly identifiable and accessible to trained staff.

## 5.17 Incident and Near Miss Reporting

All allergy-related incidents and near misses must be recorded and reviewed. This includes actual allergic reactions, suspected allergic reactions, administration of adrenaline, exposure to a known allergen, food labelling or catering errors, medication not being available, expired medication, delay in accessing medication, failure to follow an Individual Healthcare Plan, errors in communication about allergy information, and any situation where a pupil could have been placed at risk.

Following an incident or near miss, the school must ensure the pupil is safe and supported, inform parents/carers, complete an incident or near miss report, review the pupil's Individual Healthcare Plan where relevant, review relevant risk assessments, identify lessons learned, take action to prevent recurrence, report to the Headteacher and Local Governing Body as appropriate, and report under statutory reporting arrangements where required.

Serious incidents must be escalated to the School in line with the School's health and safety and safeguarding reporting arrangements.

## 5.18 Wellbeing and Inclusion

The School recognises that allergies can affect a pupil's emotional wellbeing, confidence, friendships and participation in school life. Pupils with allergies may experience anxiety about exposure, fear following a previous reaction, embarrassment about being treated differently, bullying or teasing, exclusion from food-based activities, or reluctance to attend trips or events.

School must promote the wellbeing and inclusion of pupils with allergies by taking concerns seriously, ensuring reasonable adjustments are made, avoiding unnecessary exclusion from activities, providing pastoral support where needed, ensuring staff use supportive and non-stigmatising language, addressing bullying or unkind behaviour promptly, involving pupils in planning support where appropriate, and supporting pupils to build confidence in managing their allergy as they get older.

Where a pupil's allergy has a significant impact on attendance, wellbeing or participation, the school should consider whether additional pastoral, SEND or medical support is required.

## 5.19 Training

The School is committed to ensuring staff receive appropriate allergy awareness training. All staff must receive allergy awareness training at induction and at least annually thereafter.

Training should include common allergens, how allergic reactions can occur, how to reduce and prevent risk, signs and symptoms of allergic reactions, signs and symptoms of anaphylaxis, the importance of acting quickly, how to call for emergency help, where medication and spare adrenaline auto-injectors are stored, how to administer adrenaline auto-injectors, the academy's emergency procedures, the importance of Individual Healthcare Plans and Allergy Action Plans, incident and near miss reporting, and the wellbeing and inclusion of pupils with allergies.

Staff with specific responsibilities for pupils with allergies may require additional pupil-specific training. This should be recorded in the pupil's Individual Healthcare Plan where applicable. Training records must be maintained. Supply staff, agency staff, volunteers and staff involved in clubs or trips must be given relevant information about pupils with allergies and emergency procedures.

## 5.20 Record Keeping and Confidentiality

School must maintain accurate records relating to allergy safety. Records may include the allergy register, Individual Healthcare Plans, Allergy Action Plans, parental consent forms, medication records, AAI monthly check records, training records, risk assessments, incident and near miss reports, and communication with parents/carers and healthcare professionals. Information about a pupil's allergy must be shared with staff who need to know in order to keep the pupil safe. Information must be handled sensitively and in line with data protection requirements. Pupil photographs may be used on allergy registers, emergency plans or catering systems where parental consent has been obtained and where this is necessary to support safety.

## 6. ELECTRONIC MEDICAL MANAGEMENT SYSTEMS

The School will use the CPOMS system to record, monitor and manage pupils' medical conditions and allergy information.

All entries using the electronic system used must:

- contain all information required by this policy, including Individual Healthcare Plans, Allergy Action Plans, medication records, allergy registers and incident records where applicable;
- allow relevant staff to access accurate and up-to-date information when required;
- comply with UK GDPR and the School's Data Protection Policy;
- provide appropriate security and audit arrangements;
- enable the school to demonstrate compliance with this policy and statutory requirements.

## 7. MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY

The School will monitor the effectiveness of this policy through:

• review of school compliance with allergy safety arrangements;

• monitoring of staff training completion;

• review of serious incidents and near misses;

• review of risk assessments where required;

• assurance reports to the Governing Body;

• review of Individual Healthcare Plan arrangements;

• monitoring of spare adrenaline auto-injector checks;

• feedback from pupils, parents/carers and staff where appropriate.

