CHANCERY EDUCATION TRUST

ALLERGY AWARENESS POLICY

SEPTEMBER 2026

Next Review Date: September 2027

Staff should make themselves aware of all policies and amendments or updates to policies and adhere to the same, which will be made available on relevant websites and internal data and computer systems.

Executive Summary – Allergy Awareness Policy September 2026

- The Trust is committed to protecting pupils, staff and visitors with allergies, particularly those at risk of anaphylaxis. However, it cannot guarantee a completely allergen-free environment.
- The policy covers allergies caused by food, medication, insect stings, airborne allergens and contact allergens.
- The Governing Body has overall accountability for allergy management. Headteachers are responsible for implementing the policy within their schools and monitoring compliance.
- Each school must appoint a Designated Medical or Allergy Lead to coordinate allergy arrangements, maintain records, oversee training and ensure emergency medication is available and regularly checked.
- Schools must maintain an up-to-date central allergy register that is accessible to relevant staff, including supply staff, catering teams and staff involved in educational visits.
- Pupils with serious allergies must have an Individual Healthcare Plan and an Allergy Action Plan. These should identify:
    - The pupil's allergens and possible triggers
    - Measures to reduce the risk of exposure
    - Emergency procedures
    - Medication requirements
    - The responsibilities of staff, parents and the pupil
- Plans should be completed before the pupil starts school, or within two weeks of diagnosis or enrolment, and reviewed at least annually or whenever circumstances change.
- All staff must receive allergy awareness and anaphylaxis training, including temporary staff, supply staff, volunteers, contractors and lunchtime supervisors. Training must be refreshed at least annually and following significant changes.
- Staff expected to administer adrenaline auto-injectors must receive appropriate practical training. Temporary and visiting staff must be informed of relevant allergy risks and emergency arrangements during induction.
- Emergency medication must be readily accessible and capable of being administered within five minutes. Pupils prescribed adrenaline auto-injectors should have access to two in-date devices.
- Schools should also hold spare adrenaline auto-injectors in accordance with statutory guidance. Their location must be clearly communicated, and checks must be made to ensure they remain in date and ready for use.
- If anaphylaxis is suspected:
    - Administer an adrenaline auto-injector immediately
    - Call 999 and state that anaphylaxis is suspected
    - Keep the person appropriately positioned and continuously supervised
    - Give a second dose after 5 to 15 minutes if symptoms do not improve and another device is available
    - Arrange for the pupil to be taken to hospital
    - Inform parents or carers
- If there is uncertainty, staff should treat the incident as anaphylaxis and administer adrenaline.

- Pupils experiencing an allergic reaction must never be sent to seek help alone.
- Staff who are not first-aid trained must contact a trained member of staff to manage a medical incident. The first aider must record the incident on Medical Tracker.
- Catering staff must:
    - Receive allergy awareness and food hygiene training
    - Maintain accurate allergen information
    - check ingredient labels and supplier changes
    - Clearly identify allergens on menus and pre-packed food
    - Prevent cross-contamination during storage, preparation and serving
    - Inform the school and parents if an allergen-free meal cannot be safely provided
- Food sharing is prohibited during lessons and clubs. Surfaces must be cleaned before and after food is eaten outside the main dining areas.
- Allergy risks must be considered when planning educational visits. Relevant staff and volunteers must understand pupils' plans and emergency arrangements, and required medication must accompany the pupil.
- Reasonable adjustments must be made so that pupils with allergies can participate safely in school life. Pupils must not be excluded from trips or activities because of their allergies.
- Parents and carers must provide accurate allergy information, supply in-date medication, notify the school of any changes and participate in developing and reviewing healthcare plans.
- Staff should inform the Headteacher or HR of any personal allergies or related workplace requirements.
- Allergy-related bullying must be treated seriously and addressed under the Trust's anti-bullying arrangements.
- All significant incidents and near misses must be recorded, reviewed and reported. Parents must be informed on the same day of any allergy-related incident and treatment involving their child.
- The Trust will monitor training, healthcare plans, allergy registers, medication, emergency equipment, incidents and local compliance. The policy will be reviewed annually and also following significant incidents or operational changes.

CHANCERY EDUCATION TRUST

ALLERGY AWARENESS POLICY

1. Statement of Intent

Chancery Education Trust believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the Trust and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of Trust life.

The Governing Body retains overall accountability for ensuring this policy is implemented effectively across all Trust settings. Operational responsibility is delegated to Headteachers/Principals and relevant Trust leaders in accordance with the Trust's Scheme of Delegation Headteachers.

