COLLABORATIVE TRUST

Allergy Safety Policy

Document Control:

This document has been approved for operation within:	Apex Collaborative Trust		
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Owner	Head of Estates and Facilities		
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Version	Changes identified

Important: *This document is only valid when viewed on the Trust online area (currently The National College). If this document has been printed or saved to another location, you must check that the version on your copy matches that of the document online.*

Contents

1. Policy Statement

Apex Collaborative Trust is committed to ensuring that all pupils, staff and visitors with allergies are safe, supported and fully included in all aspects of school life. Apex Collaborative Trust recognises that allergies, including the risk of anaphylaxis, can be life-threatening medical conditions and must be managed effectively through a proactive, whole-school approach.

Apex Collaborative Trust is committed to creating an environment in which:

- Allergies are understood and taken seriously;
- Risks are identified early and managed effectively;
- Pupils with allergies are able to participate fully and confidently in school life;
- Staff are knowledgeable, prepared and confident in both prevention and emergency response.

Each school within Apex Collaborative Trust must have regard to this policy and implement it through a School Specific Allergy Safety Section (see Appendix 1), ensuring that arrangements are tailored to the needs of their individual setting while maintaining consistent Trust-wide standards.

A robust Allergy Policy ensures that all members of the school community:

- Are clear on procedures and expectations;
- Understand their individual and collective responsibilities for reducing the risk of allergic reactions;
- Know how to recognise and respond promptly and appropriately to allergic reactions, including anaphylaxis;
- Contribute to a safe, inclusive and supportive environment for those with allergies.

Responsibility for implementing and maintaining an effective Allergy Policy lies with each individual school, supported by the Central Team oversight and guidance.

This Allergy Policy will be:

- Published on the school website and made available on request;
- Publicly available, easily accessible and communicated to staff, pupils, parents and carers;
- Clearly communicated to pupils, staff, parents and carers;
- Reviewed annually to ensure it reflects current guidance, legislation and best practice.

Through this approach, Apex Collaborative Trust aims to ensure that allergy management is not only compliant with statutory expectations, but also reflects best practice in safeguarding, inclusion and pupil wellbeing.

This policy has been developed with regard to the Allergy Safety in Schools Statutory Guidance (DfE, July 2026) issued under section 100 of the Children and Families Act 2014 as amended by the Children's Wellbeing and Schools Act 2026

2. Scope

This policy applies to all pupils, employees, agency workers, volunteers, governors, trustees, contractors, visitors and any other persons who may be affected by allergy risks arising from school activities or premises and includes all:

- Curriculum lessons
- Breaktimes and lunchtimes
- Breakfast clubs and after-school provision
- Educational visits and residentials
- Off-site activities.

3. Definitions

Allergy: A medical condition where exposure to a substance triggers a harmful immune response. 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.

Anaphylaxis: A severe, potentially fatal allergic reaction affecting Airway, Breathing and/or Circulation.

Allergy Action Plan (AAP): A clinician-issued plan detailing emergency treatment which should be attached to the individual health care plan. Allergy Action Plans are medical documents designed to facilitate emergency response to reactions including anaphylaxis, by people without any special medical training or equipment other than access to an adrenaline device (e.g. adrenaline autoinjector “pen”). The relevant healthcare professional is responsible for determining the content of each child or young person’s Allergy Action Plan.

Adrenaline auto-injector: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Clinical advice recommends that people at risk of anaphylaxis carry two devices with them at all times, regardless of the type of device, since two doses of adrenaline may be required.

Individual Healthcare Plan (IHP): A school-owned plan setting out support arrangements for an individual pupil. Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy and
- they require arrangements and/or active management whilst in the setting which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, for supporting the child or young person with their medical condition or allergy, including in emergency situations.

As a practical rule, if a pupil's allergy requires staff to take specific actions, administer medication, make dietary adjustments, or respond to an emergency, they should have a documented Allergy Action Plan (produced by a medical professional) and an IHP.

4. Responsibilities

Trust Board

- Ensures compliance across Apex Collaborative Trust Schools.
- Receives assurance reports on allergy safety and serious incidents.
- Provides oversight, consistency and guidance to schools.
- Monitors incidents and near-misses across Apex Collaborative Trust.
- Ensures regular review and learning dissemination.

Local Governing Bodies

- Ensure local implementation of this policy.
- Maintain allergy safety on the school risk register.
- Appoint:
    - A named member of SLT for Allergy Safety, 'Designated Allergy Lead' and a deputy allergy lead.

Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances;
- Ensuring there is a designated allergy lead (and deputy) within the school;
- Ensuring that regular staff training and awareness is provided.

Designated Allergy Lead / Deputy allergy lead

Each school must have a designated allergy lead identified who will report into the headteacher. The school will ensure clear leadership for allergy management at all times by:

- Appointing a Designated Allergy Lead with overall responsibility;
- Appointing at least one Deputy Allergy Lead to provide cover in the absence of the lead;
- Ensuring that all staff understand who to contact for advice and support regarding allergy management;
- Maintaining continuity of safe practice during staff absence, changes or emergency situations.

The Allergy lead is responsible for: -

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions 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 [although they have ultimate responsibility, the collation of information may be delegated to another member of 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 school's Allergy Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline pens and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy Policy; and
- At regular intervals the Designated Allergy Lead will check procedures and report to SLT.

On Admission to the school

The Operations Manager is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity
- There is a clear structure in place to communicate this information to the relevant parties (i.e. pastoral lead, catering team);
- Parents are informed of catering arrangements prior to starting at the school
- Plans are made for emergency medication.

