Allergy Policy

Approval Date	**30/06/26**
Review Date	**30/09/26**
Full Trust Board	**No**
Trustees' Sub Committee	**Finance, Audit and Risk**
Statutory Policy	**Yes**

Allergy Policy

Contents

1. Aims

This policy sets out the MAT's approach to managing allergies across all schools to:

- Minimise the risk of allergic reactions, including anaphylaxis
- Ensure all pupils with allergies are safe, supported, and included
- Provide clear procedures for prevention and emergency response
- Promote and maintain a culture of allergy awareness across all school communities

Each school will implement this policy in full, with a **local appendix** detailing site-specific arrangements.

2. Legislation and Guidance

This policy is based on:

- Department for Education: Supporting pupils at school with medical conditions and Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026), issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- Department of Health: *Guidance on the use of adrenaline auto-injectors in schools*
- Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019
- NICE guidance on anaphylaxis
- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Early Years Foundation Stage statutory framework, where applicable

3. Roles and Responsibilities

3.1 MAT Responsibilities

The Trust will:

- Ensure a consistent allergy management approach across all schools
- Monitor compliance through audits and review processes
- Support training and policy updates
- Set out oversight, support and challenge arrangements through the Trust scheme of delegation
- Receive assurance and reports on serious allergy incidents and near misses, together with actions and lessons learned

3.2 Allergy Lead (School Level)

Each school must appoint a named Allergy Lead. This should be a senior member of staff who has pastoral/welfare responsibilities and will be responsible for:

- Ensure this policy is published and readily accessible to pupils, parents, carers and staff, including on each school website and in hard copy on request
- Ensure allergy-related risks are included within the school risk register where appropriate and are actively monitored
- Promoting and maintaining allergy awareness across school
- Maintaining an up-to-date allergy register by recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the school nurse / medical officer / administrative staff)
- Ensuring all pupils with allergies have a current Allergy Action Plan.

The British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans will ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. It is the parent's responsibility to provide the completed Allergy Action Plan (BSACI or equivalent).

- Overseeing staff training
- Ensuring risk assessments are completed
- Monitoring AAI stock and expiry
- Reviewing policy implementation

3.3 School Nurse / Medical Officer /School nominated person

In conjunction with and directed by the school allergy lead, the nominated member of staff in school will:

- Coordinate the paperwork and information from families
- Support development and review of Allergy Action Plans
- Monitor medication and liaise with families
- Check spare Adrenaline Auto Injectors (AAIs) are in date
- Any other appropriate tasks delegated by the school allergy lead

3.4 Staff Responsibilities

All staff present when pupils are scheduled to be on site must:

- Be aware of pupils with allergies in their care (this includes any classes that may require cover staff)
- Complete allergy awareness and emergency response training at least annually, including induction or in-year training for new, temporary, supply, agency, peripatetic and cover staff, regular volunteers, catering staff and staff supervising breakfast or after-school provision
- Maintain awareness of our allergy policy and procedures
- Recognise signs of severe allergic reactions and anaphylaxis
- Follow emergency procedures without delay
- Consider the use of food or other allergens in lesson and activity planning
- Promote and maintain allergy awareness amongst pupils
- Ensure the wellbeing and inclusion of pupils with allergies
- Know how to access and use the allergy register, Individual Healthcare Plans, Allergy Action Plans and Asthma Action Plans relevant to their role
- Report allergic reactions, serious incidents and near misses in accordance with this policy

3.5 Parents/Carers Responsibilities

Parents/carers are responsible for:

- Providing up-to-date medical information and dietary requirements on entry to school. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication
- If required provide their child at least **2 in-date AAIs** (if prescribed) and any other medication, including inhalers, antihistamine etc ensuring these are replaced in a timely manner
- Provide a copy of their child's completed Allergy Action Plan (BSACI or equivalent). If they do not currently have an Allergy Action Plan this should be developed as soon as possible with a healthcare professional eg school nurse/GP
- Inform the school of any changes in condition
- Being aware of the allergy policy, carefully considering food provided for packed lunches and snacks, trying to limit the number of allergens included and following the guidance on food brought in to be shared

3.6 Pupils

Where appropriate and in line with age and any learning and developmental needs, pupils are expected to:

- Be aware of their allergies and the risk they pose to others
- Pupils without allergies should be aware of allergens and the risk they pose to others
- Carry their medication (if appropriate) and only use it for its intended purpose
- Understand (where appropriate) how and when to use their AAI
- Inform staff if they feel unwell

4. Individual Healthcare Plans and Clinical Action Plans

Where a pupil's allergy has a functional impact, presents a risk of harm, or requires arrangements additional to or different from those made generally, the school will prepare an Individual Healthcare Plan (IHP). The school will develop the IHP with the pupil and their parents or carers, taking account of advice from relevant healthcare professionals. An Allergy Action Plan, Asthma Action Plan or other clinical care plan issued by a healthcare professional must be attached to and referenced within the IHP; it does not replace the school's IHP. A formal diagnosis is not required before proportionate support is considered where allergy is suspected and there is a risk of harm.

- IHPs and attached clinical action plans must be:
    - IHPs completed by the school in collaboration with the pupil and parents or carers; clinical action plans completed by an appropriate healthcare professional
    - Reviewed at least annually
    - Accessible to relevant staff
    - The IHP will record known allergens and triggers, medication and storage arrangements, reasonable adjustments, food and mealtime controls, support for learning and wellbeing, arrangements for trips and activities, emergency response, information-sharing arrangements and review dates.
    - A single IHP should encompass all supportive arrangements required for a pupil's medical conditions. Clinical instructions must not be rewritten or summarised in a way that could replace the original healthcare plan.

5. Risk Assessment

Risk assessment will be proportionate to the individual pupil and activity. Schools will not assume that all pupils with allergy require the same arrangements, and reasonable alternatives will be considered so that pupils are not unnecessarily excluded.

Schools must carry out a detailed individual risk assessment for all pupils with severe allergies, including any new pupils starting in-year with severe allergies and any pupils newly diagnosed to keep allergic children safe:

Individual Risk Assessments
These are required for all pupils with severe allergies (on entry or diagnosis) taking part in:

- Food technology and cooking activities
- Science experiments involving allergens
- Crafts using food packaging
- Any other events or activities involving food or animals or, where a pupil is at risk of an allergic reaction where they may come into contact with an assistance dog eg accompanying a visitor on site
- School trips and off-site visits

6. Managing Risk

6.1 Hygiene

Schools will provide:

- Reminders to wash hands before and after eating
- Reminders not to share food
- Request pupils have their own named water bottles
- Where food is provided by school, reminders for staff to read food labels for food allergens and measures to prevent cross contamination during the handling, preparation and serving of food. Food should not be given to food-allergic children without prior parental engagement

6.2 Catering

We are committed to providing safe food options to meet dietary needs of pupils with allergies. School Catering staff will:

- Provide clear, accurate and readily accessible information about the 14 regulated allergens. Prepacked for direct sale food must carry the name of the food, a full ingredients list and emphasised allergens; non-prepacked food must have accurate allergen information available to pupils and parents or carers in accordance with food information law and Food Standards Agency guidance
- Have systems in place to identify pupils with allergies
- Undertake appropriate training and refreshers
- Provide school menus for parents/carers to view with ingredients clearly labelled
- Ensure where changes are made to school menus, that these continue to meet any special dietary needs of pupils
- Ensuring hygiene and allergy procedures for food preparation are followed to prevent cross-contamination
- Use at least two robust methods, proportionate to the setting, to identify pupils with food allergy at mealtimes and ensure that pupils are not routinely segregated from their peers
- Ensure short-notice menu substitutions continue to meet individual dietary requirements and that changes are clearly communicated
- Make reasonable adjustments so that eligible pupils with allergy can access their free school meal entitlement
- Apply appropriate allergen controls to breakfast clubs, after-school clubs, treats, celebrations, fundraising and other organised food provision

6.3 Food in School

Our Trust supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

To help minimise risk, we would like to encourage schools to ask pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These higher risk foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds
- Clear guidance must also be provided on food brought into school (outlined in Appendix A for individual schools completion)

6.4 Animals and Environment

Schools will ensure the following:

- Handwashing after animal contact to avoid putting pupils or family members with allergies at risk through later contact
- Risk assessments for animal exposure

- Reasonable measures will be identified through the pupil's IHP and risk assessment to reduce exposure to animals or animal allergens without unnecessarily excluding the pupil from activities

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Schools will also consider indoor and outdoor air quality, ventilation, damp, mould, dust, pollen and other airborne triggers through their health and safety and premises arrangements, particularly where these affect asthma or allergy.

6.5 Inclusion and Wellbeing

Pupils with allergies must not be excluded from activities unnecessarily. Our Trust is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with a nominated person in school
- Schools will prevent and respond to allergy-related bullying, including teasing, exclusion, deliberate exposure, threats involving allergens or attempts to force-feed an allergen. Such behaviour may constitute a serious behaviour and safeguarding concern.
- Pupils with allergy will be involved, in an age-appropriate manner, in decisions about the support, information sharing and reasonable adjustments affecting them.

7. Treatment and Management of Anaphylaxis

As part of the whole-school awareness approach to allergies, all staff must be trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately. Staff are trained in the administration of AAIs to minimise delays in pupils receiving adrenaline in an emergency.

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.
Mild to moderate allergic reaction symptoms may include:
• a red raised rash (known as hives or urticaria) anywhere on the body
• a tingling or itchy feeling in the mouth
• swelling of lips, face or eyes
• stomach pain or vomiting.

If a mild or moderate allergic reaction does not involve Airway, Breathing or Circulation symptoms, follow the pupil's action plan, including authorised antihistamine where directed. Do not leave the pupil unattended. Inform the parent or emergency contact and observe the pupil in a safe place for at least 60 minutes because symptoms may progress to anaphylaxis. Escalate immediately if ABC symptoms develop.