We will:

1. Ensure appropriate arrangements are in place across the Trust to support pupils with medical conditions, in line with statutory guidance, and hold leaders to account for effective implementation.
2. Ensure this policy is regularly reviewed and updated to reflect current legislation and best practice.
3. Adhere to legislation and statutory guidance on supporting pupils with medical conditions and allergies, including the administration of allergy medication and adrenaline auto-injectors (AAIs).
4. Ensure all staff, including temporary and supply staff, are trained and confident in implementing this policy, including Individual Healthcare Plans and emergency procedures.
5. Ensure Individual Healthcare Plans (IHPs) are in place and regularly reviewed for pupils with serious allergies.
6. Identify and minimise risks to pupils with allergies through appropriate assessment and control measures.
7. Promote awareness of allergies and an inclusive culture across the Trust, with any allergy-related bullying addressed in line with the anti-bullying policy.
8. Ensure the Trust is appropriately insured and that staff understand their cover when supporting pupils with medical conditions.

Whilst we will endeavour to ensure our Trust provides a safe environment for all, we cannot guarantee our Trust will be allergen-free.

In the event of illness, a staff member will accompany the student to the office/medical room. In order to manage their medical condition effectively, Academy Schools will not prevent pupils from eating, drinking or taking breaks whenever they need to unless advised otherwise by a medical professional.

The Trust also has First Aid and Supporting Pupils with Medical Conditions policies. All staff should be aware of these policies.

This policy is implemented in accordance with relevant legislation and guidance, including the Health and Safety at Work etc. Act 1974, the Equality Act 2010, the Children and Families Act 2014, the Department for Education's guidance *Allergy Safety in Schools*, and food allergen legislation, including Natasha's Law.

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2. Roles and Responsibilities

2.1 The Governing Body

2.1.1 The Governing Body has ultimate responsibility for health and safety matters, including Allergy Awareness and management of associated risks, in the Academy School.

2.1.2 Ensure the Allergy Awareness Policy is reviewed annually, or after any operational changes or significant allergy related incidents, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3 The Governing Body will ensure that adequate resources, systems and competent persons are in place to support the safe management of allergies and anaphylaxis across the Trust, in line with the Trust's Scheme of Delegation.

2.1.4 The Governing Body will receive reports on allergy-related incidents, training compliance, and identified risk trends to inform strategic oversight.

2.1.5 The Governing Body are responsible for ensuring that this Allergy Awareness Policy is implemented across all Academy Schools within the Trust and that operational arrangements reflect the Trust's requirements.

2.1.6 The Governing Body will ensure mechanisms are in place to monitor the effectiveness of this policy.

2.1.7 Where catering services are centrally procured by the Trust, the Governing Body will ensure that contracted services comply with the Trust's allergy management requirements and ensure contractors are appropriately vetted and monitored.

2.1.8 Ensure mechanisms are in place to monitor the effectiveness of this policy, including staff training, compliance and implementation across the Trust

2.1.9 Ensure that communication and reporting systems are in place so that allergy-related incidents, near misses, and emerging risks are reported to the Governing Body.
Note that individual Headteachers remain responsible for the day to day implementation of this policy at their Academy School.

2.1.10 The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person.

2.2 Headteachers

2.2.1. The Headteacher is responsible for the day to day implementation of the Allergy Awareness Policy within their Academy School and for ensuring effective delivery of arrangements to support pupils with medical conditions, including working with the designated medical lead, ensuring allergy related incidents, near misses, and concerns are recorded and reported via the Trust's designated reporting systems and escalated as required to Governors/ Trustees.

2.2.2. The Headteacher will work with the appointed medical lead oversee implementation of this policy, monitor compliance, review incidents and near misses, and report to the Board of Trustees as required.

2.2.3. Ensuring suitable and sufficient risk assessments are carried out to identify and manage the allergy needs of pupils and staff and are reviewed regularly and following any significant changes or incidents.

2.2.4. Ensure a central allergy register is established and kept up to date, and made accessible to relevant staff, including for educational visits, staff cover and risk assessment purposes.

2.2.5. Ensure that Individual Health Care Plans (IHPs) are implemented and kept under review for pupils diagnosed with serious allergies.

2.2.6. Ensuring that all staff, without exception (including supply staff, volunteers, contractors, lunchtime supervisors), receive appropriate allergy and anaphylaxis training, including emergency response, which is regularly refreshed.
2.2.7. Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.
2.2.8. Ensuring all staff are aware of the Trust's allergy awareness policy and procedures.
2.2.9. Ensuring that catering is provided to the reasonable medical needs of staff and pupil with allergies in line with individual healthcare plans.
2.2.10. Ensure allergy bullying is treated seriously, like any other bullying and that those with allergies are not excluded from any Academy School activities.
2.2.11. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.
2.2.12. Ensure that staff receive regular updates on allergy risks and changes to pupils' Individual Healthcare Plans.

2.3 Designated Medical (Allergy) Lead

The medical lead is responsible for:
2.3.1. Acting as the single point of contact for allergy and anaphylaxis management for staff, pupil, parents/carers and external professionals.
2.3.2. Ensuring IHPs and AAPs are developed, implemented and reviewed and updated in line with this policy and clinical advice.
2.3.3. Maintaining oversight of the Academy School allergy register, ensuring it is accurate, up to date and accessible to relevant staff.
2.3.4. Coordinating and monitoring allergy and anaphylaxis training for all staff, including refresher training (appropriate training records managed by trust administrator).
2.3.5. Ensuring the availability, safe storage, checking and replacement of spare emergency auto injectors in accordance with statutory guidance.
2.3.6. Ensure effective communication of allergy information to staff, supply staff, volunteers, catering teams and staff supporting educational visits.
2.3.7. Reviewing allergy-related incidents and near misses, contributing to learning lessons and improvement actions.
2.3.8. Liaising with the Headteachers, catering providers and the trust where required.
2.3.9. The designated medical lead will undertake allergy emergency response exercises and anaphylaxis drills to test emergency arrangements, staff awareness and response procedures. Outcomes will be reviewed and used to improve practice.

2.4 All Staff

2.4.1. Ensuring they follow allergy awareness procedures and this policy at all times.
2.4.2. Ensuring they are familiar with any relevant pupils' Individual Healthcare Plans (IHPs) and allergy action plans and are able to recognise the symptoms of an allergic reaction and take appropriate action.
2.4.3. Ensuring they know who the first aiders in the Academy School are and how to access emergency support, including the location of emergency medication such as AAIs.
2.4.4. Ensuring incidents that require first aid or medical attention are dealt with by a first aid trained member of staff, who is responsible for recording the incident on Medical Tracker. Staff who are not first aid trained must not provide first aid and should contact a trained member of staff to attend and manage the incident.
2.4.5. Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.
2.4.6. Pupils are prohibited from sharing food during lessons or clubs and this is consistently enforced.

2.4.7. Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff.
2.4.8. Ensuring the Headteacher/HR is informed of any personal allergies and allergy-related requirements that may need to be considered in the workplace.

2.6 Health & Safety Leads (Executive Headteacher/Headteacher/Head of School/Principal)

2.6.1. Ensuring they follow allergy awareness procedures and this policy as applicable to their role.
2.6.2. Ensuring they know who the first aiders in the Academy School are and how to contact them in an emergency.
2.6.3. Ensuring that all staff, supply staff, contractors, visitors, volunteers know who the first aiders are and how to contact them.
2.6.4. Ensuring incidents that require first aid or medical attention are dealt with by a first aid trained member of staff, who is responsible for recording the incident on Medical Tracker. Staff who are not first aid trained must not provide first aid and should contact a trained member of staff to attend and manage the incident.
2.6.5. Supporting the Trust Administrator in maintaining accurate records of staff training and supporting the Medical Leads with the compliance related to allergy management.
2.6.6. Supporting the maintenance of accurate records relating to pupils with allergies, including contributing to the allergy register where appropriate.
2.6.7. Ensuring all staff, supply staff, contractors, visitors, volunteers are aware of and how to access the risk register of pupils with allergies.
2.6.8. Supporting the coordination of communication with parents/carers and external professionals where required.

2.7 Premises Managers

2.7.1. Ensuring they follow allergy awareness procedures and this policy as applicable to their role.
2.7.2. Ensuring they know who the first aiders in the Academy School are and how to contact them in an emergency.
2.7.3. Ensuring incidents that require first aid or medical attention are dealt with by a first aid trained member of staff, who is responsible for recording the incident on Medical Tracker. Staff who are not first aid trained must not provide first aid and should contact a trained member of staff to attend and manage the incident.
2.7.4. Ensuring that cleaning regimes and site management practices support the reduction of allergen risks, including appropriate cleaning of surfaces and shared areas.
2.7.5. Ensuring that contractors working on site are aware of relevant allergy controls and comply with the Trust's requirements where applicable.
2.7.6. Ensuring that reasonable measures are taken to maintain good indoor air quality through appropriate ventilation, cleaning and maintenance arrangements, taking account of individuals affected by asthma or airborne allergens.