Parental Communication Protocols

The school will implement clear and structured communication arrangements with parents and carers of pupils with allergies. This will include:

- Pre-admission discussions to identify medical needs and agree control measures prior to the pupil starting;
- Confirmation that an Individual Healthcare Plan (IHP) and supporting medical documentation are in place before attendance begins;
- Ongoing communication where there are changes to a pupil's medical condition or treatment;
- Prompt communication following any allergic reaction or near miss, including details of actions taken and review outcomes.

All school staff

All school staff, including teaching staff, support staff, those running breakfast and afterschool clubs are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;

- 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 access to their medication or carrying it on their behalf [depending on the age of the pupils and the management of adrenaline pens in the school];
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training. Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- 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;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to relevant staff and
- Ensuring that pupils have their medication and their Allergy Action Plan and Individual Health Care Plan.

5. Information and Documentation

Access to Allergy Information

The school will ensure that allergy information for pupils is recorded on their MIS system. Using the schools MIS system ensures an allergy register can be produced to provide accurate and up to date information on pupils with allergies. This register will be:

- Accessible in real time to all relevant staff, including teaching, support, catering, and temporary staff;
- Pupils' individual health care plan will be uploaded on the MIS so that staff can access this information;
- Available during all school activities, including lessons, breaks, extracurricular provision.
- Staff will collate allergy information prior to off-site visits and this will be factored into risk assessments;
- Supported by clear systems (e.g. staff briefings, secure digital systems or classroom-based information) to ensure that all staff know how to access allergy information instantly when needed.

All schools must:

- Maintain details of all pupils (and staff, where relevant) with known allergies. This information can be collated using the MIS System. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.
- Ensure every pupil needing active allergy management has:
    - An Individual Healthcare Plan (see appendix 4)
    - An attached Allergy Action Plan (and Asthma Action Plan if applicable)
- Schools must collect allergy information:
    - On admission

- Following diagnosis
- When medical needs change
- On a regular basis

Each pupil with an allergy, that requires active allergy management, must have an Individual Healthcare plan, the information must include:

- Known allergens, risk factors and routes of exposure
- Emergency contacts
- Details of the prescribed medication, including dose, this should include adrenaline pens, antihistamines etc
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- A photograph of each pupils
- And a copy of their Allergy Action plan (this should be written by a medical practitioner)

Staff and Visitor Allergies

The school recognises that allergies can affect staff, volunteers, contractors, governors, visitors and other adults on site, as well as pupils. The school is committed to taking reasonable steps to support individuals with known allergies and to ensuring that appropriate arrangements are in place to manage foreseeable risks.

The school will:

- Encourage staff with significant allergies, particularly those at risk of anaphylaxis, to inform their line manager or another appropriate member of management of their condition;
- Maintain appropriate records of relevant allergy information for staff where consent has been provided and where this is necessary to support health, safety and emergency arrangements;
- Ensure that staff with severe allergies are able to access their prescribed medication promptly and without unnecessary barriers;
- Consider the needs of staff with allergies when undertaking risk assessments, planning activities and managing working environments;
- Provide staff with information, training and support relevant to their role and individual circumstances where appropriate.
- Where visitors, volunteers, contractors or other adults regularly attend the school and have a known severe allergy, the school will seek to make reasonable adjustments and ensure that relevant information is communicated to appropriate personnel where necessary to support their safety.
- For events, educational visits, lettings, community activities and other occasions involving visitors to the school site, organisers should consider whether allergy-related risks require specific arrangements or emergency planning measures.

The school will ensure that emergency procedures for allergic reactions are applicable to all persons on site. Staff should be aware that severe allergic reactions can occur in adults as well as children and must respond in accordance with emergency procedures, including the

prompt administration of adrenaline where appropriate, calling 999 and providing emergency assistance until healthcare professionals arrive.

Information relating to staff and visitor allergies will be managed sensitively and in accordance with data protection requirements, while ensuring that relevant information is available to those who need it to maintain health, safety and wellbeing.

6. Whole School Allergy Awareness Training

All schools must ensure that whole-school allergy awareness training is:

- Provided at least annually for all staff
- Delivered by a competent and appropriately qualified provider; or through National College eLearning.
- Updated regularly to reflect current guidance, legislation and best practice.

Training will cover, as a minimum:

- The types of allergies and common allergens encountered within school settings;
- The signs and symptoms of allergic reactions, including mild, moderate and severe reactions;
- The recognition of anaphylaxis as a life-threatening medical emergency;
- Emergency response procedures, including escalation, calling 999 and following Allergy Action Plans;
- The safe and effective use of adrenaline auto-injectors (AAIs);
- The importance of preventative measures, including reducing exposure to allergens and managing risk;
- The reporting and recording of incidents and near misses, including the importance of learning from these events.

The school will ensure that staff are given opportunities to ask questions, practise skills and build confidence, particularly in relation to emergency response.

Targeted Training

Targeted training will be provided for staff who have specific responsibility for pupils with allergies, particularly those supporting pupils with Individual Healthcare Plans (IHPs).

This training will: upon request by the Head / delegated staff member -

- Be tailored to the needs of individual pupils, including their specific allergens, triggers and prescribed medication;
- Include hands-on practice in the administration of adrenaline auto-injectors, where appropriate;
- Ensure staff understand the content and requirements of each pupil's IHP and Allergy Action Plan;
- Be updated whenever there are changes to a pupil's medical needs or treatment.

Staff Groups and Inclusion in Training

The school will ensure that training is inclusive of all staff who may have responsibility for pupils at any point during the school day. This includes:

- Teaching staff

- Support staff
- Lunchtime supervisors
- Catering staff
- Breakfast and after-school club staff
- Administrative staff, where relevant
- Supply and agency staff, who will receive appropriate induction and key information prior to working with pupils

The school recognises that all staff may be required to respond in an emergency and will ensure that no member of staff is excluded from essential allergy awareness training.

