Allergy Safety and Anaphylaxis Policy

Version 1

Important: This document can only be considered valid when viewed on the Trust website. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online. **Name and Title of Author:**	Helen Challinor (Trust Safeguarding Lead) and Luc Perquin (Head of Estates & Facilities)
Name of Responsible Committee/Individual:	Board of Trustees
Implementation Date:	September 2026
Review Date:	Annually or when required
Target Audience:	Staff, parents and carers, pupils, volunteers, governors, trustees and members
Related Documents: **All Trust policies and procedures referred to are located on the trust website, www.theeducationalliance.org.uk.** **If English is not your first language, and you require assistance/translation, please contact the HR Department.**	Children and Families Act 2014, Equality Act 2010, Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999, Supporting Pupils at School with Medical Conditions statutory guidance, Food Information Regulations 2014, Allergy Safety in Schools – statutory guidance 2026 and SEND Code of Practice.

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1. Scope

The Education Alliance is committed to providing a safe, inclusive and supportive environment for all pupils with allergies. The Trust recognises that allergies can range from mild reactions to life-threatening anaphylaxis and is committed to minimising risk, supporting participation in school life and ensuring effective emergency responses. This policy applies to all pupils educated within Trust schools, including children attending nursery classes and other Early Years Foundation Stage (EYFS) provision operated by the Trust.

2. Statutory and Regulatory Framework

This policy is informed by the Children and Families Act 2014, Equality Act 2010, Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999, Supporting Pupils at School with Medical Conditions statutory guidance, Food Information Regulations 2014, Allergy Safety in Schools – statutory guidance 2026 and SEND Code of Practice.

3. Equalities and Inclusion

Each TEAL setting will make reasonable adjustments to ensure pupils with allergies can access education, educational visits, enrichment activities and school meals safely. For children in EYFS, arrangements will take account of their developmental stage and the increased levels of adult supervision, support with eating and personal care, while promoting inclusion and participation in all activities. Pupils will not be disadvantaged because of a medical condition and decisions will be informed by individual risk assessments and healthcare plans. AAIs will form part of the Emergency First Aid supplies taken on educational visits and/or external enrichment activities.

4. Key Principles

The Trust will operate a whole-school approach to allergy management, maintain a culture of allergy awareness, support pupil independence, work collaboratively with families and healthcare professionals, and ensure that safeguarding considerations are reflected in allergy management arrangements.

5. Roles and Responsibilities

Governors and Trustees provide strategic oversight. Headteachers are responsible for the implementation of this policy. Each school will identify an appropriate member of the senior leadership team in each school who will have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy (in small schools this may be the Headteacher or another designated leader). This staff member will coordinate healthcare plans, training, incident management and liaison with families. All staff must complete allergy awareness training, follow plans and respond appropriately to emergencies. Parents must provide accurate information and in-date medication. Pupils will be supported to understand and manage their allergies according to age and understanding.

6. Identification of Allergies and Healthcare Planning

TEAL settings will seek allergy information on admission and through annual data collection. Pupils with diagnosed allergies will have an Allergy Action Plan and, where necessary, an Individual Healthcare Plan. Particular care will be taken during admission to nursery and Reception, and during

transition into school, to ensure allergy information, healthcare plans and medication are in place before attendance begins.

Children and young people should have an Individual Healthcare Plan (IHP) if:
• they have an allergy which has a functional impact on them in their school
• they are at risk of harm as a result of their allergy and
• they require arrangements which are additional to or different from those made generally

The IHP (see Appendix 1 template) will set out the additional and/or different arrangements that will be in place in the school for supporting the child or young person with their medical condition or allergy, including in emergency situations. This includes children and young people whose allergies require flexibility and reasonable adjustments, as well as those who require medication (either proactively or in an emergency situation).
Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it.
Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

7. Allergy Register and Information Sharing

Each setting will maintain an up-to-date allergy register identifying allergens, prescribed medication, emergency contacts, healthcare plans and risk controls. Relevant information will be shared with staff on a need-to-know basis.
A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

8. Medication Management

Parents are responsible for supplying in-date medication and providing information/instruction. Pupils prescribed adrenaline auto-injectors should normally have access to two devices. Medication will be clearly labelled and stored safely with storage arrangements reflecting the age of pupils and the layout of the school. Medication must be located so that it is quickly accessible in an emergency. Older pupils may carry their own medication where agreed as appropriate.