Headteachers are responsible for ensuring that local procedures are monitored and that any gaps are addressed promptly. Governing Bodies should receive appropriate assurance that allergy safety arrangements are effective.

## 8. REVIEW

This policy will be reviewed at least annually during the implementation of the new statutory guidance and thereafter in line with the School's policy review cycle.

The policy may be reviewed earlier where statutory guidance changes, legislation changes, national best practice changes, a serious incident or near miss indicates that changes are required, School monitoring identifies areas for improvement, or operational changes require review.

Following publication of final statutory guidance associated with Benedict's Law, this policy will be reviewed and updated as required.

## Appendix A – Allergy Register Template

| Pupil Name | Year/Class | Photo | Known Allergen(s) | Reaction History | Prescribed AAI? | Type/Dose | Medication Location | Self-Carry? | IHP? | Action Plan? | Spare AAI Consent? | Emergency Contact |
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## B Allergy Risk Assessment Template

Academy:

Pupil:

Year/Class:

Known Allergy:

Activity/Area Being Assessed:

Date:

Completed by:

Review Date:

| Hazard / Allergen Risk | Who May Be Harmed? | Existing Controls | Further Action Required | Person Responsible | Completion Date |
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### Specific Considerations

- Does the activity involve food? Yes / No
- Does the activity involve animals? Yes / No
- Does the activity involve outdoor learning? Yes / No
- Does the activity involve off-site travel? Yes / No
- Is medication available and accessible? Yes / No
- Are staff aware of the pupil's Allergy Action Plan? Yes / No
- Is a spare AAI required? Yes / No
- Have parents/carers been consulted? Yes / No

- Has the venue/provider been contacted? Yes / No

Outcome: The activity can proceed with the controls identified above: Yes / No

Additional approval required: Yes / No

Signed: _____ Date: _____

## Appendix –

### Appendix C – AAI Monthly Check Record

Academy:

Location of AAI Kit:

AAI Brand/Dose:

| Month | AAI Present? | In Date? | Expiry Date | Batch Number | Condition Checked? | Replacement Needed? | Checked By | Date |
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# D Allergy Incident and Near Miss Report

Academy:

Pupil:

Year/Class:

Date and Time of Incident/Near Miss:

Location:

Reported by:

## Type of Incident

- Actual allergic reaction
- Suspected allergic reaction
- Exposure to allergen
- Medication issue
- Catering/food issue
- Communication issue
- Near miss
- Other

## Details of Incident or Near Miss

[Insert details]

## Action Taken

[Insert details]

## Immediate Outcome

[Insert details]

## Review and Learning

[Insert details]

## Was Adrenaline Administered?

Yes / No

If yes: Time administered: _____ Type/dose: _____ Administered by: _____ Was 999 called? Yes / No
Time ambulance called: _____

## Parents/Carers Contacted

Yes / No Time contacted: _____ Contacted by: _____

## Appendix –

**Actions Required**

| Action | Person Responsible | Deadline | Completed |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Signed: _____ Date: _____

Reviewed by Headteacher: _____ Date: _____

## E Emergency Response: Suspected Anaphylaxis

1. Stay with the pupil and call for help.
2. Follow the pupil's Allergy Action Plan where available.
3. If anaphylaxis is suspected, administer adrenaline immediately.
4. Call 999 and state "anaphylaxis".
5. Do not move the pupil unless absolutely necessary.
6. Position the pupil appropriately: lying flat with legs raised where possible; sitting up if breathing is difficult; on their side if unconscious or vomiting.
7. Contact parents/carers.
8. If symptoms do not improve after 5 minutes, or symptoms return, administer a second adrenaline auto-injector if available.
9. Ensure a member of staff stays with the pupil until emergency services or parents/carers take over.
10. Record the incident and review the Individual Healthcare Plan and risk assessment.

## Appendix F – Staff Training Record

Academy:

Training: Allergy Awareness and Anaphylaxis Response

Training Provider:

Date:

Renewal Due:

| Staff Name | Role | Training Completed | AAI Training Completed | Date | Renewal Date | Signature |
|---|---|---|---|---|---|---|
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