2.8 Kitchen Managers and Catering Staff

2.8.1. The Trust has an Allergy Awareness Policy; the catering manager is responsible for ensuring that food allergy requirements are reviewed and reflective of the current menu offerings.
2.8.2. All catering staff and catering support staff have received allergy awareness and food hygiene training, records retained on file, and refresher training is provided in line with the policy.

2.8.3. The catering team have received all staff and pupil allergy requirements, the information is retained, and reviews are undertaken. Any food allergies are reported to the catering team.

2.8.4. The Academy School lunch menu gives clear allergen information for all items on the menu for that season. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.

2.8.5. All dishes will be reviewed for allergen contents, & that the catering team will continue to review the individual ingredients. The frequency will be determined by changes in products delivered, new suppliers appointed and on a regular basis (as suppliers may substitute ingredients or products that previously didn't have an allergen contained; therefore, the packaging label should be cross-checked with the lunch menu when required, the catering manager will record the review).

2.8.6. All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. To report to supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.

2.8.7. Rigorous food hygiene is maintained to reduce the risk of cross-contamination.

2.8.8. Cross-contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross-contamination is a key factor in preventing potential allergic reactions.

2.8.9. To prevent allergen cross-contamination, the catering team will:

a) Any foods/dishes with any of these 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.

b) Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.

c) Clean utensils before each usage, especially if they were used to prepare meals containing allergens

d) A storage system should be in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Keeping ingredients that contain allergens separate from other ingredients

e) Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.

f) Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.

g) Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.

h) Using separate fryers/cooking equipment.

i) Allergen cross-contamination can also occur via shared cooking oil (e.g., gluten-free chips). Staff must ensure oils are not shared between allergen-containing foods and allergen-free foods.

j) If cross contamination can't be avoided in food preparation, the catering team will inform the academy and parents that they're unable to provide an allergen-free dish.

2.9.1 Clubs, Contractors and Visitors

2.9.1. Ensure that the Trust 's Allergy Policy and reporting procedure is followed

2.9.2. Ensure their activities do not introduce or increase allergy risk to the within the Trust premises.

2.9.3. Ensure a high standard of hygiene is maintained whilst in Trust premises as a matter of good practice.

2.9.4. Ensure that any areas which may be contaminated are to be reported to the Facilities Team or their host.

2.9.5. Provide the Academy School with any relevant information as to their own allergies where necessary.

2.10 Pupils and Parents

2.10.1. The parents or carers of all new starters to the Academy School are required to inform the Academy School of any details of any food intolerances or allergies and their management should be described by completing the relevant section of the Pupil Admissions Form as well as the Parental Permission to Administer Medication Form where relevant.

2.10.2. If details are unclear or ambiguous, the Academy School will follow this up with a phone call to parents for further information which will be recorded by the Academy School.

2.10.3. It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the Academy School aware, and a revised medical needs form must be completed. Updating the Academy School if their child's medical needs change at any point. Parents are requested to keep the Academy School up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.

2.10.4. Ensuring that any required medication (EpiPen's or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in the Academy School must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.

2.10.5. Attending any meeting as required to share further information about their child's food allergy to assist in planning for the management of their child's allergy and completion of a care plan.

2.10.6. If an episode of anaphylaxis occurs outside of the Academy School, the Academy School must be informed.

2.10.7. Support so that children of any age are made familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.

2.10.8. Support that children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.

2.10.9. Ensure that children are not allowed to share food with each other.

2.10.10. If volunteering, they will be asked to disclose any food allergies as part of their induction.

2.10.11. Reasonable adjustments will be considered for pupils, staff and visitors with known allergies to ensure their health, safety and inclusion whilst on site.

3 Arrangements

3.1 Training and Competence

3.1.1. The Trust recognises that effective allergy management relies on competent, informed and confident staff. Therefore;

3.1.2. All staff, including temporary staff, will receive allergy awareness training to effectively recognise allergic reactions and to respond effectively to anaphylaxis.

3.1.3. The appointed Designated Medical Lead will receive appropriate training which will be refreshed at least annually and following any significant changes to procedures, equipment, legislation or pupil needs.

3.1.4. Staff expected to administer or assist with adrenaline auto-injectors (AAIs) will receive appropriate practical training and regular refresher training.

