St Edmundsbury and Ipswich
Diocesan Multi Academy Trust

Allergy and Anaphylaxis Policy

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Body Responsible for Review:	Premises and Risk Management Committee

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1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy aims to:

- set out the approach to allergy management taken by the St Edmundsbury and Ipswich Multi Academy Trust, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- make clear how our schools support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life
- promote and maintain allergy awareness in our schools communities.

2. 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

The Children's Wellbeing and Schools Act 2026

3. Roles and responsibilities

The Trust takes a whole-school approach to allergy awareness. This section lays out broad responsibilities, school-specific responsibilities and named personnel are detailed in Appendix 1.

3.1 Trust Board

The Trust Board is responsible for:

- Ensuring that the Trust has an effective allergy safety policy.
- Approving the policy and ensuring it is published.

- Ensuring the policy is reviewed at least annually and following relevant serious incidents or near misses where appropriate.
- Ensuring each academy has a named senior allergy lead.
- Ensuring allergy-related risks are appropriately reflected within Trust and school risk management arrangements.
- Receiving appropriate assurance on implementation across Trust schools.
- Ensuring arrangements for local monitoring, support and challenge are reflected in the Trust's governance and delegation arrangements.

3.2 Local Governing Body

Local Governing Bodies monitor local implementation of the policy and provide appropriate support and challenge to school leaders. See also LGB risk management assurance checklist.

3.3 School Allergy Lead

Each school has a nominated allergy lead who is a member of the senior leadership team, usually the headteacher, who is responsible for:

- Promoting and maintaining allergy awareness across the school community
- Ensuring:
    - All staff receive an appropriate level of allergy training
    - All staff are aware of the school's policy and procedures regarding allergies
    - New staff joining receive allergy training as part of their induction
    - Arrangements are in place to check/confirm that any supply/agency/cover staff have completed allergy awareness training before starting work at school
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Keeping stock of the school's adrenaline auto-injectors (AAIs)
    - Ensuring related third parties, such as breakfast club or after school activity providers are appropriately trained and allergy aware.
    - All allergy information is up to date and readily available to relevant members of staff

The allergy lead has responsibility for but may delegate to appropriate staff members, e.g., SENDCo or administrative staff:

- Recording and collating allergy and special dietary information for all relevant pupils
- All pupils with allergies have an allergy action plan completed by a medical professional and an IHP completed with school staff
- Regularly reviewing and updating the school-level information in Appendix 1
- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking AAIs are in date
- Maintaining the register of children with AAIs

- Ensuring relevant third parties have the pupil allergy information needed to meet their responsibilities

3.4 Staff

All staff present at times when pupils are scheduled to be on site including temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers must:

- Complete allergy awareness training annually

All teaching and support staff (including supply or other cover staff) are responsible for:

- Ensuring they are aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes.
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Carrying all relevant emergency supplies on school trips. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils without their required medication will not be able to attend the excursion.
- 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
- Ensuring the wellbeing and inclusion of pupils with allergies

3.5 Parents/carers

On entry to the school, it is the parent/carer's responsibility to:

- Inform the school of any allergies. This information should include their medical needs, any dietary requirements, history of anaphylaxis and previous severe allergic reactions and details of all prescribed medication.
- If required, provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are in date and replaced in a timely manner.
- Supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional.
- Updating the school on any changes to their child's condition

All parents/carers, including those without allergies are responsible for:

- Being aware of the school's allergy policy
- Being aware of allergens and the risk they may pose to other children
- 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

3.6 Pupils

Pupils with allergies are encouraged to have a good awareness of their symptoms and to

let an adult know as soon as they suspect they are having an allergic reaction.

Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

4 Information to be Recorded for Children with Allergies

4.1 Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school or nursery;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

A child may need an IHP if their allergies require flexibility and 'reasonable adjustments' and/or if they require medication (either proactively or in an emergency situation).

Where a child has an **Allergy Action Plan** and/or **Asthma Action Plan** issued by a healthcare professional, the IHP must refer to or attach it. Whenever an updated Action Plan becomes available, the child's Individual Healthcare Plan must be reviewed to incorporate it.

4.2 Allergy Action Plans

An Allergy Action Plan is a clinical emergency document produced by a healthcare professional. It does not replace the school's responsibility to prepare an IHP where the pupil requires supportive arrangements that are additional to or different from those made generally.

Where an Allergy Action Plan or Asthma Action Plan has been issued, it must be attached to and referenced within the IHP. The IHP must be reviewed whenever an updated Action Plan is received.

4.3 Register of individuals with allergies

The school will maintain a register of all individuals with allergies (including staff and visitors). This will identify:

- their name
- their allergens
- whether they carry medication
- where that medication is kept
- Whether they have an Allergy Action Plan and/or Individual Healthcare Plan.

5 Assessing risk

Each Trust school will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our

systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded from the Trust Portal.

Each school will also conduct a risk assessment for any pupil at risk of anaphylaxis taking part in/attending:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Breakfast clubs, after school club or other extended provision.
- 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 carried out where there is a school pet, or a person requiring a guide dog on site.

