Consilium Academies

ALLERGENS & ANAPHYLAXIS POLICY

September 2026

Date of Approval
September 2026

Approved by
Trust Board

Date of next Review
September 2027

Excellence and Equity with integrity

Consilium Academies Trust recognises that pupils, staff and visitors may have allergies that can cause serious or potentially life-threatening reactions. This policy sets out the Trust's approach to reducing allergen exposure, managing known allergies safely, promoting awareness and ensuring a rapid emergency response where anaphylaxis is suspected.

This policy provides a Trust-wide framework for allergy safety and must be completed locally by each academy to reflect named leads, systems, catering arrangements, medication storage, trip procedures and incident reporting routes.

Trust adoption and local completion: This is a Trust policy for all Consilium Academies and must be completed locally before publication, including the named responsible leads, local systems, storage locations, training records, communication routes, school-specific risk assessments and incident reporting arrangements.

DfE statutory guidance alignment: This policy reflects the Department for Education's Allergy Safety in Schools guidance issued in July 2026 and supports academy implementation from the 2026/27 academic year, including the requirement to have an allergy safety policy, publish it, keep it under review, train staff, identify pupils requiring individual support and learn from incidents and near misses.

Each school must ensure the final local version is published, communicated to staff and stakeholders, and retained with evidence of implementation, monitoring and review.

Person responsible for this policy & it's implementation	[Insert Principal / Allergy Safety Lead / Operations Manager as locally agreed]
Review Frequency	Annually or when an incident is experienced
Date approved	September 2026
Date of next review	September 2027
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies	Trust Supporting Pupils with Medical Conditions Policy Trust First Aid Policy Trust Safeguarding, Health and Safety, Food Safety, Behaviour, Anti-Bullying and Educational Visits policies School-specific medical, catering, trip, visitor and incident reporting procedures

Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

Our academy adopts a whole-school awareness approach so that staff and pupils understand what allergies are, the importance of avoiding known allergens, the signs and symptoms of allergic reaction, how to respond in an emergency and how day-to-day procedures reduce the risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

The Trust recognises that severe allergies may meet the definition of disability under the Equality Act 2010 where they have a substantial and long-term adverse effect on an individual's ability to carry out normal day-to-day activities.

Emergency Treatment and Management of Anaphylaxis

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
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

Staff should suspect anaphylaxis where a person with a known or suspected allergy has sudden breathing difficulty, throat tightness, collapse, faintness, confusion, or rapid deterioration, even if no rash is present.

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, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious 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.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE - WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. 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 adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual 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 individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and the academy will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Allergen Identification and Sources

Allergens may be food or non-food substances and can include, but are not limited to, the recognised food allergens, any other food that triggers a reaction for an individual, insect stings, medication, latex, animals, plants, dusts and other environmental triggers.

Known allergens are identified through parent/carer disclosures, admissions and transition information, clinical allergy action plans, Individual Healthcare Plans, asthma plans where relevant, staff health declarations, visitor or volunteer information, catering ingredient data, food labels, allergen matrices, curriculum and trip risk assessments, and incident or near-miss reviews.

Each school must record allergy information on Arbor as the academy's Management Information System (MIS), confirm how the information is kept up to date, and ensure it is communicated appropriately to staff, catering teams, trip leaders, cover staff and other relevant adults who need it to keep individuals safe.

Each academy is allergy aware and will ensure that staff and pupils understand the risks posed by allergens, take reasonable steps to minimise exposure and follow clear emergency response arrangements.

Each academy completes a school-wide allergy risk assessment to identify where exposure to known allergens may occur and to set proportionate control measures. The assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens

- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

Allergy will be considered within relevant academy risk assessments so that risks are identified and proportionate controls are planned, implemented and reviewed.