3.1.5. Staff will be trained to ensure any pupil experiencing an allergic reaction will be continuously supervised and monitored for a minimum of 60 minutes following the reaction, in line with current clinical guidance.
3.1.6. Temporary, agency, volunteer and supply staff will be provided with relevant allergy information and emergency arrangements as part of their induction.
3.1.7. Refresher training will be completed at least annually and following any significant changes to procedures, equipment, legislation or pupil needs.
3.1.8. Training records will be maintained and monitored by the Academy School and reported to the Trust as required.

3.2 Medication and Auto-injectors

3.2.1. Pupils' medication is stored in:
a) The Academy School office
b) Additional pupils auto injectors are also kept in the classroom medical bag/personal pupil medical bag
c) Pupils whose auto injectors are kept by the Academy School are clearly detailed in Health Care Plans on Medical Tracker.
3.2.2. Parental Permission to Administer Medication Forms are completed and stored on Medical Tracker.
3.2.3. Details of Food Allergies are also provided to the catering team.
3.2.4. Emergency medication, including prescribed and spare adrenaline auto-injectors, will be stored and managed so that they can reasonably be accessed and administered within five minutes of an emergency occurring. The Academy School spare auto- injector is stored in the Academy School office.
3.2.5. Pupils prescribed adrenaline auto-injectors should provide and have access to two prescribed devices at all times in accordance with clinical guidance.

3.3 First Aid

3.3.1 In the case of a pupil's anaphylactic shock, the procedures are as follows:
a) The member of staff on duty calls for a first aider and pupils cleared from the area;
b) The first aider administers first aid and records details on Medical Tracker
c) Full details of the incident are recorded Medical Tracker
d) If the child has to be taken to hospital or the injury is `work' related, then the incident is reported to the Governing Body
e) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then, as the employer the Governing Body will arrange for this to be done
f) All serious allergy incidents and near misses will be reviewed to identify lessons learned and improvements required to prevent recurrence.

3.4 Insurance Arrangements

3.4.1

Insurer - DfE (RPA)	
Academy School	**Policy No.**
Darrick Wood Infant and Nursery School	137032
John Wood School and Nursery	142610
Oaklands Primary Academy	142234
Pickhurst Academy	137070

3.5 Educational Visits

3.5.1. In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.
3.5.2. In the case of day visits a trained First Aider will carry a travel first aid kit in case of need, including a spare auto-injector appropriate to the pupil's needs.
3.5.3. All staff attending the educational visit will be aware of any pupils with allergies and be aware of their Individual health care plan and their allergy action plan.
3.5.4. Volunteers attending the educational visit will be made aware of pupils in their group who have allergies and emergency medication.
3.5.5. Any pupil with a prescribed auto-injector must carry this on any educational visit.
3.5.6. Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.
3.5.7. Where food is provided by a third-party caterer on a day or residential trip, they will be provided with details of all known allergies of the pupils attending the educational visit.
3.5.8. Where educational visits involve cooking, food preparation, animal contact, environmental allergens, or food provided by third parties, allergy risks will be considered during planning and risk assessment. Appropriate control measures will be implemented and reasonable adjustments made to ensure pupils with allergies are able to participate safely and are not excluded from activities.
3.5.9. Educational visit risk assessments will consider exposure to food, contact and airborne allergens, including animal contact, environmental allergens, pollen, and activities that may increase allergen exposure. Appropriate control measures will be implemented to ensure the safe inclusion of affected pupils.

3.6 Classroom and Non-kitchen areas

3.6.1 In the case of eating taking place outside the catering and main dining facilities the staff will ensure desks/ tables are cleaned before and after eating activities.
3.6.2 All staff have received allergy awareness training and are aware of pupils allergies.
3.6.3 All relevant staff have completed safe food handling training.
3.6.4 Pupils are prohibited from sharing food in class or during clubs.
3.6.5 Where a pupil has a known allergy to airborne allergens, reasonable control measures will be implemented, which may include ventilation arrangements, management of classroom resources, restrictions on identified triggers, and consideration of allergen exposure during activities involving animals, plants or strong fragrances.

3.7 Administering Medicines

3.7.1 Prescribed medicines may be administered in the Trust by staff members who are appropriately trained by a healthcare professional, where it is deemed essential. Wherever possible, pupils will administer their own medicine, under the supervision of a member of staff.
3.7.2 If a child refuses to take their medication, staff will inform their parents/guardians accordingly.
3.7.3 In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in each Academy School office. Forms are reviewed annually or when a pupil's medical needs change.
3.7.4 Staff will ensure that records are kept of any medication given.

3.8 Storage and disposal of medicines

3.8.1 **Wherever** possible, pupils will be able to access their medicines in the class medical bag or Academy School office for self-medication, quickly and easily. Pupils' medicine will not be locked away out of the pupil's access. This is especially important whilst on School trips. It is the responsibility of the Academy School to return medicines that are no longer required, to the parent for safe disposal.

3.8.2 Spare auto-injectors will be held by the Academy School for emergency use, in line with the pupil's Individual Healthcare Plan and Department of Health protocols.

3.8.3 Spare auto-injectors are located in the Academy School office and are signed in and out.

3.8.4 If the spare auto-injector is used, the Headteacher are notified and a new spare is ordered

3.9 Anaphylaxis

3.9.1 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger, such as foods, insect stings, medications or other allergens. The symptoms include:

a. feeling lightheaded or faint
b. breathing difficulties – such as fast, shallow breathing
c. wheezing
d. a fast heartbeat
e. clammy skin
f. confusion and anxiety
g. collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives), feeling or being sick, swelling (angioedema) or stomach pain.

3.9.2 What to do if someone has anaphylaxis. Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

a. Use an adrenaline auto-injector if available, following the correct procedure.
b. Call 999 for an ambulance immediately, even if they start to feel better; mention that you think the person has anaphylaxis.
c. Remove any trigger if possible, for example, carefully remove any stinger stuck in the skin.
d. Lie the person down flat, unless they're unconscious, pregnant or having breathing difficulties.
e. Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.

3.9.3 All staff must be trained in recognising and responding to anaphylaxis and using auto-injectors relevant to the medical needs of pupils.

3.9.4 People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening and should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

3.9.5 There are two main types of adrenaline auto-injectors, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use each specific type of auto-injector. These are:

a. EpiPen
b. Jext

If in doubt, treat for anaphylaxis and administer adrenaline.

NOTE: Emerade has been discontinued in the UK with a full recall since 2023 due to failure to activate. These MUST NOT be used.

3.10 Incidents/Illnesses Requiring Hospital Treatment

3.10.1 If a pupil has an incident, which requires urgent or non-urgent hospital treatment, the Academy School will be responsible for calling an ambulance. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany the pupil taken to the hospital by ambulance if required.

3.10.2 Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the Academy School with up-to-date contact names and telephone numbers.

3.10.3 Defibrillators

a) Defibrillators are available within the Academy School as part of the first aid equipment.

b) First aiders are trained in the use of defibrillators, and defibrillators are clearly marked and accessible.

c) The local NHS ambulance service have been notified of defibrillator locations.

3.11 Pupils with Special Medical Needs – Individual Healthcare Plans

3.11.1. The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person. Where a pupil is affected by airborne allergens, reasonable measures will be considered to minimise exposure and support their health, wellbeing and participation in Academy School activities.

3.11.2. Some pupils have medical conditions that, if not properly managed, could limit their access to education. These conditions may include, but are not limited to, severe food allergies, allergies to insect stings, allergies to animals or medication allergies.

3.11.3. Where pupils with severe allergies are identified, an Individual Healthcare Plan (IHP) must be developed. This ensures

a) All staff are aware of the pupil's allergy and potential triggers

b) Specific safety measures are identified and in place to reduce the risk of exposure to allergens

c) Clear emergency procedures are defined, including administration of auto-injectors and calling for medical assistance.

d) Catering, classroom, and activity arrangements accommodate the pupil's allergy safely.

e) Responsibilities of staff, parents, and the pupil (where age-appropriate) are clearly documented.

3.11.4. When developing and reviewing IHPs, ensure:

a) Parents/carers provide detailed information about their child's allergies, medical history, and prescribed emergency medication (e.g., adrenaline auto-injectors).

b) Pupils with severe allergies must have an IHP completed in conjunction with their GP, Paediatrician, and the Academy School's Senior First Aider/Healthcare Lead.

c) IHPs must be developed before the pupil starts at the Academy School, or within two weeks of diagnosis/enrolment.

d) IHPs are reviewed at least annually or sooner if there is a significant change in the pupil's allergy status, medication, or triggers.

3.11.5. Where pupils with severe allergies are identified, an allergy action plan (AAP) must be developed. This is an essential tool to manage severe allergies with risks of anaphylaxis. The AAP must provide clear and concise guidance on how to recognise and treat severe allergic reactions and should where possible, align with the latest clinical treatment guidelines.