Staff and visitors will be invited to share information about their allergies and whether they carry medication.

6 Managing risk

This section sets out the basic approach to risk reduction in Trust schools, additional school-specific measures are detailed in Appendix 3.

6.1 Hygiene procedures

Basic hygiene procedures to reduce the risk from contact allergens include:

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

6.2 Catering

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

- Catering staff receive appropriate training and are able to 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 avoid cross-contamination

6.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, 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 food presents a specific identified risk, the school will manage the situation sensitively and proportionately in accordance with its local risk assessment. This may include providing a safe alternative eating arrangement, contacting the parent or, where necessary, temporarily removing the food from use. Any school-specific restrictions must be clearly communicated and must not be described as guaranteeing an allergen-free environment. Note: Other foods may be added to this list based on the known allergy risks within school.

Where a school has a tuck shop or vending machine this will not sell food containing nuts or sesame seeds.

6.4 Insect bites/stings

School procedures for preventing and dealing with insect bites/sting are set out in Appendix 3.

6.5 Animals

School procedures for managing allergies to dogs and other animals are set out in Appendix 3.

6.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Where needed, pupils with allergies will have additional support for their mental health and wellbeing, in line with the school's behaviour policy and other measures in place to prevent bullying.

6.7 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 13).

6.8 Extended provision

For extended provision including breakfast and after-school clubs schools will ensure:

- staff are appropriately trained and aware of children on the allergy register
- where the provision is from a third party, the school informs the third party of children on the allergy register and their provision and ensures third party staff are appropriately trained.

6.9 Food supplied by parents/supporters/staff

Schools will ensure that any food bought in by parents, supporters or staff for events such as:

- a school fete
- bake sale
- child's birthday
- other celebration

are clearly labelled with all ingredients, including potential allergens.

7 Procedures for handling an allergic reaction

7.1 Allergy Register for pupils with AAIs

Each school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register and AAIs are kept in an easily accessible location, identified in Appendix 2 and 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.

7.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency

7.3 What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

7.4 Procedures for pupils with suspected anaphylaxis

Keep the child where they are, call for help and do not leave them unattended.

LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.

Pupil with an allergy action plan

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan.

If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one

- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Pupil without an allergy action plan or previously identified allergy

If a pupil, member of staff or visitor shows signs of anaphylaxis:

- Administer adrenaline without delay, using their own prescribed device where available or a school spare AAI.
- Do not delay treatment while seeking parental consent, medical authorisation or advice from the emergency services.
- Call 999 immediately after administering adrenaline and state "anaphylaxis".
- Administer a second dose after five minutes if there is no improvement.

Prior consent for use of a spare AAI should be obtained where practicable for pupils known to be at risk. However, in an emergency, anyone may take reasonable action to save a life without first confirming consent.

Use of school AAI device

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

Follow up actions

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

8 Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, **not locked away and accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the named person in school (see Appendix 1) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to

make sure they can get replacement devices in good time.

8.1 Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

8.2 Storage

All AAIs should be

- 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 have access at all times, 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 (larger schools will require more than one AAI kit, ideally located near the dining area and playground)

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

8.3 Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin or at some pharmacies. The location of the school sharps bin and means of its disposal is identified in Appendix 2.

9 'Spare' adrenaline auto-injectors in school

Each school holds an emergency anaphylaxis kit for emergency use for children who are at risk of anaphylaxis, where their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

Each primary school will normally hold, as a minimum:

- Two 150 microgram spare AAIs; and
- Two 300 microgram spare AAIs.

Schools operating over more than one site, or where all areas cannot be reached within five minutes, must hold additional appropriately located sets. The number and location of devices will be recorded in Appendix 2 and reviewed through the school's allergy risk assessment.

The location of the spare AAIs (known to all staff) is identified in Appendix 2. The kit 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

10 Written parental consent should normally be recorded for pupils known to be at risk of anaphylaxis. The absence of prior consent must not delay reasonable emergency action to save a life.

11 Allergy Awareness and Response Training

All staff present during times when pupils are scheduled to be on site must complete allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply and cover staff, peripatetic staff, agency workers, catering staff, relevant breakfast and after-school provision staff and regular volunteers.

Contractors carrying out ad hoc work with no pupil-facing role are not normally required to complete the training, although they must comply with relevant site controls.

First-aid training alone is not sufficient to satisfy this requirement.

This training must ensure all staff:

- Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand the relationship between allergy and other atopic conditions, including asthma, eczema and hay fever, and recognise that poorly controlled asthma is an important risk factor for severe allergic reactions.Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on **allergy triggers**;
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can recognise **anaphylaxis**;
- Know how to respond in an **emergency**, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's **allergy safety policy**;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;

- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Schools should ensure that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

Emergency response exercises

Schools should periodically test their allergy emergency arrangements by undertaking a simulated anaphylaxis scenario or tabletop exercise. This should test the school's ability to recognise anaphylaxis, summon assistance, locate and administer an Adrenaline Auto-Injector (AAI), contact emergency services and communicate with parents.