Induction and Ongoing Competence

The school will ensure that:

- All new staff receive allergy awareness information as part of their induction, including how to access allergy information and respond in an emergency; through the National College eLearning.
- Temporary and agency staff are provided with relevant pupil information and emergency procedures before beginning work;
- Staff competence is maintained through refresher training, updates and practical scenarios;
- Records of all training are maintained, monitored and reviewed to ensure compliance.

Monitoring and Assurance

The school will:

- Maintain a training record for all staff, including dates and content of training through National College.
- Monitor training compliance to ensure that all staff remain up to date;
- Identify and address any gaps in knowledge or confidence through additional training and support;
- Review training effectiveness following incidents or near misses, ensuring continuous improvement.

Regular supply, peripatetic staff and contracted staff who work with children

All contracted and agency staff who work directly with children in schools must have allergy training. Schools should obtain a letter of assurance from the provider to demonstrate that staff have received allergy and AAI training. Information should be provided for this type of staff to ensure that they are aware of the location on AAIs on site, emergency procedures and who is the designated allergy lead etc.

7. Minimising Risk of Allergen Exposure

Apex Collaborative Trust adopts an “allergy-aware” model rather than blanket food bans. All schools will:

- Carry out risk assessments for:
    - Curriculum activities (DT, science, art, food tech)

    - School trips and residentials
    - Visitors and special events
- Implement policies to avoid food sharing and trading.
- Ensure:
    - Clear food labelling
    - Supervision at mealtimes
    - Inclusive alternatives rather than exclusion

Staff Competence and Emergency Response

The school will ensure that **all staff**, regardless of role, are:

- Able to recognise the signs and symptoms of an allergic reaction, including anaphylaxis;
- Confident to take immediate action, including calling emergency services;
- Trained and competent to administer adrenaline auto-injectors (AAIs) where required.

This will be supported through:

- Whole-school training delivered at least annually;
- Induction arrangements for new and temporary staff;
- Opportunities to practise emergency scenarios to maintain confidence and readiness.

Air Quality and Asthma Triggers

The school recognises that air quality and environmental triggers can have a significant impact on pupils and staff with allergies, asthma and other respiratory conditions. The school also recognises that poorly controlled asthma is a known risk factor for severe allergic reactions and anaphylaxis.
The school will take reasonable steps to minimise exposure to airborne allergens and respiratory triggers wherever practicable.
Where a pupil has both asthma and an allergy, the school will recognise that this combination may increase the risk associated with an allergic reaction. Individual Healthcare Plans should therefore identify both conditions and include appropriate control measures, emergency arrangements and access to medication.
Staff will be made aware of any significant environmental triggers identified within a pupil's Individual Healthcare Plan and, where reasonably practicable, activities and learning environments will be adapted to reduce unnecessary exposure whilst maintaining full participation in school life.
The school will promote an allergy-aware and asthma-aware environment, recognising that effective management of air quality and respiratory triggers contributes to the safety, wellbeing and inclusion of all members of the school community.

8. Food Provision

All schools must comply with the relevant legislation and guidance around food provision in schools. Schools should work with caters to: -

    - Identify allergens clearly
    - Prevent cross-contamination
    - Provide safe alternatives

- Ensure pupils with allergies:
    - Are not segregated at mealtimes
    - Can safely access free school meals

Catering and Allergen Management Controls

The school will ensure that food provision is managed safely and in accordance with statutory requirements and national guidance on allergen management.

Allergen Identification and Menu Systems

The Trust/ school will ensure that both the External and Internal catering and provision of food includes:

- All menus, recipes and ingredient information are reviewed and updated regularly, particularly where ingredients, suppliers or products change;
- Catering staff check product labels and ingredient information for all food used, including substitutions, to ensure allergen information remains accurate;
- Allergen information is clearly communicated and accessible to staff, pupils and parents to support safe food choices;
- Any food classified as pre-packed for direct sale (PPDS) is labelled in full compliance with allergen labelling requirements, including a full ingredients list with allergens clearly emphasised.

Prevention of Cross-Contamination

The External Catering Provision and school will implement robust procedures to minimise the risk of cross-contamination, including:

- Clear food preparation controls, ensuring separation of allergen-containing ingredients and allergen-free meals;
- Use of separate utensils, equipment and preparation areas where required;
- Strict cleaning and hygiene procedures to prevent the transfer of allergens between foods;
- Careful management of food storage, handling and serving practices to maintain the integrity of allergen-free meals;
- Ensuring that catering staff are appropriately trained in allergen management and food safety procedures.

The school recognises that effective allergen management relies on consistent practice and will ensure that all catering staff understand and follow these procedures at all times.

Identification and Safe Provision for Pupils with Allergies

The school will ensure that:

- Pupils with known food allergies are clearly identified to catering staff, in line with data protection requirements;
- Safe and suitable meal options are planned and provided in accordance with each pupil's Individual Healthcare Plan (IHP);
- Appropriate supervision arrangements are in place during mealtimes to reduce the risk of allergen exposure;
- Systems are in place to ensure that correct meals are provided to the correct pupil, particularly where specific dietary requirements apply.

Communication and Coordination

The school will ensure effective communication between:

- Catering staff, school leaders and pastoral teams;
- Parents and carers, particularly in relation to menu planning, changes or concerns;
- External catering providers, where applicable, to ensure consistent standards are maintained.

Catering arrangements will be regularly reviewed to ensure they remain safe, effective and responsive to the needs of pupils with allergies. The school will ensure that all suppliers provide accurate and up-to-date allergen information.

9. Emergency Response and Adrenaline Devices

The school will ensure that all staff are prepared to respond effectively and without delay to allergic reactions, including anaphylaxis.

All schools must:

- Treat suspected anaphylaxis immediately with adrenaline, recognising that this is a life-threatening medical emergency;
- Ensure that no delay occurs in administering treatment, even if there is uncertainty. Where in doubt, adrenaline should be given in line with medical guidance;
- Call 999 immediately after administering adrenaline and clearly state “anaphylaxis”, following emergency operator instructions;
- Ensure that a second dose of adrenaline can be administered if required, in accordance with medical advice and the pupil’s Allergy Action Plan;
- Ensure that pupils are not left unattended during a reaction, and that appropriate supervision is maintained until emergency services arrive;
- Make arrangements for staff to meet and direct emergency services to the location quickly;
- Ensure that a pupil’s Allergy Action Plan is followed at all times, including during off-site activities;
- Ensure that adrenaline auto-injectors (AAIs) are accessible within 5 minutes at all times, including:
    - During lessons
    - At breaktimes and lunchtimes
    - During extracurricular activities
    - On educational visits and off-site provision (e.g. pupils to take their adrenaline device with them)
- Ensure any person receiving adrenaline from an auto injector is taken to hospital with their individual health care plan, allergy action plan and used adrenaline auto injector.

“Spare” Adrenaline Devices

In line with statutory guidance, the school will:

- Hold an appropriate number of “spare” adrenaline auto-injectors (AAIs), suitable for the age and needs of the pupils;
- Ensure spare AAIs are:
    - Stored in an unlocked location that is known to all staff;

    - Kept at room temperature and in line with manufacturer guidance;
    - Clearly labelled, with instructions available for use;
- Ensure that spare AAIs are not used as a substitute for a pupil's prescribed medication, but are available in an emergency where needed;
- Maintain a clear and accurate log of:
    - The location of all AAIs;
    - Expiry dates;
    - Any use of devices;
    - Replacement arrangements;
- AAIs will be visually checked on a monthly basis and the checks will be recorded on Every Compliant System.
- Check expiry dates regularly and ensure that all devices are replaced in good time;
- Ensure that relevant staff are aware of the location and correct use of spare AAIs, and that these are included in training and emergency procedures;
- Ensure that AAIs are available and taken on off-site visits, in line with risk assessments.

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

* Secondary schools with large sites should consider having two pairs of "spare" AAIs, so that a pair of "spare" AAIs are available within five minutes of wherever they may be needed.

10. Wellbeing and Inclusion

The school is committed to ensuring that pupils with allergies are safe, included, and supported to fully participate in all aspects of school life.

The school will:

- Actively prevent allergy-related bullying, recognising that this can be a safeguarding issue. Any incidents of bullying, teasing or discriminatory behaviour relating to allergies will be taken seriously and addressed in line with the school's behaviour and anti-bullying policies;
- Foster a culture of awareness, respect and inclusion, where pupils understand allergies, the potential risks involved, and the importance of supporting their peers;
- Support pupils who may experience anxiety related to their allergies, recognising the potential emotional impact of living with a life-threatening

condition. This may include pastoral support, reassurance, and reasonable adjustments to help pupils feel safe and confident in school;
- Ensure that pupils with allergies are not unfairly excluded from activities, including curriculum lessons, trips, clubs or social events. Where necessary, reasonable adjustments and risk assessments will be implemented to enable safe participation;
- Communicate clearly and sensitively with families, ensuring that parents and carers feel informed, reassured and involved in the management of their child's allergy;
- Involve pupils, where appropriate and in line with their age and understanding, in planning and managing their own allergy needs, supporting them to develop confidence, independence and self-management skills;
- Promote age-appropriate education and awareness of allergies across the school community, helping to reduce stigma and improve understanding among pupils and staff;
- Take account of the individual needs and preferences of each pupil, ensuring that support arrangements are personalised and regularly reviewed.

Unacceptable Practice

The school recognises that effective allergy management relies on ensuring that appropriate support is provided at all times. The following practices are considered unacceptable and must not occur:

- Preventing or delaying access to prescribed medication, including adrenaline auto-injectors (AAIs), inhalers or other emergency medication;
- Failing to follow a pupil's Individual Healthcare Plan (IHP), Allergy Action Plan or medical advice provided by healthcare professionals;
- Ignoring, dismissing or failing to appropriately consider concerns raised by pupils, parents, carers or healthcare professionals;
- Assuming that all pupils with allergies require the same level or type of support
- Assuming that older pupils do not require support simply because they are able to take greater responsibility for managing their own condition;
- Excluding pupils from activities, educational visits, clubs, events or curriculum activities solely because they have an allergy, unless a risk assessment demonstrates that participation cannot be made safe through reasonable adjustments;
- Requiring a parent or carer to attend school activities, trips or events as a condition of the pupil being allowed to participate;
- Allowing bullying, teasing, harassment or discriminatory behaviour relating to allergies or medical conditions to go unchallenged;
- Failing to share relevant allergy information with staff on a need-to-know basis where this may affect the safety of a pupil;
- Delaying the administration of adrenaline in cases of suspected anaphylaxis due to uncertainty or waiting for parental consent at the point of emergency;
- Leaving a pupil experiencing an allergic reaction or suspected anaphylaxis unattended;

- Discouraging appropriate self-management or self-carry of medication where this has been agreed as part of the pupil's Individual Healthcare Plan and is considered suitable for their age, understanding and circumstances;
- Implementing blanket approaches that create a false sense of safety, such as relying solely on food bans, rather than maintaining an effective allergy-aware culture and robust risk management arrangements.

Any concerns regarding unacceptable practice must be reported immediately to the Designated Allergy Lead and, where appropriate, through the school's safeguarding, health and safety, or incident reporting procedures. Concerns will be investigated promptly and appropriate action taken to protect the safety, wellbeing and inclusion of pupils with allergies.

Self-Management and Self-Carry of Medication

The school recognises the importance of supporting pupils to develop confidence, independence and age-appropriate responsibility in managing their allergy. Wherever possible, pupils will be encouraged and supported to understand their allergy, recognise symptoms of an allergic reaction and participate in decisions about their care and support.

The school will:

- Support pupils to develop the knowledge and skills necessary to manage their allergy safely and effectively in accordance with their age, understanding and individual circumstances;
- Encourage pupils to take an active role in the development and review of their Individual Healthcare Plan (IHP), where appropriate;
- Promote safe self-management whilst ensuring that appropriate supervision and support remain available at all times;
- Work collaboratively with parents, carers and healthcare professionals to determine the level of independence appropriate for each pupil.

Where agreed through the Individual Healthcare Plan, pupils may be permitted to carry their own prescribed medication, including adrenaline auto-injectors (AAIs), inhalers and antihistamines. Decisions regarding self-carry will be made on an individual basis and will take account of:

- The pupil's age, maturity and understanding of their condition;
- Their ability to recognise symptoms and seek help appropriately;
- Medical advice and recommendations from healthcare professionals;
- The views of parents or carers;
- Any safeguarding or operational considerations relevant to the school setting.

Where self-carry is not appropriate, the school will ensure that medication remains readily accessible and can be obtained without delay in an emergency. The school recognises that increasing independence does not remove the responsibility of staff to provide support. Pupils who self-manage or self-carry medication will continue to receive appropriate supervision, support and protection in accordance with their Individual Healthcare Plan.

No pupil will be prevented from carrying or accessing their prescribed medication where this has been agreed as part of their Individual Healthcare Plan. Likewise, pupils will not be

expected to assume responsibility beyond that which is appropriate for their age, understanding and individual circumstances.

Arrangements for self-management and self-carry will be reviewed regularly and following any significant change in the pupil's medical needs, treatment, or ability to manage their condition safely.

11. Incidents, near miss and accidents

The school recognises the importance of responding effectively to incidents and using them as opportunities to improve practice and prevent recurrence.

The school will:

- Record all allergic reactions and near miss incidents, regardless of severity, using the school's agreed reporting systems. Records will include details of the incident, actions taken, and outcomes, this will be reported on the schools MIS system.
- Treat all incidents, including near misses, as significant safeguarding information, recognising their importance in identifying risks and preventing future harm;
- Inform parents and carers promptly following any allergic reaction or near miss, providing clear information about what occurred, actions taken, and any immediate next steps;
- Ensure that incidents are reported in line with Apex Collaborative Trust procedures, including:

- Notification to the Trust Body through appropriate reporting mechanisms;
- Escalation to Apex Collaborative Trust leadership where required, particularly in the case of serious incidents or trends;
- Undertake a structured review following each incident or near miss, including:
- Reviewing and, where necessary, updating the pupil's Individual Healthcare Plan (IHP);
- Reviewing relevant risk assessments, including curriculum activities, food provision, or supervision arrangements;
- Identifying any gaps in staff training, awareness or procedure;
- Ensure that learning from incidents is clearly identified, documented and acted upon, with improvements implemented in a timely manner;
- Share learning across Apex Collaborative Trust, where appropriate, to strengthen practice, raise awareness and prevent similar incidents in other settings;
- Where appropriate, involve relevant staff, parents and (where suitable) the pupil in post-incident reviews, ensuring that actions are informed by a full understanding of the circumstances;
- Monitor patterns or trends in incidents and near misses to support proactive risk management and continuous improvement.

12. Review and Governance

These arrangements will be reviewed at least annually, or sooner following:

- A serious incident
- Changes in guidance or legislation

The Trust Board will receive assurance reports on allergy management and compliance; the school will:

- Take all reasonable steps to ensure alignment with emerging national best practice and will regularly review access to allergy information and staff awareness;
- Monitor compliance through internal checks and leadership oversight;
- Take prompt action where gaps or weaknesses are identified;
- The school will ensure that compliance with allergen management procedures is subject to periodic checks and verification by completing regular audits of allergy systems and reporting back to Governors.

Publication and accessibility

The school will ensure that this Allergy Safety Policy is:

- Published on the school website in accordance with statutory requirements and Apex Collaborative Trust expectations;
- Easily accessible to pupils, parents, carers, staff, governors, Trustees and other interested parties;
- Available on request in alternative formats where reasonably required;
- Brought to the attention of staff as part of induction and ongoing training arrangements;
- Communicated to parents and carers through appropriate channels, particularly where updates or significant changes are made;
- Supported by locally maintained procedures and information relevant to the individual school setting.

The school will also ensure that key allergy safety information, including arrangements for emergency response, staff responsibilities and access to medication, is effectively communicated to those who need it in order to support the safety, wellbeing and inclusion of pupils with allergies.

Following each review, the most current version of the policy will be approved through the Trusts governance arrangements and published promptly on the school website.

Appendix 1 – School Specific Allergy Safety Section

1. School Details

	Details
School Name	Lord Street Primary and Nursery School
Address	Lord Street, BB8 9AR
Phase	Pre-school, Primary
Headteacher / Principal	Chloe Hey
Date of Last Policy Review	September 2026

2. Named Responsible Persons

Role	**Name**
SLT Member for Designated Allergy Safety	Michelle Iddon
Deputy Allergy lead (in absence of the lead)	Chloe Hey
Governor for Allergy Safety	Safeguarding Governor – Hayley Smith
Operational Lead (SENCo / DSL / Pastoral Lead)	Michelle Iddon (SENDCO)

3. Pupil Allergy Profile

Item	**Details**
Number of Pupils with Known Allergies	31 Allergen and/or Intolerance
Number at Risk of Anaphylaxis	1
Common Allergens within this School	
Reviewed Date:	Sept 2027

4. Storage and Access to SPARE Medication

Location	**Adrenaline Type**	**Quantity**	**Access Arrangements**
Main Office	Jext	1 pair for children 1 pair for adult	In the main school office, on the wall

5. School Specific Risk Controls

Area	Arrangements / Controls
Mealtime Identification Methods	Yellow Lanyard/ ID cards Pictures in kitchen Staffroom list
Classroom Activity Controls	-Maintain an up-to-date allergy register and ensure staff are aware of pupils' allergies before activities. -Complete activity-specific risk assessments where food, plants, animals, sensory materials, or allergenic substances are used. -Provide alternative materials or activities where allergens are present. - Ensure handwashing with soap and water before and after activities involving food. Hand gel alone is not effective at removing allergens. - Clean surfaces, equipment and shared resources thoroughly to prevent cross-contamination. - Ensure emergency medication and allergy action plans are readily accessible during classroom activities.
Playground and PE Considerations	-Consider environmental allergens such as pollen, grass, insect stings and outdoor food consumption when planning activities. -Ensure staff supervising outdoor activities are aware of pupils with severe allergies and know emergency procedures. - Keep prescribed emergency medication accessible during PE lessons, breaktimes, sporting events and educational visits. -Undertake individual risk assessments where outdoor activities may increase exposure to known allergens.

	- Discourage sharing of food, drinks and sports bottles. - Check activity areas for potential allergen hazards where appropriate.
Air Quality / Fragrance Considerations	-Minimise exposure to airborne allergens and respiratory triggers wherever reasonably practicable. -Recognise that pupils with both asthma and allergies may be at increased risk of severe allergic reactions. - Identify significant environmental triggers within Individual Healthcare Plans and adapt activities where required. - Promote an allergy-aware and asthma-aware environment across the school. - Avoid the unnecessary use of strongly scented air fresheners, room sprays, perfumes, candles or cleaning products where these are known triggers. - Ensure classrooms are well ventilated and cleaned regularly to reduce dust and other airborne allergens.

6. Educational Visits and Off-Site Activities

Area	**Arrangements**
Risk Assessment Process	*Allergies will be considered for each trip*
Medication Location and Responsibility	*This will be reviewed by the trip leader*
Emergency Communication Arrangements	*As per the base contact*

7. Training Arrangements

Item	**Details**
Date of Last Whole-School Allergy Training	25.8.26
Staff Trained in Adrenaline Administration	25.8.26

Induction Arrangements for New Staff	Part of the induction programme – Medical and allergens

8. Review and Monitoring

Item	Details
Date of Last Review	25.8.26
Actions Taken	To add in up to date training and guidance following Benedicts law.

APPENDIX 2 FOOD-BASED ACTIVITIES (PRIMARY PHASE)

The school recognises that food-based learning activities, including cooking, baking and food tasting, present potential risks for pupils with allergies. The school will ensure that appropriate controls are in place to enable pupils to participate safely, confidently and inclusively.

Planning and Risk Assessment

The school will:

•Ensure that all food-based activities are appropriately risk assessed in advance, taking account of known pupil allergies and medical needs;

•Plan activities to identify any allergens in ingredients and consider whether safer alternatives can be used;

•Avoid the use of high-risk allergens where reasonably practicable, particularly where pupils with severe allergies are present;

•Ensure that risk assessments are shared with relevant staff and reviewed regularly.

Identification and communication

The school will ensure that:

•Staff leading activities are aware of all pupils with allergies, including the nature and severity of the allergy;

•Allergy information is readily accessible during the activity, including Individual Healthcare Plans (IHPs) where required;

•Instructions are given to pupils in an age-appropriate way, including clear expectations about food handling (e.g. no sharing, no swapping of food).

Control measures and safe practices

The school will implement appropriate controls to reduce the risk of exposure to allergens, including:

- Close supervision of pupils at all times during food activities;
- Ensuring that ingredients are clearly labelled and checked before use;
- Preventing food sharing, swapping or tasting of unsafe foods;
- Ensuring effective handwashing before and after activities;
- Using clean equipment, utensils and surfaces, and implementing additional controls where necessary to reduce cross-contamination;
- Adjusting activities to ensure they are safe for all pupils participating.

Inclusion and adaptions

The school is committed to inclusive practice and will:

- Ensure that pupils with allergies are able to participate fully wherever possible;
- Provide adapted recipes or alternative ingredients to enable safe participation;
- Make reasonable adjustments to activities to avoid unnecessary exclusion, while maintaining safety as the priority;
- Work with parents and carers where needed to agree suitable arrangements.

Emergency and preparedness

The school will ensure that:

- Pupils have immediate access to their prescribed medication, including adrenaline auto-injectors where required;
- Staff supervising activities are trained and confident in recognising and responding to allergic reactions, including anaphylaxis;
- The pupil's Allergy Action Plan is followed in the event of an incident;
- Emergency procedures are clearly understood by all staff involved.

Staff responsibilities

Staff involved in food-based activities will:

- Follow the school's allergy policy and risk assessments;
- Remain vigilant at all times for unsafe practices or potential risks;
- Seek advice where needed and escalate concerns promptly.

Review and Monitoring

The school will:

- Review food-based activities as part of wider allergy management monitoring;
- Use any incidents or near misses to improve planning, supervision and control measures.

Any issues should be reported to the Designated Allergy Lead.

Appendix 4 – Individual Health Care Plan

Insert Pupil Photo

Pupil Information:	
Full Name	
Date of Birth	
Class/Year Group	
School Name	
NHS Number	
Identified SEND Need	**YES** ☐ **NO** ☐
EHCP/K	**YES** ☐ **NO** ☐
Primary area of Need	

Family & Medical Contact Information	
Priority Contact 1 **Name**	
Phone Number	**Alternative No:**
Relationship	
Priority Contact 2 **Name**	
Phone Number	**Alternative No:**

Relationship	
GP Contact	**Phone No:**
Who is responsible for providing support to school? Eg. specialist nurse	

Medical Condition / Diagnosis	
Description	
Date Diagnosed	
Known Triggers	

Symptoms and Risks	
Typical Symptoms	
Early Warning Signs	
Emergency Symptoms	
Risks if Symptoms worsen	
Actions following an emergency	

Medication and Treatment Administer at school					
Medication	**Dosage**	**Method**	**Frequency**	**Storage**	**Side Effects**

Emergency Procedures	
What to do:	
Call 999 if:	

Daily Care Requirements

Medication Times	
Monitoring Needs	
Dietary Requirements	
Activity Adjustments	
Other arrangements e.g. snacks	

Support Required	
Supervision Level	
Trained Staff	
Additional Support	

Triggers / Environmental Considerations	
Allergens	
Physical Triggers	
Weather Factors	
Stress Triggers	
Other Triggers	

School Trips and Activities	
Would specific plans be needed?	**YES** ☐ **NO** ☐
Medication Needed?	**Daytrip: YES** ☐ **NO** ☐
Please Specify	
Would a specific risk assessment be needed?	**YES** ☐ **NO** ☐

Staff Training	
Additional Training Required	
Date Completed	

Delivered By	

Consent and permissions	
Can the pupil self-administer medication	**YES** ☐ **NO** ☐ **N/A** ☐
Emergency Medication Consent (where applicable) I consent to appropriately trained staff administering emergency medication, including prescribed emergency medication and any permitted emergency "spare" medication held by the school where required to preserve life or prevent serious deterioration. **Prescribed medication (where applicable)** I give permission for school staff to administer the prescribed medication detailed within this Health Care Plan, in accordance with the prescriber's instructions and school's Medicines Policy.	
Parent/Carer Name	
Signature:	**Date:**
Needs to be physically signed by the parent/career and then scanned and pinned onto MIS System	

This plan has been agreed by: (pupil, parent, carer, document/nurse etc)	
Name	
Role	
Signature	**Date:**
Name	
Role	
Signature	**Date:**
Name	
Role	
Signature	**Date:**

Review Information	
Start Date	
Review Date	
Reviewed By	
Action Plan Attached	**YES** ☐ **NO** ☐

Allergy Safety Risk Assessment

Risk Matrix

	SEVERITY OF THE HAZARD **(How bad it could be)**		**LIKELIHOOD OF HARM** **(The chance it may occur)**			**RISK RATING** **SEVERITY**				
						1	2	3	4	5
5	Fatality	**5**	Almost certain	**LIKLIEHOOD**	1	**1**	**2**	**3**		**5**
4	Major injury, resulting in disability	**4**	Probable		2	**2**	**4**	**6**	**8**	**10**
3	Injury requires doctor's or hospital attendance	**3**	Possible		3	**3**	**6**	**9**	**12**	**15**
2	Minor injury, 1st aid required	**2**	Possible (under unfortunate circumstances)		4	**4**	**8**	**12**	**16**	**20**
1	Minor Injury, no 1st aid required	**1**	Rare		5	**5**	**10**	**15**	**20**	**25**
Severity (S) x Likelihood (L) = RISK RATING WITH CONTROL MEASURES IN PLACE										

Task/Activity	**Date assessment completed:**	**Next Planned Review:**
This assessment covers the management of pupils, staff, visitors and contractors with known allergies while undertaking normal school activities, including classroom learning, breaktimes, lunchtimes, extracurricular activities, educational visits, performances and special events. The assessment supports the school's duty to identify allergen risks, minimise exposure and ensure effective emergency response arrangements.	7.9.26	September 2027
Brief Details of Task/Activity, Background info:	**Assessment completed by:** Chloe Hey (Headteacher) Michelle Iddon (SENDCO)	**Signature:** C.Hey M. Iddon

What are the hazards? *e.g. slip/trip hazards, electricity, manual handling, work equipment*	**Who might be harmed and how?** *e.g. staff, students, visitors and likely injury e.g. bruise, sprain, strain, fracture etc*	**What are you already doing to control the hazard?** *e.g. what procedures, policies, training, supervision, control measures are already in place*	**Risk rating** *With control measures in place* S X L = R	**What further action or additional controls?** *are required or could be introduce to reduce the risk* *- must be realistic*	**Action by who**	**Action by when**	**Date completed**
Staff unaware of allergies in pupils	Staff, pupils, visitors, others *Pupils with food allergies may*	Whole school allergy awareness training each year Trust wide allergy policy, with school specific section Member of SLT identified in each school to be allergy lead Induction training for new staff during the year	10	Whole school allergy training planned September 2026 as part of pathway roll out	M.Iddon	11.9.26	11.9.26

	suffer allergic reaction or anaphylaxis	IHP devised for pupils, with allergy action plans attached This information will be pinned to MIS Allergy register for school					
Exposure to food allergens during school day	Staff, pupils, visitors, others *Pupils with food allergies may suffer allergic reaction or anaphylaxis*	Allergy register maintained; IHPs and Allergy Action Plans for pupils held by school staff informed of allergies; food sharing is discouraged; supervision during mealtimes, information is available on till system allergen information available from catering provider.	15	All staff trained. Kitchen staff and company provided with school training. Children spoken to in assemblies about the importance of not sharing food.	M.Iddon	11.9.26	11.9.26
Cross-contamination of food	Staff, pupils, visitors, others *Allergic pupils may ingest allergens unintentionally causing allergic reaction*	Catering controls in place; Catering staff have Level 2 food hygiene and allergy awareness training Whole school allergy awareness training for all staff allergen matrix maintained by catering team separate utensils where required; hygiene controls implemented. Staff are aware of pupils with allergies (in primary school photos are displayed, in high schools information is held within the till system)	10	Children have lanyards with ID photos. Whole school allergen list. Trust employed staff had annual training 25.8.26	M.Iddon	1.9.26	1.9.26

Classroom activities involving food or allergenic materials	Staff, pupils, visitors, others *Pupils with allergies may experience skin contact, inhalation or ingestion reactions*	Activity-specific risk assessments completed; alternative materials provided; allergy information accessible to staff. Food technology has specific risk assessments in place for both primary and secondary schools Information about allergies is pinned to MIS	10	Staff aware of allergens on MIS and Provision Maps. Also, available in staff room and headteacher's office.	M.Iddon	1.9.26	1.9.26
Science, DT, Art and Food Technology activities containing known allergens	Staff, pupils, visitors, others *Pupils may experience serious allergic reaction or anaphylaxis*	Lesson planning identifies allergens; All staff have had allergy awareness training adapted resources and ingredients used where needed; staff trained in emergency response. Staff talk through recipes/ lessons and to adapt where needed For food technology lessons in high schools – specific allergy stations and utensils are provided. Staff to clean the allergy stations more thoroughly	10	Staff aware of allergens on MIS and Provision Maps. Also, available in staff room and headteacher's office.	M.Iddon	1.9.26	1.9.26
Educational visits and residential trips	Staff, pupils, visitors, others *Delayed access to medication or exposure to uncontrolled*	Allergy needs are included in the visit planning; If catering is provided by external agency / provider, school to provide information on allergies in advance If pupils are taking packed lunches, parents made aware of any allergies (and air borne allergies in particular) and foods to avoid sending in	15	Staff aware of allergens on MIS and Provision Maps. Children and staff to take medication on trips.	M.Iddon	11.9.26	11.9.26

	allergens resulting in allergic reaction	medication accompanies pupils where needed trained staff attend; emergency plans established and taken on the trip First aiders are also available (in addition to all staff allergy training)		Staff to be aware of first aid points at external venues Staff first aid trained			
Visitors bringing food onto site	Staff, pupils, visitors, others *Pupils and staff may be exposed to allergens unknowingly*	Visitor procedures require notification of any visitors bringing food sources into school – this will be planned with the member of staff inviting the visit into school staff supervision at all times, staff to provide information on allergies to visitors in advance if required allergen awareness promoted.	10	Visitors to eat food in the staff room. Notified by allergen lead allergens in school	M.Iddon	11.9.26	11.9.26
Lack of staff awareness of allergy sufferers	Staff, pupils, visitors, others *Delayed recognition of symptoms leading to serious illness*	Central allergy register is held by school School to ask parents of new pupils in advance of start date whether they have pupils If needed, parents to come into school before start date to develop IHP and meet with catering team (depending on the level and complexity of allergy) annual allergy awareness training; induction process for new staff. Spare AAI's in school	15	New starters to fill in documentation including allergies and contact details. Annual allergy training	M.Iddon	11.9.26	11.9.26
Failure to recognise symptoms of anaphylaxis	Staff, pupils, visitors, others	All staff receive allergy awareness and adrenaline auto-injector (AAI) training. Staff are made aware if a child with an allergy is wheezy to think anaphylaxis	15	All staff employed by school have received the training and have			

	Serious injury or fatality due to delayed treatment	Trained first aiders on site		consented to understand the training. SENDCO to incorporate mid year review training as part of whole staff training CPD.	M.Iddon	1.9.26	1.9.26
Adrenaline auto-injector unavailable in an emergency	Staff, pupils, visitors, others *Increased severity of reaction and potential fatality*	AAIs are available within 5 minutes of the site – additional locations if the site is large spare AAIs held and maintained by the school locations known to staff – informed during training expiry dates monitored and recorded on iAM Compliant	15	All staff aware of Spare Epipen's in office. Cupboard accessible at all times.	M.Iddon	11.9.26	11.9.26
Bullying or teasing relating to allergies	Staff, pupils, visitors, others *Emotional distress, anxiety, reduced wellbeing*	Anti-bullying procedures are in place, and wellbeing is considered in the allergy policy School behaviour management system is followed allergy awareness is incorporated into the curriculum, particularly in lessons such as food technology incidents monitored and addressed.	2	Regular assemblies promoting importance of keeping each other safe.	C.Hey	26.8.26	26.8.26
Airborne allergens, pollen, fragrances, cleaning chemicals or dust	Staff, pupils, visitors, others *Allergic reactions or exacerbation of asthma symptoms*	Ventilation maintained; known triggers identified in IHPs; cleaning activities managed appropriately. Staff to be made aware of airborne allergies and precautions to take Depending on the severity of the allergy, parents may be asked to avoid bringing certain foods into school	15	Communication to parents and staff sent out when required	C.Hey	26.8.26	26.8.26

Inaccurate or outdated allergy information	Staff, pupils, visitors, others *Staff unaware of risk, leading to inadequate controls*	Parents informed of reporting requirements; records reviewed regularly; allergy register maintained. https://romerocat-my.sharepoint.com/personal/heather_haworth_romerocat_com/_layouts/15/Doc.aspx?sourcedoc={20197FED-0037-4D01-8B98-2667C0F4AFE5}&file=Blank risk assessment form 2024.docx&action=default&mobileredirect=true IHPs are updated annually or when a new allergy action plan is provided by a medical practitioner	10	Allergen lead to make updates when informed of changes by parents.	M.Iddon	11.9.26	11.9.26