Each academy will minimise the risk of allergen exposure by:

- All school staff allergy training every year
- Educating students through awareness assemblies and within PSHE
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

Food Provision and Catering:

Each academy will manage the risk of food allergy and provide clear allergen information for food provided on site by:

- Ensure the school food supplier procured by Trust is used only to ensure compliance with Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently
- Provide student's allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identify students with allergies at point of service by:
    - Photos in kitchen
    - Till point identification (Arbor & Cashless Catering software)
    - Till point allergen checks must be completed before food is issued, using the agreed cashless catering, MIS or till alert system to confirm the pupil's recorded allergens and any approved meal restrictions.
    - Any uncertainty at the till point must be escalated to the catering lead or nominated school contact before food is served.
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teach students not to food share, trade food or share utensils or food containers with the reasons why

The school menu should be made available for parents/carers to review in advance, and parents/carers should be encouraged to contact the academy or catering provider to discuss individual dietary requirements where needed.

Pupils with allergies should identify themselves to catering staff before food is served where they are competent and confident to do so; where pupils are not able to do this independently, staff must support identification and meal verification.

Parents/carers are required to provide up-to-date food allergy and intolerance information before admission and whenever there is a change to a pupil's allergy, diet or medical needs. This information must be recorded on Arbor and shared with relevant school and catering staff through the agreed secure systems. Parents/carers may use the Arbor app or Parent Portal to update relevant information and must also notify the academy directly of urgent or significant changes.

[Administration or pastoral support staff (delete as appropriate for your school)] are responsible for ensuring that any allergy information they receive from parents or students is correctly uploaded to Arbor.

Operations Managers should undertake regular dip-testing as part of routine management and oversight of the kitchen; selecting students with known allergies and ensuring this information is displayed correctly on the cashless catering system.

Where local systems allow, allergy and intolerance lists should include photographs and be available to the catering team, relevant staff and in emergency allergy records or kits where appropriate.

Staff members are also expected to disclose relevant allergy or intolerance information through the agreed HR, occupational health or local reporting process so that appropriate arrangements can be considered.

When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate) parent/carer permission will sought in advance to ensure inclusion and safety for students with allergies.

These procedures apply to school-led breakfast and after-school provision. Where provision is delivered by a third party, the academy will ensure that this policy is shared and that the third-party provider follows equivalent allergy safety procedures. Allergen information cards or sheets should be presented by the organiser or leader before any food from external providers is eaten.

Ensuring that all events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that all staff who are serving food have awareness of allergen management.

Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- external (fields, yards, outdoor spaces)
- sports field
- when on visits or trips
- Any school related activity regardless of location, time spent

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during before/after school events).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Each academy holds spare adrenaline devices for emergency use. These are not a replacement for a pupil's own prescribed devices, and pupils prescribed adrenaline are expected to have their own devices available at school in line with their Individual Healthcare Plan.

Spare adrenaline devices may be used in emergency situations including device failure, missing or unavailable prescribed medication, expired personal devices, or suspected first-time anaphylaxis. They must be stored in clearly labelled emergency anaphylaxis containers that are accessible, not locked away and known to relevant staff. Each academy should obtain written parental consent for use of spare adrenaline devices through the admissions, medical questionnaire or Individual Healthcare Plan process wherever possible, while recognising that emergency treatment should not be delayed where anaphylaxis is suspected.

School type	*AAI for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300*
Secondary school	*One or two pairs of "spare" devices**

Each academy will record the brand, dose, quantity, location and checking arrangements for spare adrenaline devices in its local emergency medication records.

Local record: [insert brand, dose, quantity and expiry dates].

Local storage locations: [insert locations].

Containers must be clearly labelled 'Emergency Anaphylaxis Kit' and be accessible to trained staff at all times.

Local storage boxes [COLOUR]

The Operations Manager (or designated SLT) is responsible for ensuring spare adrenaline devices are checked, in date, clear, accessible and replaced before expiry.

Checks must be recorded at least monthly and any missing, expired, cloudy, damaged or used devices must be replaced promptly.

Used adrenaline devices must be treated as sharps and disposed of safely through the agreed local sharps arrangements or transferred to paramedics where appropriate. Expired or degraded devices must be disposed of in line with local pharmacy or waste procedures.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Student self-management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

Students, 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.