9. Spare Adrenaline Auto-Injectors (AAIs)

Schools will maintain spare AAIs in accordance with national guidance. They will determine the number and location of spare AAIs through their site-specific risk assessment, taking account of the size, layout and age range of pupils. Larger or split-site schools may require multiple locations to ensure an AAI can be accessed within five minutes. Locations will be known to staff and regular checks carried out to ensure medication remains fit for use.
When storing spare adrenaline devices:
• Spare adrenaline devices must be readily accessible and not locked away;
• In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, This should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Schools should consider how to achieve this as part of

their allergy safety policy. In larger schools, more than one set of spare adrenaline devices may be needed (for example one near the central dining area and another near the playground);
• Spare adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
• Spare adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.

10. Emergency Response and Anaphylaxis

Anaphylaxis will be treated as a medical emergency. Staff will follow the pupil's Allergy Action Plan, administer adrenaline without delay where indicated, call 999, request an ambulance and inform parents. Any pupil receiving adrenaline will be transported to hospital for assessment.

11. Catering and Food Safety

Where food is provided, schools and catering providers will comply with Food Information Regulations. Allergen information will be available, cross-contamination risks minimised and communication arrangements in place for pupils with dietary requirements. Food used in curriculum activities, celebrations and events will be risk assessed where necessary. In nursery and EYFS provision, schools will give particular consideration to snack times, food-based learning activities, messy play and sensory experiences to minimise unnecessary exposure to known allergens while supporting children's learning and development.

12. Educational Visits and Extra-Curricular Activities

Pupils with allergies will be supported to participate in all activities. Schools' Educational visit policies and risk assessments will consider allergy management where relevant to the activity or individual pupil.

13. Safeguarding and Wellbeing

The Trust recognises that allergy-related bullying, social exclusion, food tampering or deliberate allergen exposure may present safeguarding concerns. Such behaviour will be addressed through safeguarding, behaviour and anti-bullying procedures. Emotional wellbeing and inclusion will also be considered during support planning.

14. Training and Awareness of the allergy safety policy

As per Government statutory guidance, all staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs.
Induction arrangements for new, supply and cover staff will include allergy awareness training. All staff will receive regular allergy awareness and anaphylaxis training. Training will include recognition of symptoms, emergency procedures, use of AAIs, prevention strategies and understanding of individual healthcare documentation. Training records will be maintained.
The allergy safety policy will be published on the school's website and all staff will be aware of and understand the policy, as part of annual allergy awareness training.

Allergy safety will be raised among children and young people through the curriculum. Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training should be considered carefully and discussed with the child or young person and their parents/carers.

15. Incident Reporting and Learning

All allergy incidents will be recorded locally. Significant allergic reactions, administration of adrenaline, medication errors with potential for harm and serious near misses will be reported to the Trust Safeguarding Lead and Head of Estates & Facilities. Settings will review incidents to identify lessons learned and strengthen controls where required.

16. Post-Incident Review

Following any significant allergic reaction or administration of an AAI, a review will be undertaken involving parents and relevant staff. Risk assessments, healthcare plans and support arrangements will be updated where appropriate.

17. Contractors, Visitors and Lettings

Contractors, visitors, wraparound providers, catering suppliers and lettings users will be expected to comply with relevant allergy management arrangements where activities create allergy-related risks.

18. Monitoring, Assurance and Audit

Headteachers, or delegated member of SLT, will monitor implementation through medication audits, healthcare plan reviews, training records and incident reporting. Schools will undertake an annual review of allergy management arrangements to provide assurance to Governors and Trustees regarding compliance and improvement activity.

19. Policy Review

This policy will be reviewed annually or sooner following significant incidents, legislative changes or updated national guidance.

Appendix 1 Allergy Health Plan templates

<table>
<tr><th colspan="2">NAME –Individual Healthcare Plan - Allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
</table>

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan - Allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan - Allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: