Allergy Safety Policy

	Position/Committee	Date
Prepared by	CFO	July 2026
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Contents

1.0 AIMS AND OBJECTIVES

Moorlands Learning Trust is 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.

This policy is complemented by a school-specific Operational Handbook, which provides local procedures, key contacts and practical arrangements to support its effective implementation within each school.

We recognise that allergic reactions can be life threatening and commit to a whole Trust and school approach that reduces risk, ensures rapid, effective emergency response, and supports inclusion and wellbeing.

Schools cannot guarantee an allergen-free environment; instead, we implement procedures and training to minimise risk, promote self-management where age-appropriate, and plan for emergencies. The Trust recognises that serious allergic reactions, including anaphylaxis, may occur in individuals with no previously known allergy. Emergency arrangements therefore apply to all pupils, staff, visitors and volunteers.

OBJECTIVES

- To meet the expectations and support compliance with DfE (2026) Allergy Guidance for Schools (commonly referred to as “Benedict’s Law”) through a proactive, whole-school approach to allergy management
- To ensure all staff are trained, confident and competent in recognising and responding to allergic reactions
- To ensure clear, accurate and accessible communication of allergy information across all school activities
- To promote inclusion by ensuring pupils with allergies can safely participate in all aspects of school life

2.0 LEGAL FRAMEWORK

DfE Compliance Statement: This policy has been developed with due regard to the Department for Education’s statutory guidance, *Allergy Safety in Schools* (July 2026), and the allergy safety policy duty introduced by Section 34 of the Children’s Wellbeing and Schools Act 2026. It confirms the Trust’s arrangements for promoting an allergy-aware culture, reducing foreseeable allergy-related risks, maintaining clear pupil allergy information, ensuring staff training and emergency preparedness, and enabling pupils with allergies to participate safely and inclusively in school life.

This policy also has due regard to, but not limited to, the following:

- DfE (2026) 'Allergy guidance for schools (commonly referred to as "Benedict's Law")
- Children's Wellbeing and Schools Act 2026
- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'Allergy guidance for schools' (updated 9 July 2026)

This policy reflects the strengthened expectations set out in the DfE 2026 allergy guidance ("Benedict's Law"), including requirements for:

- Whole-school allergen awareness and risk reduction
- Mandatory staff training and competency assurance
- Clear and accessible allergy information systems
- Robust emergency planning and response
- Proportionate and inclusive risk management enabling full participation
- Effective incident reporting, review, and continuous improvement

This policy will be implemented in conjunction with the following Trust level policies and school policies and procedures:

- Trust Health and Safety Policy and individual school procedures
- Trust Supporting Pupils with Medical Conditions Policy
- Trust First Aid Policy
- Trust Child Protection and Safeguarding Policy
- Educational Visits and School Trips Policy
- Trust Data Protection Policy
- School Allergy Procedures
- School Food Safety Policy Statement
- Allergen and Anaphylaxis Risk Assessments in schools
- Trip risk assessments
- Individual Health Care Plans

3.0 WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction. Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

Some allergies may amount to a disability under the Equality Act 2010. Where this is the case, the school will consider and implement reasonable adjustments to ensure the pupil can participate safely and fully in school life.

3.1 DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR (AAI): A single-use device containing a pre-measured dose of adrenaline used to treat anaphylaxis by injecting adrenaline into the upper, outer thigh muscle. For the purposes of this policy, the term **adrenaline auto-injector (AAI)** is used throughout. This includes both pupil-prescribed AAIs and school-held spare AAIs. Brand names, such as EpiPen or Jext, should only be used where referring to a specific prescribed device, dose, or training requirement.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

IgE-MEDIATED ALLERGY: A type of allergic reaction that occurs when the immune system produces immunoglobulin E (IgE) antibodies in response to a specific allergen (for example food, insect venom, medication, latex or airborne allergens). On re-exposure to the allergen, IgE antibodies trigger the rapid release of chemicals (including histamine) from immune cells. This can result in fast-onset symptoms, ranging from mild allergic reactions (such as itching, hives or swelling) to severe, life-threatening anaphylaxis.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in

collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE ADRENALINE AUTO-INJECTORS (SPARE AAIs): School-held spare AAIs should be held as a back-up for emergency use where a pupil's own prescribed AAI is not available, has expired, is damaged, has misfired, or cannot be accessed quickly enough. Spare AAIs may also be used in accordance with medical authorisation, parental consent, emergency services advice, or in circumstances where any person is experiencing suspected anaphylaxis and immediate treatment is required to save life.

4.0 ROLES AND RESPONSIBILITIES

Trust schools are allergy-aware rather than allergen-free environments. Schools will take reasonable and proportionate steps to reduce risk, support inclusion and ensure an effective emergency response, but cannot guarantee the complete absence of allergens.

4.1 The Trust Board

The Trust Board has ultimate responsibility for health and safety and premises matters in all Trust schools but will delegate day-to-day responsibility to the CEO and Headteacher / Local Governing Body of Trust schools, as per their scheme of delegation (SoD). Each school's SoD should be read in conjunction with this policy to ensure that the correct level of decision making and responsibility under this policy is exercised.

The Trust Board has a duty to comply with the requirements of The Education (Independent School Standards) Regulations 2014. The Trust Board has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off school premises.

Moorlands Learning Trust, as the employer, also has a duty to:

- Assess the risks to staff and others affected by Trust activities in order to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them
- Ensure that adequate health and safety training is provided

4.2 Headteacher

The Headteacher is responsible for health and safety day-to-day, as per their scheme of delegation. The Headteacher is the designated Senior Leadership Team Allergy Lead within each school. This involves:

- Ensuring implementation of DfE 2026 Allergy Guidance for Schools across the school

- Overseeing compliance assurance, including training records, audits, and procedures review
- Ensuring clear systems are in place for communicating allergy information to all staff, including temporary and visiting staff
- Reviewing incident data to identify trends, lessons learned and required improvements
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, or for a school trip, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with training regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond in an emergency
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies.

4.3 Designated Allergy Lead

Each school has a designated Allergy Lead, named in their school procedures, reporting to the Headteacher. Schools should identify a nominated deputy Allergy Lead to provide resilience during periods of absence.

The Designated Allergy Lead is responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with allergies
- Taking decisions, in liaison with the Headteacher, on allergy management across the school
- Championing and practising allergy awareness across the school
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all staff
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, pupils and parents have a good awareness of the Trust and school Allergy Policy, and other related policies and procedures
- Reviewing the stock of the school's spare AAIs, checking that the school has sufficient stock, that expiry dates are monitored, and that storage locations are correct and known to staff.
- Keeping a record of any allergic reactions or near misses, ensuring an investigation is undertaken to identify the cause, and implementing any learning or corrective actions.
- Regularly reviewing and updating the Allergy Procedures in school

- Providing on-site AAI training for other members of staff and pupils, with refresher training as required, for example before school trips.
- Ensuring there is an Anaphylaxis Drill once a year

4.4 Office Administrator
Responsible for:

- Ensuring allergy information is recorded in a format that is accessible, up-to-date and shared appropriately in line with statutory guidance, including Allergy Action Plans and Individual Healthcare Plans and information from families
- Supporting systems and processes to ensure allergy information is readily available for all off-site activities, trips and visitors
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and before/after school club staff
- Process up-to-date medical information about each pupil via school procedures to ensure this is current by liaising with parents/carers
- Coordinating medication with families. Whilst it is the responsibility of parents and carers to ensure medication is up to date, there should be systems in place to check this and notify the parents when they see the expiry date is approaching
- Keeping an AAI register to include pupil-prescribed AAIs and school-held spare AAIs, including brand, dose, expiry date and the documented location of each spare AAI.
- Carrying out and recording monthly checks of all school-held spare AAIs, including expiry dates, and arranging replacement of spare AAIs when necessary.

For new admissions:

- Schools maintain a clear method to capture allergy information or special dietary information at the earliest opportunity. This should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team)
- Visiting children (for example at Settling In or Transition Days) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision

4.5 Staff, Visitors and Volunteers with Allergies

- It is recognised that allergy safety arrangements extend beyond pupils and may also apply to members of staff, volunteers, contractors and regular visitors. Individuals who have severe allergies requiring emergency treatment should notify the school of their condition and any emergency medication they carry
- Where appropriate and with the individual's agreement, relevant information will be shared with designated staff to ensure effective emergency planning and response arrangements are in place

- Reasonable adjustments will be considered where necessary to support staff, volunteers or visitors with severe allergies while on the school site

4.6 Governors:

Each school nominates a named Governor Lead to:

- Ensure the school is compliant with DfE (2026) Allergy Guidance for Schools
- Seek assurance through monitoring, reporting and audit that effective allergy management systems are in place
- Ensure that the school's approach to allergies and anaphylaxis focuses on, and accounts for, the needs of each individual pupil
- Confirm that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually
- Monitoring the effectiveness of this policy and procedures and reviewing it as required, including after any incident where a pupil experiences an allergic reaction
- Support the school to complete an annual allergy safety review, including training completion, AAI stock checks, incident/near-miss review, IHP review compliance and any required updates to school-level procedures. The outcome will be reported through the school's health and safety/governance arrangements and, where required, to the Trust

4.7 All staff

All school staff, including teaching staff, support staff and occasional staff such as sports coaches, music teachers and those running breakfast and after-school clubs, are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy Policy and related procedures, and asking for support if needed
- Being aware of pupils with allergies and what they are allergic to
- Working with the Allergy Lead to develop an Individual Healthcare Plan and Allergy Action Plan for new pupils and implementing actions as appropriate.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have prompt access to their prescribed emergency medication, either by carrying it themselves where this has been agreed as age-appropriate, or through clearly identified staff-held arrangements set out in the pupil's Individual Healthcare Plan.
- Being able to recognise and respond immediately and appropriately to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required, at least annually, and informing a manager if they have not received training in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy

- Reinforcing effective hygiene practices, including those in relation to the management of food
- Monitoring all food supplied to pupils by both the school and parents
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen
- Ensuring pupils with allergies are not routinely segregated, denied access to educational opportunities, or required to have parents/carers attend activities solely because of their allergy.

4.8 All parents/carers

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the Trust Policy and school procedures and considering the safety and wellbeing of pupils with allergies
- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hayfever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware

4.9 Parents of children with allergies

In addition to section 4.8, the parents and carers of children with allergies should:

- Work with the school to complete an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable, provide the school or their child with two labelled, in-date adrenaline auto-injectors (AAIs) and any other medication, for example antihistamine (with a dispenser, e.g. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to

4.10 All pupils

All pupils at the school should:

- Be allergy aware (age-appropriately)
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency

4.11 Pupils with allergies

In addition to section 4.10, pupils with allergies are responsible for:

- Understanding, as far as is appropriate to their age and stage of development, what their allergies are and the steps they can take to reduce personal risk
- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- If age-appropriate, carry two prescribed adrenaline auto-injectors (AAIs) with them at all times. They must only use them for their intended purpose
- Understand, as far as is appropriate to their age and stage of development, how and when to use their prescribed adrenaline auto-injector (AAI)
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- Where pupils are permitted to travel to and from school independently, schools will ensure that arrangements are discussed with parents/carers and reflected in the pupil's Individual Healthcare Plan, including how the pupil should respond and seek help if they experience symptoms off school premises.

5.0 INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school will maintain clear, accurate and accessible records of all pupils with allergies, in line with DfE 2026 expectations. This includes:

- Individual Healthcare Plans and Allergy Action Plans
- Centralised allergy register accessible to relevant staff
- Clear communication systems for staff, including supply staff and trip leaders

- Up-to-date medical and parental information reviewed at least annually

Information will be shared on a need-to-know basis to ensure safety while respecting confidentiality.

5.2 Individual Healthcare Plans (IHPs)

Pupils with a diagnosed allergy that requires active management in school will have an Individual Healthcare Plan. The school will use professional judgement, in consultation with parents/carers and health professionals where appropriate, to determine whether an IHP is required for pupils with lower-risk allergies. Individual Healthcare Plans are live documents and will be reviewed whenever circumstances change

The information in Individual Healthcare Plans should include:

- Known allergens and risk factors for allergic reactions
- A history of their allergic reactions
- Details of the medication the pupil has been prescribed, including dose; this should include prescribed adrenaline auto-injectors (AAIs), antihistamine and any other relevant medication
- A copy of parental consent to administer medication, including the use of school-held spare AAIs in the event of suspected anaphylaxis
- A photograph of each pupil
- A copy of their Allergy Action Plan

5.3 Information Sharing and Confidentiality

Allergy information is essential for safeguarding and supporting pupils and will be shared on a need-to-know basis with relevant staff, including teachers, support staff, catering teams, first aiders, trip leaders and temporary staff where appropriate.

The school recognises that information relating to a pupil's health constitutes Special Category Personal Data under UK GDPR and Data Protection legislation. All allergy-related information will therefore be collected, stored, processed and shared in accordance with the Trust Data Protection Policy. The school recognises allergy safety as part of its safeguarding responsibilities, as failures in allergy management may place pupils at risk of significant harm.

Information will be shared only where necessary to protect the health, safety and wellbeing of an individual and will be handled sensitively and respectfully. The school will seek to balance effective communication with the privacy and dignity of pupils and their families.

All staff will be made aware of the contents of this policy through induction processes and annual allergy awareness training.

Age-appropriate allergy awareness will be promoted amongst pupils to foster understanding, inclusion and safe behaviours. Where appropriate, pupils may receive information on recognising allergic reactions and seeking assistance in an emergency.

Schools will promote a positive allergy-aware culture which encourages cooperation, understanding and support for those living with allergies.

6.0 ASSESSING RISK

Allergy risk management will be proactive and embedded across all school activities.

Risk assessments will:

- Explicitly consider allergen exposure and cross-contamination risks
- Include control measures to reduce risk to as low as reasonably practicable
- Balance safety with inclusion, ensuring pupils are not unnecessarily excluded
- Be reviewed following any incident or near miss

Risk assessments will consider not only food allergens but also airborne allergens, contact allergens and environmental allergens where relevant. Reasonable adjustments will be implemented where pupils are known to have allergies triggered by airborne substances, direct contact with materials, plants, animals or other environmental factors.

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- All activities, for example craft using food packaging, science experiments where allergens are present, food tech, design technology
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk (see section 11)
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils
- Planning special events, such as cultural days and celebrations
- Trips and visits, residential visits

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

7.0 FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in School

The school and catering providers will operate in line with Natasha's Law and DfE (2026) Allergy guidance for Schools, ensuring:

- Clear allergen information is available for all food provided
- Cross-contamination risks are minimised through safe preparation and handling
- Staff supervising food understand allergy risks and control measures
- Non-food alternatives are considered where risk cannot be effectively managed

Allergen management will support safe inclusion rather than exclusion. The school is committed to providing a safe meal for all pupils, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are supported by all school staff.
- Food containing the main 14 allergens (see definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request. For pupils or staff with allergies to food other than the "main 14" extra processes may be needed and will be actioned once known
- Food packaged to go will comply with Pre-packed for Direct Sale (PPDS) legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging
- If food is sold on site, for example through PTA events, all food items must have clear labelling from the packet it was bought in to comply with Natasha's Law

7.2 Food bans or restrictions

- In line with the allergy-aware approach set out in Section 1.0 and the risk assessment requirements in Section 6.0, any food bans or restrictions will be proportionate, clearly communicated and based on the known needs of pupils and the risks associated with specific activities or settings
- Where a school identifies a need to restrict particular foods, including nuts or nut-containing products, this will be based on the known needs of pupils and a documented risk assessment. Any restriction will be clearly communicated to staff, pupils, parents/carers, visitors and relevant third parties, and reviewed regularly

- Food brought onto school premises, taken on trips, or provided for fixtures and events should be considered as part of the relevant risk assessment. Where restrictions apply, parents/carers and staff will be reminded to check ingredients carefully, including foods where nuts or other allergens may be present as ingredients

7.3 Food Hygiene for Pupils

- Pupils will wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled

8.0 SCHOOL TRIPS AND SPORTS FIXTURES

In line with statutory guidance, *Allergy Safety in Schools* (July 2026) ("Benedict's Law"), all off-site activities must include:

- Clear identification of pupils with allergies
- Accessible pupil-prescribed AAIs, school-held spare AAIs, other emergency medication and relevant plans
- Staff briefed on roles and response procedures
- Suitable control measures in place to manage risk in unfamiliar environments
- Staff leading the trip will have a register of pupils with allergies with medication details
- Allergies will be considered on the risk assessment and catering provision put in place
- Consult with the parents if the trip requires an overnight stay
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches. If you have a pupil with an allergy to a food outside the "main 14" you should have a clear system in place to ensure they always receive a safe meal

8.1 INSECT STINGS

Pupils with a known insect venom allergy should be supported to follow the precautions set out in their Individual Healthcare Plan, including where appropriate:

- avoiding walking barefoot outside and, where possible, keeping arms and legs covered
- avoiding strong perfumes, fragranced products or cosmetics that may attract insects
- keeping food and drink covered when outdoors

Where a pupil with a known insect venom allergy is stung or bitten by an insect, staff will seek medical attention immediately and follow the pupil's Individual Healthcare Plan and Allergy Action Plan.

Staff will report any wasp, bee or ant nests, or suspected nests, on or near the school site to the Site Manager promptly.

The Site Manager will monitor the school grounds for wasp, bee or ant nests and arrange appropriate action where required. Pupils should notify a member of staff if they see a nest or significant insect activity and should avoid the area.

8.2 ANIMALS

It is normally the dander that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site a risk assessment will be done prior to the visit
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- School trips that include visits to animals will be carefully risk assessed

8.3 ALLERGIC RHINITIS/ HAYFEVER

Precautions regarding the prevention of seasonal allergies include:

- Ensuring that grass within the school premises is not mown whilst pupils are outside
- Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens
- Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors
- Pupils will be encouraged to wash their hands after playing outside

9.0 INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip
- Pupils with allergies may require additional pastoral support including regular check-ins
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying and behaviour policies

10.0 ADRENALINE AUTO-INJECTORS (AAIs)

See the government guidance on adrenaline auto-injectors in schools

10.1 Storage of adrenaline auto-injectors (AAIs)

In line with DfE guidance, schools will ensure that pupils prescribed adrenaline auto-injectors (AAIs) have rapid access to their AAIs at all times during the school day. Arrangements will be designed so that AAIs can normally be accessed within five minutes in accordance with recommended protocols, including during breaktimes, lunchtimes, PE, educational visits and other off-site activities.

- Pupils prescribed AAIs will have prompt access to two in-date pupil-prescribed AAIs at all times
- Arrangements for pupil-prescribed AAIs, school-held spare AAIs and any other emergency medication will be incorporated into evacuation, lockdown and emergency site procedures
- All pupil-prescribed AAIs will have the child's name and photo clearly attached to the box or casing. The Allergy Action Plan will also be attached to the AAI case for quick reference
- Spot checks will be made to ensure pupil-prescribed AAIs and school-held spare AAIs are in their agreed locations and remain in date
- Pupil-prescribed AAIs and school-held spare AAIs must not be kept locked away
- Pupil-prescribed AAIs and school-held spare AAIs should be stored at moderate temperatures, in accordance with the manufacturer's guidelines, and must not be stored in direct sunlight or above a heat source, such as a radiator
- Used or expired AAIs will be handed to attending paramedics where possible or disposed of through the school's approved sharps disposal arrangements

Parents remain responsible for ensuring pupil-prescribed AAIs and any other prescribed medication remain in date and are replaced when required. Pupils who have been prescribed AAIs should have access to two in-date pupil-prescribed AAIs during journeys to and from school. Schools should agree arrangements with parents/carers regarding the transportation of medication between home and school.

10.2 AAIs on school trips and match days

- No child with a prescribed AAI will go on a school trip without two of their own prescribed AAIs, unless alternative written arrangements have been agreed through their Individual Healthcare Plan
- AAIs will be kept close to pupils at all times, for example not stored in the hold of a coach when travelling or left in changing rooms
- AAIs will be protected from extreme temperatures
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction
- Spare, in-date AAIs must be taken to sporting fixtures and on trips for emergency use

10.3 Use of spare AAIs

- A school-held spare AAI may be used to treat a pupil who has been prescribed AAIs where the pupil's own prescribed AAIs are not available, are out of date, are damaged, cannot be accessed quickly enough, or have misfired

- A school-held spare AAI may be used where a pupil is known to be at risk of anaphylaxis but has not been prescribed their own AAI, provided medical authorisation and parental consent have been obtained
- If medical and parental authorisation to use a school-held spare AAI is not in place, staff must call 999, state that anaphylaxis is suspected and explain that a school-held spare AAI is available. Emergency services may authorise its use
- In exceptional circumstances, where a person experiences suspected anaphylaxis unexpectedly, a school-held spare AAI may be administered for the purpose of saving life
- If the brand of a pupil-prescribed AAI is different from the school-held spare AAI, the school-held spare AAI may still be administered in an emergency, provided the correct dose is used

11.0 RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

The school will ensure that all staff understand that:

- Anaphylaxis is a medical emergency requiring immediate action
- Adrenaline must be administered without delay where indicated
- Emergency services (999) must be contacted in ALL suspected anaphylaxis cases

This reflects the expectations of DfE 2026 allergy guidance.

11.1 Incident reporting and near misses

All allergy-related incidents, suspected allergic reactions, cases of anaphylaxis and near misses will be recorded in accordance with Trust procedures. These will be reviewed to identify any required changes to risk assessment, IHPs, catering, curriculum, trip arrangements or staff training.

The school will investigate incidents to identify causes, review the effectiveness of existing controls and implement any necessary improvements.

Parents and carers are encouraged to inform the school if they become aware of an allergic reaction or possible allergen exposure linked to school activities that only becomes apparent after the pupil has returned home.

Following any allergic reaction requiring medical intervention, the pupil's Individual Healthcare Plan, Allergy Action Plan and relevant risk assessments will be reviewed alongside parents/carers and amended where required.

12.0 TRAINING

The school will ensure that all staff receive training in allergy awareness and emergency response procedures at least annually. New employees, temporary staff, agency staff, supply teachers,

trainee staff and regular volunteers will receive allergy awareness information as part of their induction.

Supply and cover staff will be informed of:

- the location of pupil-prescribed AAIs, school-held spare AAIs and any other emergency medication;
- how to access the allergy register;
- the identity of pupils with severe allergies in their area of responsibility; and
- the school's emergency response procedures.

Training will:

- Be proportionate to role and level of responsibility
- Include recognition of allergic reactions and anaphylaxis
- Include practical understanding of adrenaline auto-injectors (AAIs), including when and how they should be used
- Be recorded and monitored for compliance, including school specific documentation and communication
- Ensure understanding of where pupil-prescribed AAIs and school-held spare AAIs are kept and how to access them
- Include the importance of food allergies, and understanding of food labelling
- Include participation in anaphylaxis drills
- Be refreshed regularly and following incidents where required
- Include understanding of the differences between food allergy, food intolerance and coeliac disease
- Ensure relevant staff understand how to access the school's allergy register, Individual Healthcare Plans and Allergy or Asthma Action Plans
- Ensure staff know how allergy information is communicated and updated within the school
- Ensure staff know how to report an allergic reaction or case of anaphylaxis (whether an incident or a near miss)
- Ensure staff understand the impact allergies may have on a pupil's emotional wellbeing and mental health
- Schools will ensure that sufficient trained staff are always available

ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

13.0 COMPLAINTS AND ESCALATION

Parents/carers, pupils, staff or visitors who have concerns about allergy safety arrangements should raise them promptly with the class teacher, Designated Allergy Lead, Headteacher or

relevant senior member of staff so that the matter can be reviewed and addressed at the earliest opportunity.

Where a concern relates to an immediate risk to health, safety or safeguarding, staff must escalate the matter without delay to the Headteacher or most senior member of staff on site, and emergency procedures must be followed where required.

If a concern cannot be resolved informally, it should be managed in accordance with the Trust Complaints Policy. Allergy-related complaints, incidents and near misses will be reviewed to identify any required changes to Individual Healthcare Plans, Allergy Action Plans, risk assessments, staff training, catering arrangements or school-level procedures.

The Headteacher will ensure that significant or repeated allergy-related concerns are reported through the school's governance and Trust assurance arrangements where appropriate.

This policy will be reviewed annually, following significant allergy-related incidents or near misses, or sooner where there are changes to legislation or statutory guidance.