Staff Training and Emergency Response

All school staff, including teaching staff, support staff, catering staff, site staff and others who may oversee students including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

Training is arranged by Trust HR and content includes as a minimum:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
    - All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline
- How to report an allergic reaction including
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
    - How to check if a student is on the record of those with a known allergy
    - How to use an allergy or asthma action plan
    - Cross-contamination awareness, including safe handling, preparation, serving and cleaning controls where food or allergens are present.
    - Allergy risk assessment for curriculum activities, charity events, educational visits, sporting fixtures, cookery, science, food technology and any other activity involving food or other known allergens.
    - Academy-specific local procedures, including allergy register access, pupil identification, catering arrangements, spare adrenaline device locations and incident reporting routes.

Emergency preparedness

Each academy will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures where required.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Each academy will communicate key risk reduction messages before higher-risk periods such as festivals, trips, end-of-term celebrations, curriculum food activities and external events.

During fire drills and lockdown practices, each academy will ensure that pupils' adrenaline devices remain accessible and accompany them where required. If a real evacuation occurs and a pupil leaves site without required emergency medication, parents/carers must be contacted immediately and the senior leadership team informed.

Roles and Responsibilities:

The Trust Board retains strategic oversight of allergy safety across Consilium Academies, while local implementation is delegated to the Principal, supported by the Operations Manager, Allergy Safety Lead, Site Manager, catering provider and all staff in accordance with their roles.

Role	Core accountability
Trust Board / Academy Trust	Maintains strategic oversight, ensures appropriate policy arrangements are in place and receives assurance on implementation, incidents and review.
Principal	Holds local accountability for implementation, publication, communication and compliance with this policy within the academy.
Operations Manager / Allergy Safety Lead	Coordinates local procedures, maintains records, monitors training, checks emergency medication arrangements and escalates risks or gaps.
Catering provider / catering staff	Maintains safe allergen controls, accurate allergen information, meal verification procedures and immediate escalation of concerns.
All staff	Follow training, implement individual plans and risk controls, recognise symptoms, respond promptly and report incidents or near misses.

Allergy lead:

The Trust retains strategic oversight of allergy safety, and the Head of Operations & Estates provides assurance that the correct local arrangements are in place to reduce the risk of individuals coming into contact with known allergens and to ensure an effective emergency response for suspected anaphylaxis. Allergy safety should be considered through the academy's relevant governance, health and safety and risk management reporting arrangements.

Each academy will include significant allergy-related risks on the local risk register where these require leadership oversight, additional controls or escalation.

Each academy must identify a named senior leader or delegated allergy safety lead responsible for driving local implementation of this policy, maintaining oversight of academy procedures, coordinating review activity and escalating risks or gaps. The Allergy Lead for each school shall be the Operations Manager, or designated senior leader where locally agreed or during absence.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the student starting
- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of students at mealtimes
- Communication about:
    - the policy
    - the students who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents
- communication with:
    - Local academy board to provide updates about the policy implementation
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
    - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks

- Spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- That IHPs are created and communicated
- Training
    - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
    - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

If the allergy lead is supported by a medical officer, lead first aider or school nurse, the above can be amended to reflect who is responsible for which aspects.

All Staff:

Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents:

Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating the school when reactions happen outside of school or when there are any changes to the student's allergy and its management, including by updating Arbor through the Arbor app or Parent Portal where available.
- Ensuring that the student always has in date medication with them at school
- Communicating immediately with the academy any updated medical or other information relating to allergen/anaphylaxis, including urgent updates that must not wait for routine Arbor record updates.

Identification of Individuals with Allergies

Admissions Data Collection: Each academy collects medical, allergy, dietary and treatment information from parents/carers before admission or transition using Arbor, the Arbor app or Parent Portal, and the agreed local admissions, medical and catering information processes.

Information Sharing: UK GDPR does not prevent the sharing of a pupil's health information where this is necessary to keep them safe. Relevant allergy information is securely recorded on Arbor and shared on a need-to-know basis with teaching staff, support staff, supply and cover staff, trip leaders and catering teams using the academy's agreed secure systems.

Transition: Allergy information and existing care plans are requested and reviewed as part of transition. The academy will work with parents/carers, the pupil where appropriate and the previous school or setting to agree whether existing arrangements remain suitable or whether a new Individual Healthcare Plan is required.