Any learning identified should be recorded and used to improve procedures, staff awareness and emergency response arrangements.

12 Inclusion and safeguarding

All Trust schools are committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

13 Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

Details of where the school's menu is available for parents to view in advance with all ingredients listed and allergens highlighted is in Appendix 4.

The nominated person in school (see Appendix 1) will inform the Catering Manager of pupils with food allergies.

The school will have a system in place to ensure catering staff can identify children with allergies e.g. a list with photographs – see Appendix 4

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school caterer, parents should check the appropriateness of foods by speaking directly to the catering manager.
- If food is purchased from a school tuck shop parents should contact the school office or SENCo to check the appropriateness of foods.
- The pupil should be taught to also check with staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples

include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

14 School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check in advance the expiry dates of medication (including AAIs) for all pupils with medical conditions, including allergies, and ensure that they carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion. It is expected that "spare" AAIs will normally be kept in school rather than taken on trips.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

14.1 Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

15 Allergy awareness and nut bans

Trust schools support the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

16 Recording and Reporting Serious Incidents and 'near misses'

The Trust considers all allergy incidents, cases of anaphylaxis, medication errors and allergy-related near misses to be significant incidents under its incident reporting procedures. They must be reported centrally using the Trust's online incident reporting form.

Parents must be informed, and any applicable statutory or external reporting requirements must be considered. Incidents will be reviewed in a no-blame manner to identify learning and determine whether the allergy safety policy, risk assessment, IHP, Action Plan, training or local procedures require amendment.

The Trust Board or relevant committee will receive periodic assurance information on incidents, near misses, themes and actions.

17 Information sharing

The Trust recognizes that personal allergy information is considered special category data under UK GDPR. This data will only be shared in appropriate circumstances and in line with the MAT Data Protection Policy.

18 Review

This policy will:

- be reviewed at least annually;
- be reviewed following relevant serious incidents or near misses where appropriate;
- be published on every school website;
- be available in hard copy on request; and
- be publicised to staff, pupils and parents.

19 Useful Links

Department for Education Allergy Safety in Schools Statutory Guidance, 2026 - Allergy safety in schools statutory guidance

Department for Education Supporting pupils at school with medical conditions - Supporting pupils at school with medical conditions

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/

AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness- andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Appendix 1 – School-specific information

Staff responsibilities

NOTE: The tasks may be split between different people but the Allergy Lead has overall responsibility and oversight and must be an SLT member.

Role	Name of Responsible person
School Allergy Lead	
Co-ordinating the paperwork and information from families	
Completing IHPs and risk assessments for children with allergies	
Co-ordinating medication with families	
Maintaining the register of children with AAIs	
Checking children's AAIs are in date	
Checking monthly that: • The spare AAIs are present and in date • Spare AAIs are obtained when the expiry date is near (name two people to ensure cover)	
Ensuring relevant third parties have the pupil allergy information needed to meet their responsibilities, e.g., catering, breakfast club providers, after school club providers, tuck shop	
Ensuring all staff have completed allergy awareness training	
Ensuring allergies are included in trip risk assessments	
Any other related responsibilities the school wishes to include	

Appendix 2 - AAI Devices and Paperwork

Where children's AAIs and Allergy Action Plans are stored *This must be a safe location but must NOT be locked. If pupils carry their own AAIs, note how this storage can be identified, e.g., 'Named Red Drawstring Bag'*
Where the spare AAIs and AAI Register are stored *This must be a safe location but must NOT be locked.*
How the school will ensure AAIs are available for rapid access at all times *Adrenaline must be administered within 5 minutes, identify here if the AAIs need to be relocated when children are in the lunch area, playground or on sports field. In a large school this may necessitate AAIs being available in more than one location.*
Where the school purchases their AAI devices *Include name of company, contact details, brand and dosages*
Where to dispose of used AAI devices ***Cannot be in general rubbish**, school will require a sharps bin*
The sharps bin is located: **How we dispose of the sharps bin:**
Taking AAIs home and checking they remain in date *Enter any arrangements needed for children taking AAIs home (e.g., at the end of the day for the journey home) and for checking they remain in date*

Appendix 3 - Other School-specific information

Food restrictions *Note here any foods that are known to pose specific risk to children in school (no names) and for which the school needs to promote 'allergy awareness' with staff, children and parents*
Approaches to risk reduction *Note here specific actions school may take, e.g.,* • *encouraging staff and children to avoid high-risk foods such as nuts and sesame,* • *asking children who bring these foods away from others* • *confiscating these foods* • *tuck shop does not stock these foods*
Procedures for preventing and dealing with insect bites/stings
Hygiene procedures for managing allergies to animals *e.g.:* • *children with allergies will not interact with animals* • *children always wash hands after contact*

Appendix 4 – Liaison with Catering Organisation

The company the school uses for catering school dinners is:	
You can find the menus and allergen information here:	
How contact the catering manager about your child's allergies:	
How the school will make sure catering staff can easily identify children with allergies, e.g., a list with photos and/or a coloured armband:	