3.12 Allergy Identification, Communication and Practical Management Systems

3.12.1. The Academy School will implement clear, proportionate and age-appropriate systems to ensure that pupils with allergies are readily identified and that relevant information is communicated effectively to staff, catering teams, and where appropriate, pupils.

These arrangements must:

a. Protect pupils' dignity and personal data.
b. Be consistent with Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs).
c. Be clearly understood by all relevant staff, including temporary and supply staff.
d. Be reviewed regularly to ensure they remain effective.

The Academy School will document the systems in place locally and ensure they are communicated through induction, training and routine briefings.

3.12.2. **Pupil identification methods and dining hall/food service controls -** Each Academy School may implement **some or all** of the following systems to identify pupils with allergies:

a. Lanyards to discreetly identify pupils with significant allergies.
b. Classroom allergy awareness lists which are available via Arbor. In addition, medical lists are distributed to all staff and available via the class first aid bag.
c. Photographic allergy registers held secured and accessible to staff via Arbor and/or medical lead. -
d. Different coloured plates, trays or cutlery to identify pupils requiring allergen-controlled meals.
e. Separated food preparation and/or serving areas.
f. Supervised allergen-aware seating or service points.
g. Named staff oversight during service for pupils with known allergies.

3.12.3. **Staff communication and information sharing -** Allergies are communicated effectively through:

a. A central allergy register accessible to teaching staff, support staff and catering teams.
b. Daily or termly allergy briefings for relevant staff.
c. Clear handover procedures for supply staff and external providers.
d. Inclusion of allergy information in trip planning and cover arrangements.

3.12.4. **Classroom, club and non-dining arrangements -** Where food is used outside main dining areas (e.g. classrooms, clubs, events), the Academy School ensures:

a. All staff are aware of pupils with allergies before activities take place.
b. Surfaces are cleaned before and after food use.
c. Food sharing is prohibited.
d. Alternative activities or materials are provided where required.

3.13 Accident Recording and Reporting

3.13.1. First aid and accident record book

a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock.

b) Records will be retained securely in line with GDPR and the Trust's Data Retention Policy. For pupils, accident and medical records will be kept until the pupil reaches age 21 (or 25 for those with special educational needs). However, once a pupil changes school, the responsibility for maintaining the pupil records moves to the next school. For staff, records will be retained for a minimum of 3 years

c) Parents/carers will be informed promptly of any significant allergy-related incident or near miss involving their child.

3.13.2. Reporting to the Health & Safety Executive (HSE)

a) Any incident that meets RIDDOR criteria will be reported to the Health and Safety Executive within statutory timeframes.

b) Academy Schools will notify the Governing Body of all serious allergy related incidents.

c) For full details of RIDDOR Reporting requirements and procedures, refer to the HSE's guidance and the Trust's Accident & Incident Reporting procedure.

3.13.3. Parents/carers must be informed on the same day of any allergy-related incident and treatment provided.

3.13.4. Registered Early Years Providers must notify Ofsted of any serious accident, illness, or injury within 14 days.

3.14 Monitoring and review

3.14.1. The Trust will monitor the effectiveness of its allergy management arrangements to ensure they remain suitable, effective and compliant with statutory requirements and recognised best practice.

3.14.2. Monitoring activities will include:

a. Review of allergy-related incidents, emergency responses and near misses.
b. Monitoring the completion and effectiveness of staff training and refresher training.
c. Review of Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs) to ensure they remain accurate and up to date.
d. Audit of allergy registers, communication arrangements and medication management systems.
e. Monitoring of emergency equipment, medication storage arrangements and spare adrenaline auto-injector (AAI) checks.
f. Periodic health and safety audits, inspections and assurance activities.
g. Review of compliance with this policy and associated procedures across Trust settings.

3.14.3. Findings from monitoring activities will be reviewed by the appropriate leaders and used to identify trends, implement corrective actions, share good practice and inform future policy reviews. Significant findings and allergy-related risks will be reported through the Trust's governance arrangements as appropriate.

3.15 Unacceptable Practice

The Trust will not:

a. Prevent pupils from accessing prescribed allergy medication.
b. Require parents to routinely attend Academy School activities to manage their child's allergy.
c. Exclude pupils from educational visits or extracurricular activities because of allergies.
d. Send a pupil experiencing an allergic reaction to seek assistance unsupervised.
e. Ignore clinical advice or information provided by parents or healthcare professionals.