Staff: Staff allergy information is gathered through the relevant employment, occupational health or local HR process. Where an allergy is declared, appropriate arrangements will be discussed and recorded to support a safe working environment.

Visitors and regular volunteers: Visitors, volunteers and contractors should be asked to disclose any relevant allergy information in advance where their visit or role may expose them to risk. Any necessary control measures will be communicated to the relevant host, reception, site or catering team.

Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP/allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are usually issued for students with an IgE-mediated food allergy, meaning a food allergy that can cause a rapid allergic reaction and may lead to anaphylaxis, and for some venom allergies. They are not issued for all allergies. Students with non-IgE allergies usually experience delayed symptoms and are not typically at risk of anaphylaxis, so an allergy action plan is not usually issued for non-IgE allergies.

*IgE – Immunoglobulin E

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

IHPs will be reviewed annually or when staff change however they must be reviewed immediately if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Each academy will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
- individual healthcare plans are created whilst students are waiting for a diagnosis

School Trips and External Visits

Each academy ensures that pupils with allergies are fully included in trips, sporting events and extracurricular activities. Risk assessments must address allergen exposure, emergency medication, transport, supervision, food provision and access to emergency care, with proportionate control measures identified before the activity takes place.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

Trip leaders must ensure that pupils with medical conditions, including allergies, have their emergency medication and relevant allergy action plans available before leaving site, that the visit risk assessment is up to date, that venues, host schools and residential providers are informed of relevant allergy requirements in advance, and that a trained member of staff accompanies relevant trips, fixtures and activities.

In conjunction with the allergy lead, the trip leader will review whether academy spare adrenaline devices should be taken on the trip and will ensure that any additional arrangements do not leave pupils who remain on site without appropriate emergency access.

Where an academy arranges a sporting fixture or visit involving food provided by another setting, relevant allergy information must be communicated in advance and suitable food or alternative arrangements confirmed before the activity takes place.

Serious Incidents and "Near Misses":

Each academy approaches serious incidents and near misses in a learning culture, seeking to understand what happened, identify contributory factors and implement actions that reduce the likelihood of recurrence.

Where an allergy incident occurs, relevant evidence such as food packaging, ingredient information, residues, samples or equipment should be retained where safe and appropriate to support review, investigation and external reporting if required.

Each academy must record allergic reactions, anaphylaxis incidents and near misses promptly using the Trust incident reporting system. Incidents should be reviewed, actions recorded and themes escalated through local leadership, health and safety and Trust reporting routes where appropriate.

Reporting Route: All allergic reactions suspected allergic reactions, anaphylaxis incidents, medication errors, catering errors and near misses must be reported on the Trust incident reporting system as soon as possible and no later than the same working day. The member of staff who identifies or responds to the incident is responsible for ensuring the report is completed and for informing the Operations Manager (or delegated SLT) immediately.

The Operations Manager (or designated SLT) will:

- Review the report
- Confirm immediate actions
- Notify the Principal

- Notify Trust Head of Operations & Estates, or Chief Operating Officer depending on severity
- Ensure an update to the Individual Healthcare Plan or risk assessment where required
- Escalate significant incidents through health and safety, safeguarding, governance, Trust or external reporting routes, including RIDDOR or Environmental Health where applicable.

The academy will communicate appropriately with the pupil, parents/carers and relevant staff following an incident or near miss, confirm learning and actions taken, and update the pupil's Individual Healthcare Plan where required.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

Wellbeing and Support

Allergy safety is embedded in each academy's culture so that pupils with allergies can participate safely and confidently in school life. Staff should recognise that allergy management may affect wellbeing and should provide practical and pastoral support where needed.

Each academy will:

- regularly communicate to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves students and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promotes "allergy champion" roles for staff and students (not just within the catering team) who act as a point of contact for students and staff with allergies, they can share feedback and support new joiners or anxious students
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

Safeguarding:

The academy recognises that a safeguarding referral may be required where an allergy-related incident or pattern of concern indicates that a child or young person may be at increased risk of neglect, abuse or exploitation because of their medical condition, including where essential information or medication is repeatedly not provided.

Unacceptable practice

Staff must understand what constitutes unacceptable practice and must act in line with this policy, the Supporting Pupils with Medical Conditions Policy, safeguarding procedures and staff conduct expectations.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;

- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:

https://benedictblythe.com/benedicts-law

https://www.anaphylaxis.org.uk/education/benedicts-law

Food:

Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

APPENDIX 1 - Implementation Assurance Checklist

Requirement	Local evidence / record	Owner
Named allergy safety lead, deputy and escalation route confirmed.	[Insert local record]	[Insert role]
Register of pupils and staff with allergies reviewed and shared appropriately.	Arbor MIS / secure local record	[Insert role]
IHPs, allergy action plans and asthma plans completed, reviewed and communicated.	[Insert record location]	[Insert role]
Spare adrenaline devices checked monthly, in date, accessible and correctly recorded.	[Insert check record]	[Insert role]
Annual staff allergy awareness and emergency response training completed.	[Insert training record]	[Insert role]
Catering allergen controls, meal verification, till point allergen checks and communication systems reviewed.	[Insert catering record]	[Insert role]
Trip, curriculum, visitor, contractor and event risk assessments include allergy controls where relevant.	[Insert risk assessment location]	[Insert role]
Incidents, allergic reactions and near misses recorded, reviewed and escalated.	[Insert reporting system]	[Insert role]

APPENDIX 2 - Monitoring and Review

Assurance activity	Frequency	Responsible role	Escalation / reporting
Review allergy register, IHPs and emergency medication records.	At least termly and after any change.	[Insert role]	Principal / Operations Manager / Trust lead as required.
Review catering allergen controls and meal verification arrangements.	At least termly and after menu or provider changes.	[Insert role]	Operations Manager / catering provider / Trust operations lead.
Review incidents, allergic reactions, near misses and action completion.	At each relevant leadership or health and safety meeting.	[Insert role]	Principal, governors and Trust reporting route where significant.
Review policy implementation and local completion.	Annually or sooner following statutory change, incident, audit finding or operational change.	[Insert role]	Trust policy review process and local publication route.

APPENDIX 3 – ALLERGEN INFORMATION FORM

Allergen Information Form

Child's Name: _____

Child's Tutor/Class: _____

Date of Birth: _____

Parent/Carer Name(s): _____

Primary Contact Number: _____

Secondary / Emergency Contact Number: _____

GP / Consultant / Allergy Service (if relevant): _____

Does the child have an Individual Healthcare Plan or Allergy Action Plan? Yes / No

If yes, date of current plan: _____

Allergens

Has the child experienced an allergic reaction within the last 12 months? Yes / No

If yes, please provide brief details, including whether medical intervention or emergency ambulance attendance was required.

_____
_____
_____

Please describe the child's usual symptoms or presentation:

_____

Has the child received a medical diagnosis of allergy? Yes / No

If yes, please provide supporting medical evidence where available.

Is medication required to be kept onsite? Yes / No

Please state the medication or medical intervention required in the event of an allergic reaction, for example adrenaline auto-injector, antihistamine or inhaler.

_____
_____
_____

Where is the medication usually carried or stored? _____

Has the child ever been prescribed an adrenaline auto-injector? Yes / No

If yes, please state the type and expiry date(s): _____

Please indicate the allergen or allergens relevant to the child:

Allergen	Tick if applicable	Notes / severity / key controls
Celery		
Cereals containing gluten		
Crustaceans		
Eggs		
Fish		
Lupin		

Allergen	Tick if applicable	Notes / severity / key controls
Milk		
Molluscs		
Mustard		
Peanuts		
Sesame		
Soya		
Sulphur dioxide / sulphites		
Tree nuts		
Other		

If 'Other' has been selected, please provide details below.

_____
_____
_____

Non-Food Allergies and Other Triggers

Please provide details of any non-food allergies or known triggers, for example medication, latex, insect stings, plants, animals, dust or pollen.

_____
_____
_____

Please state the control measures or avoidance strategies required:

_____

Food Intolerance

If the child experiences food intolerance symptoms, please indicate the relevant food or ingredient below.

Food / ingredient causing intolerance	Tick if applicable	Symptoms / notes
Celery		
Cereals containing gluten		
Crustaceans		
Eggs		
Fish		
Lupin		
Milk		
Molluscs		
Mustard		
Peanuts		

Food / ingredient causing intolerance	Tick if applicable	Symptoms / notes
Sesame		
Soya		
Sulphur dioxide / sulphites		
Tree nuts		
Other		

If 'Other' has been selected, please provide details below.

_____
_____
_____

Special Diet

Does the child require a special diet? Yes / No

Is this a medically required diet? Yes / No

If yes, please specify the dietary requirement: _____

Is this due to religious requirements, for example halal? Yes / No

If yes, please specify: _____

Is this due to ethical preferences, for example vegetarian or pescatarian? Yes / No

If yes, please specify: _____

Are there any foods that should be avoided due to texture, sensory needs or swallowing concerns? Yes / No

If yes, please provide details: _____

Signature: _____ Date: _____

Relationship to child: _____

Thank you for completing this form. Please return it to the school's designated administrative contact together with any supporting medical information and ensure that the child's allergy and medical information is also recorded accurately and kept up to date on Arbor so that appropriate planning, risk assessment and healthcare arrangements can be put in place.

School Use Only

Medication storage location (if kept onsite): _____

_____

Named lead first aider / responsible person during social times and meal service periods:

_____

Usual location during social times and meal service periods: _____

How will the school communicate the child's dietary, allergy and medical requirements to relevant staff?

_____
_____
_____
_____
_____

Date individual risk assessment completed: _____

_____
_____
_____

Date Individual Healthcare Plan completed or reviewed, if applicable:

_____

Review date for plan and/or risk assessment: _____

Name of school representative: _____

Signature: _____ Date: _____

APPENDIX 4 – SPECIAL DIETARY ORDER FORM

Consilium
Catering

Special Dietary Order Form

Name	
Year / Class	
Special dietary requirement. Gluten free, dairy etc	
Date	
Week commencing	

Day	Breakfast	Break	Lunch
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Signature confirming choices	
Print Name	

APPENDIX 5 – ANAPHYLAXIS PROTOCOL

SUSPECT ANAPHYLAXIS? ACT IMMEDIATELY.

1. RECOGNISE – ABC SYMPTOMS

- **Airway: throat tightness, tongue/throat swelling, hoarse voice or difficulty swallowing.**
- **Breathing: wheeze, noisy breathing, persistent cough or sudden breathing difficulty.**
- **Circulation: faintness, collapse, confusion, pale clammy skin or loss of consciousness.**
- **Do not wait for a rash.**

↓ ACT FAST ↓

2. POSITION SAFELY

- Keep the person where they are.
- Lie them flat with legs raised.
- If breathing is difficult, allow them to sit upright briefly.
- Do not stand them up or walk them anywhere.

↓ GIVE ADRENALINE ↓

3. GIVE ADRENALINE IMMEDIATELY

- Use the person's own adrenaline device first where available.
- Use a spare device if their own device is missing, expired, unavailable, fails or misfires.
- Use a spare device for suspected first-time anaphylaxis.
- Note the time given.

↓ CALL 999 ↓

4. CALL 999 – SAY "ANAPHYLAXIS"

- Call 999 immediately after adrenaline is given.
- State clearly: "ANAPHYLAXIS". ANA-FIL-AXSIS
- Send someone to meet the ambulance.
- Follow emergency services instructions.

↓ CHECK AFTER 5 MINUTES ↓

5. SECOND DOSE / CPR

- Give a second adrenaline device after 5 minutes if symptoms do not improve.
- Give a second device if symptoms return.
- If there are no signs of life, begin CPR.

6. AFTERCARE

- All individuals given adrenaline must go to hospital for observation.
- Contact parents/carers as soon as possible.
- Record the incident and retain relevant evidence where safe.
- Review the Individual Healthcare Plan and risk controls.