Aletheia Academies Trust

Allergen and Anaphylaxis Policy

September 2026

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Contents

Statement of intent

All schools within Aletheia Academies Trust strive to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents/carers,pupils, volunteers, contractors (where relevant), visitors and wraparound provision with the intention of minimising the risk of anaphylaxis occurring whilst at school.

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

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

The Trust adopts a whole-school approach to allergy awareness and anaphylaxis management, recognising that effective prevention, early identification and rapid response are essential safeguarding responsibilities. The Trust is committed to ensuring that pupils with allergies are safe, included and able to participate fully in all aspects of school life.

1. Legal framework

1,1 This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2026) 'Supporting children and young people with medical conditions and allergies at school'
- DfE (2023) 'Allergy guidance for schools'
- Equality Act 2010
- Department of Health and Social Care (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Food Standards Agency allergen guidance
- DfE (2026) Working Together to Safeguard Children (allergy as medical safeguarding risk)

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

- Child Protection and Safeguarding Policy
- First Aid Policy
- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy

- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment
- Register of AAIs
- AAI Record

2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.
Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.
Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting

- Alterations in heart rate
- Feeling of weakness

Allergy Action Plan – is personalised emergency plan, usually completed by a healthcare professional, which sets out the signs and symptoms of an allergic reaction or anaphylaxis and provides clear instructions on the emergency treatment required, including the administration of prescribed medication where appropriate.

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- **EYFS and primary schools:** For infants and younger pupils, becoming pale or floppy

Individual Healthcare Plan (IHP) – is a written plan developed in partnership with the pupil (where appropriate), their parents/carers, the school and, where

necessary, relevant healthcare professionals. The IHP sets out the pupil's medical needs, known allergens, preventative measures, reasonable adjustments, emergency procedures, prescribed medication, and the roles and responsibilities of those supporting the pupil while at school and during school activities.

Near Miss – is an event or situation involving a known or potential allergen that could have resulted in an allergic reaction or anaphylaxis but did not, either because the exposure was avoided, identified in time, or did not result in harm. Near misses will be reported, recorded, reviewed and used to inform improvements to risk management, training and school procedures.

3. Roles and responsibilities

The governing board is responsible for:

- Ensuring that arrangements are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that the school's arrangements give parents/carers and pupils confidence in the school's ability to minimise susceptible pupils' contact with allergens, and to effectively support pupils should an allergic reaction or anaphylaxis occur.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Ensuring compliance and audit processes are in place with monitoring of trends and near misses.

- Monitoring the effectiveness of this policy and reviewed annually , and after any incident where a pupil experiences an allergic reaction.

The headteacher/head of school is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring there is a pre-admission planning meeting for high-risk pupils.
- Ensuring that parents/carers are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.
- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Ensuring induction arrangements for new, temporary, supply and agency staff include allergy awareness before working with pupils.

- Seeking up-to-date medical information about each pupil via a medical form sent to parents/carers on an annual basis, including information regarding any allergies.
- Contacting parents/carers for required medical documentation regarding a pupil's allergy.

Allergy Lead (or Medical Needs Lead)

Overseeing allergy register accuracy

- Monitoring IHP quality
- Leading audits and incident reviews
- Liaising with parents and external professionals
- Ensuring compliance across school activities

The Designated Allergy Lead will:

- act as the central point of contact for allergy management across the school;
- oversee allergy awareness and anaphylaxis preparedness;
- ensure allergy information is accurately communicated to all relevant staff, including temporary, agency and supply staff;
- oversee annual anaphylaxis drills;
- ensure allergy incidents and near misses are reviewed and recorded;
- ensure reasonable adjustments are implemented for pupils with allergies.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.

- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents/carers.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Duty to complete training before working with pupils.
- Awareness of location of AAIs and emergency procedures at all times.
- Preventing and responding to allergy-related bullying, teasing or unsafe behaviour.
- reporting near misses as well as incidents.

The kitchen manager is responsible for:

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

Kitchen staff are responsible for:

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

All parents/carers are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up to date with their child's medical information and notifying the school immediately if there are any changes.
- Providing 2 in-date AAIs.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.

- Providing the school, in writing, with any details regarding the child's allergies.
- Working alongside the school to develop an individual care plan to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Signing their child's care plan, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut and seed-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react, in line with their age and ability.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.
- Ensuring that allergy or intolerance information provided to the school is medically accurate and not based solely on dietary preference.

All pupils are responsible for:

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

- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

4. Food allergies

4.1 Parents/carers will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

4.2 Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

4.3 The school cannot guarantee an allergen-free environment. Risk reduction measures will instead focus on allergen awareness, hygiene, supervision, communication and reasonable adjustments.

4.4 When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

4.5 Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.

4.6 Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.

4.7 The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.

4.8 To ensure that catering staff can appropriately identify pupils with dietary needs, pupils will either wear a coloured wrist band/have an allergy card or have another identifying method which denotes their food allergy; a key explaining the colours will be displayed on the wall in the serving area so that it is visible to all kitchen staff.

4.9 All food tables will be disinfected before and after being used.

4.10 Anti-bacterial wipes and cleaning fluid will be used.

4.11 Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

4.12 Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.

4.13 There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

4.14 There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

4.15 Food items containing bread and wheat will be stored separately.

4.16 The school's catering service is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

4.17 Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

4.18 Pupils with allergies will not be excluded from activities solely because of their allergy where reasonable adjustments can be made to enable safe participation. The school will consider appropriate adjustments on

an individual basis, taking account of the pupil's Individual Healthcare Plan (IHP), risk assessment, medical advice where appropriate, and its duties under the Equality Act 2010.

4.19 Food provided by parents, fundraising events, celebrations, cooking activities and external providers will also be risk assessed where appropriate.

5. Food allergen labelling

5.1 The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

5.2 The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

5.3 The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed regularly, or as soon as there are any revisions to related guidance or legislation.

Food labelling

5.4 Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food

- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

5.5 The school will ensure that allergen traceability information is readily available. Allergens may be tracked using the following methods:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

Declared allergens

5.6 The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk

- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

5.7 The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

5.8 Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

5.9 Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

5.10 The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

5.11 Foods labelled with precautionary allergen warnings such as "may contain" or "not suitable for" statements will be risk assessed in

accordance with the pupil's individual healthcare plan and parental/medical advice.

5.12 Staff must never guess ingredients and must seek clarification where allergen information is unavailable.

Changes to ingredients and food packaging

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

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

5.15 The same allergen management procedures apply to breakfast clubs, after-school provision, enrichment activities and any externally operated catering provision.

6. Animal allergies

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

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

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

6.4 Administration of antihistamine tablets will only occur in accordance with the school's Supporting Pupils with Medical Conditions Policy and parental consent arrangements.

7. Seasonal allergies

7.1 The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

7.2 Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

7.3 Pupils with severe seasonal allergies can be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

7.4 Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

7.5 Pupils will be encouraged to wash their hands after playing outside.

7.6 Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change into after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Pollen monitoring is one factor and staff will also consider the individual pupil's healthcare plan.

7.7 Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.

7.8 The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

7.9 Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

8. Adrenaline auto-injectors (AAIs)

8.1 Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency. The Trust will monitor developments regarding approved nasal adrenaline treatments (e.g. EURNeffy/Neffy) and update procedures and training where such medication is prescribed for pupils.

8.2 Under the Human Medicines (Amendment) Regulations 2017 the school can purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

8.3 The school may purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy or a medical equipment supplier.

8.4 The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

8.5 The headteacher, in conjunction with the first aider, will decide which brands of AAI to purchase.

8.6 Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

8.7 The school will purchase AAIs in accordance with manufacturer guidance and the pupil's prescribed device, as prescribing increasingly depends upon weight.

8.8 Spare AAIs may be stored as part of an emergency anaphylaxis kit, which should include the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks

- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

8.9 **For Secondary schools** Pupils who have prescribed AAI devices may be able to keep their device in their possession.

8.10 **For Primary schools** Pupils who have prescribed AAI devices, and are over the age of seven, may be able to keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location.

8.11 Spare AAIs are not located more than five minutes away from where they may be required with clear signage of AAI locations. The emergency anaphylaxis kit(s) can be found in the school office or school medical office. Where schools operate over multiple buildings or sites, sufficient emergency kits will be available to ensure adrenaline can be accessed within five minutes.

8.12 All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

8.13 All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

8.14 In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

8.15 A member of staff will be responsible for maintaining the emergency anaphylaxis kit(s) and to conduct regular checks of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

8.16 The designated member of staff is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs. The school will undertake at least one anaphylaxis emergency drill annually.

8.17 Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

8.18 Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

8.19 A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

8.20 Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

- batch number of device
- expiry date (if appropriate)
- ambulance reference (if available)
- outcome and post-incident review completed.

9. Access to spare AAIs

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

9.2 Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

9.3 Consent will be obtained as part of the introduction or development of a pupil's IHP.

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

9.5 The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis

- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

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

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

9.8 The designated member of staff will check the register is up-to-date on an annual basis and will also update the register relevant to any changes in consent or a pupil's requirements. Copies of the register are held in a room which is accessible to all staff members.

9.9 The designated member of staff will also check the register whenever a new pupil joins or medical information changes.

10. School trips

10.1 The headteacher will ensure a risk assessment is conducted for each school trip[1] to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

[1] Schools trips include sporting fixtures, work experience, Duke of Edinburgh, residentials and overseas visits.

10.2 The school will speak to the parents/carers of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

10.3 A designated adult will be available to support the pupil at all times during a school trip.

10.4 If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely.. Where essential emergency medication is unavailable, the school will undertake an urgent risk assessment and determine whether participation can safely proceed.

10.5 A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

10.6 Two AAIs will be taken on the trip and will be easily accessible at all times.

10.7 Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

10.8 Allergy information and dietary requirements will also be communicated in advance for sports fixtures, residential visits and external educational events.

11. Medical attention and required support

11.1 Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents/carers, the relevant classroom teacher, the school nurse and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

11.2 All medical attention, including that in relation to administering medication, will be conducted in accordance with the Supporting Pupils with Medical Conditions Policy and on a need-to-know basis in accordance with UK GDPR.

11.3 Parents/carers will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

11.4 Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

11.5 All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

11.6 Any specified support which the pupil may require will be outlined in their IHP.

11.7 All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

11.8 The School Office Manager is responsible for working alongside relevant staff members and parents/carers in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided, and the required documentation is completed, including risk assessments being undertaken.

11.9 The School Office Manager has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

12. Individual Healthcare Plans (IHPs) – Allergy Specific Requirements

12.1 All pupils identified as being at risk of anaphylaxis must have an Individual Healthcare Plan (IHP) in place.

12.2 The IHP will clearly set out the pupil's specific allergen triggers.

12.3 The IHP will detail the early signs and symptoms of an allergic reaction to support prompt recognition.

12.4 The IHP will include a clear emergency response plan, outlining the actions to be taken in the event of an allergic reaction.

12.5 The IHP will specify the prescribed adrenaline auto-injector (AAI) dosage and the location(s) where medication is stored.

12.6 The IHP will identify named members of staff who have received appropriate training to support the pupil.

12.7 All IHPs will be reviewed at least annually, or sooner following any allergic reaction, near miss or significant change in the pupil's medical needs.

12.8 The IHP will be shared with all relevant staff, including temporary and supply staff, to ensure consistent and effective support.

12.9 Individual Healthcare Plans should include or be accompanied by a clinician-completed Allergy Action Plan where available.

12.10 IHPs should include an up-to-date photograph of the pupil to support identification.

13. Staff training

13.1 Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

13.2 In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate annual mandatory training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

13.3 The school will arrange specialist training for key staff on a regular basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis and on the use of AAI. Refresher training will also be provided following changes in guidance, medication or significant incidents.

13.4 The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

13.5 The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

13.6 Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.

- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

13.7 All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

13.8 Temporary, supply and agency staff will receive appropriate allergy and emergency response information before working with pupils.

13.9 Training records will be maintained and monitored by the school.

14. Mild to moderate allergic reaction

14.1 Mild to moderate symptoms of an allergic reaction include the following:

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

14.2 If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

14.3 The pupil's parents/carers will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

14.4 In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

14.5 For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

14.6 Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

15. Managing anaphylaxis

15.1 In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received. Staff should not ask the child to walk to the medical room. Emergency medication should be brought to the pupil.

15.2 Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

15.3 If necessary, other staff members may assist the designated staff members with administering AAIs.

15.4 A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched. Pupils experiencing anaphylaxis should not suddenly stand or walk.

15.5 The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

15.6 If the pupil stops breathing, a suitably trained member of staff will administer CPR.

15.7 If symptoms do not improve, worsen, or return after approximately five minutes, a second dose of adrenaline should be administered if available.

15.8 In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

15.9 A designated staff member will contact the pupil's parents/carers as soon as is possible.

15.10 Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

15.11 Any used AAIs will be given to paramedics.

15.12 Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

15.13 Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

15.14 A member of staff will accompany the pupil to hospital in the absence of their parents/carers.

15.15 If a pupil is taken to hospital by ambulance, at least one member of staff will accompany them.

15.16 A copy of the Register of AAIs will be held in the school office for easy access in the event of an allergic reaction.

15.17 Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse or member of staff trained in first aid, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

16. Inclusion, Wellbeing and Mental Health

The Trust recognises that living with allergies may affect a pupil's emotional wellbeing, confidence and social inclusion.

The school will:

- support pupils to participate safely in all aspects of school life;
- take concerns regarding anxiety and wellbeing seriously;
- address allergy-related bullying robustly;
- involve pupils in planning reasonable adjustments appropriate to their age and understanding;

- promote allergy awareness across the school community.

17. Monitoring and review

17.1 The Board of Trustees is responsible for reviewing this policyannually.

17.2 The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

17.3 Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

17.4 Allergy incidents, near misses and emergency responses will be reviewed periodically to identify trends, training needs and opportunities to improve practice.

Pupil allergy declaration form

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

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

Control measures to avoid an adverse reaction	

Spare AAIs

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	☐	**No**	☐

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