3.16 Difference between Food Allergy and Food Intolerance

3.16.1 A food allergy is when the body's immune system (which is the body's defense against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing several chemicals in the body. These chemicals cause symptoms of an allergic reaction.

3.16.2 Food intolerance is more common than food allergies. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.17 Food Allergens

The Food Information (Amendment) (England) Regulations 2019

3.17.1 The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy.

3.17.2 Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

3.17.3 The food's name

3.17.4 A full list of ingredients, emphasising any allergenic ingredients.

3.17.5 For Trusts, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the pupils select themselves or that caterers keep behind the counter.

3.17.6 Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient.

3.17.7 Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

3.17.8 The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

1. **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats
2. **Crustaceans, Invertebrates** (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.
3. **Egg,** Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.
4. **Fish**, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.
5. **Peanuts**, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems, and it is rare for people with a peanut allergy to react to other legumes. **Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.**

6. **Soybeans,** Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturized vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.
7. **Milk,** includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.
8. **Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes
9. **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.
10. **Mustard**, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.
11. **Sesame seeds**, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.
12. **Sulphur dioxide and/or sulphites**, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables. E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.
13. **Lupin**, Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.
14. **Molluscs**, Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusions

4.1 This Allergy Awareness policy reflects the Trust's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The Trust carries out regular reviews to check the systems in place meet the objectives of this policy.

5. Supporting Documents

The following documents form part of this policy and are to be used in conjunction with it. These provide the required forms and supporting materials necessary for the implementation of this policy. All documentation can be found via Medical Tracker or the Medical Leads.

- Health Care Plans
- Allergy Action Plans
- Parental agreement to administer medicine
- EpiPen®: Emergency Instructions
- ANAPEN/JEXT®: Emergency Instructions
- Emergency Contact Numbers
- Note to parent/carer for medication given
- Checklist for Responding to Emergency Situations

6. Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead in the Trust will keep it under review to ensure links are current.

- Department for Education Supporting pupils with medical conditions: links to other useful resources
- Department for Education Allergy safety in Schools
- Children's Wellbeing and Schools Act 2026 https://www.legislation.gov.uk/ukpga/2026/21/contents
- Department of Health Guidance on the use of Auto Injectors in Schools

Resources for Specific Conditions

- Allergy UK
  - https://www.allergyuk.org/
  - https://www.allergyuk.org/living-with-an-allergy/at-School/
- The Anaphylaxis Campaign www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign) www.asthma.org.uk
- National Eczema Society www.eczema.org
- Psoriasis Association www.psoriasis-association.org.uk/
- Benedict Blythe Foundation https://benedictblythe.com/benedicts-law/

Resources for Food Allergies

- Further Guidance can be obtained from The Food Standards Agency https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- The Food Standards Agency has also published guidance about the new requirements for PPDS food.
  - https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds

- https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-Schools-colleges-and-nurseries
- https://www.allergyuk.org/resources/peanut-allergy-factsheet/

Allergen Resources - General information

- Allergen guidance for consumers https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance
- Allergen guidance for food businesses https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- Allergen labelling for food manufacturers https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers
- EU commission notice on HACCP and allergens https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN
- EU Food Information for Consumers Regulation No. 1169/2011 https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF
- Food alerts, product recalls and withdrawals https://www.food.gov.uk/news-alerts/search/alerts
- Food Information Regulation (England) 2014 https://www.legislation.gov.uk/uksi/2014/1855/contents/made
- Safer Food Better Business https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb
- Technical guidance https://www.food.gov.uk/business-guidance/food-allergen-labelling-and-information-requirements-technical-guidance-summary

Additional Useful Resources

- Allergy and intolerance sign https://www.food.gov.uk/sites/default/files/media/document/Allergen%20and%20Intolerance%20sign%20%28Colour%29.pdf
- Chef's recipe card https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf
- Dishes and their allergen content chart. Template and more information at www.food.gov.uk/allergy-guidance
- Allergen Checklist for Food Business https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses
- Spare Pens in Schools - adrenaline auto-injectors (AAIs). http://www.sparepensinSchools.uk

Monitoring and Implementation Policy

The policy is reviewed annually, although the Trust may vary or amend it periodically to ensure that we fulfil our obligation around the Allergy Awareness Policy. All proposed changes to this policy would be made following the approval from the Committee.

	Name	Date
Policy written by	Judicium/CET	September 2026
Review by Committee	CET Board	September 2026
Approved by Committee	CET Board	December 2026
Adopted by Governing Board	LGB	February 2027
To be reviewed annually		
Review by	September 2027	