More serious symptoms are often referred to as the ABC symptoms and can include:

• **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
• **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
• **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness,

confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Refer to the Allergy Action Plan immediately and follow the emergency procedures below.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.
What does adrenaline do?
- It opens up the airways
- It stops swelling
- It raises the blood pressure

If anaphylaxis is suspected, including in a person with no previous diagnosis or action plan, give an appropriate adrenaline device without delay and immediately call 999, stating "ANAPHYLAXIS". Do not delay treatment while seeking consent or telephone advice.

Emergency Procedures

In the event of a severe allergic reaction as soon as anaphylaxis is suspected, adrenaline must be administered without delay. A member of staff will use the pupil's own AAI, or if it is not available, a school one.

All staff must follow this procedure:

1. **Recognise symptoms** (including ABC symptoms: Airway, Breathing, Circulation)
2. **Keep the child where they are, call for help and do not leave them alone**
3. **Lay pupil flat with legs raised** (unless breathing difficulty)
4. **Administer AAI immediately** (do not delay) **and note the time given.** AAIs should be given into the muscle in the outer thigh. Specific instructions will vary by brand – always follow instructions on the device.
5. **Call 999 – state "ANAPHYLAXIS"** (ana-fil-axis)
6. **Administer second AAI after 5 minutes if no improvement**
7. **If no signs of life commence CPR**
8. **Call parent/carer as soon as possible**
9. **Log action taken in school accident book**

Whilst staff are waiting for the ambulance they must keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

If the pupil is taken to hospital a member of staff must accompany them until the parent/carer arrives.

8. Prescribed Adrenaline Devices and School Spare AAIs

People at risk of anaphylaxis may be prescribed adrenaline auto-injectors or a non-injectable nasal adrenaline device. Clinical advice is that they should have access to two prescribed adrenaline devices at all times, including during travel to and from school, lessons, meals, play, sport, visits and trips. Decisions about self-management will be made individually with the pupil and parents or carers, taking account of competence, understanding, risk and safeguarding needs. Staff must remain prepared to administer the medication where the pupil cannot.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. Pupils' prescribed AAIs should be clearly labelled in a named suitable container. This should contain two AAI's eg EpiPen® or Jext® or Emerade®. It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

8.1 Purchasing of spare AAIs

- Schools must stock spare AAIs of the correct dosage for their pupils. Spare AAIs must always be stocked and stored in pairs. As a usual minimum, primary and special schools should hold one pair of 150 microgram and one pair of 300 microgram AAIs; secondary schools should hold one or two pairs of 300 microgram AAIs. Additional pairs must be provided where required to ensure adrenaline can be brought to any person on site within five minutes, including on each separate site. The allergy lead is responsible for arranging purchase and replacement.

8.2 Contents

- Spare AAIs
- Instructions for use
- Instructions for storage
- Manufacturers information
- A checklist of injectors, identified by batch number and expiry date with monthly check recorded
- Arrangement for replacement
- A record of pupils with prescribed adrenaline devices and relevant action plans; this must not delay emergency treatment
- A record of when AAIs have been administered

8.3 Storage

- AAIs must be accessible, clearly labelled in a suitable container, not locked away and not located more than 5 minutes away from where they may be needed. Larger schools will therefore require more than one AAI kit.
- Must be known to all staff
- Stored at room temperature, protected from direct sunlight and temperature extremes

8.4 Monitoring

- Monthly checks of expiry dates for school AAIs must be undertaken and recorded and a system for reminders in place to parents
- Clear system for replacement essential

8.5 Use

- Pupil's own AAI used first where possible
- Where a pupil has been prescribed a nasal adrenaline device but it is not available, a school spare AAI of the appropriate dose may be used.
- Advance consent for use of a spare AAI should be recorded wherever possible. However, prior consent is not required in a life-threatening emergency and treatment must not be delayed while consent is checked.
- A spare AAI may be used for any person experiencing suspected anaphylaxis, including a pupil, member of staff, volunteer or visitor with no previous diagnosis, or where prescribed devices are unavailable, have misfired or are unsuitable. Give adrenaline first and call 999 immediately; do not wait for telephone advice before treatment.
- AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor.

9. School Trips and Off-Site Activities

For events, including ones that take place outside of the school and school trips/offsite visits, no pupils with allergies will be excluded from taking part. All the activities will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion. The schools will plan accordingly and arrange for staff members to have received adequate training, with the event/trip leader being responsible for making sure all members of staff involved are aware of pupils with allergies and that pupils know their responsibilities when taking part. For all offsite activities and events most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

- Pupils must have rapid access to their required medication during visits. Before departure the trip leader will check that it is available. Where medication is unavailable, the trip leader and a senior leader will assess whether the issue can be resolved safely before departure. The school will take all reasonable steps to avoid exclusion and will not create unnecessary barriers to participation.
- Staff must:
    - be trained
    - have reviewed the register of pupils who have been prescribed an AAI
    - carry all relevant emergency supplies. A risk-based decision will be made about taking a pair of spare AAIs, ensuring that sufficient spare stock remains available on the school site
    - if an AAI needs to be administered, use the pupils own AAI first, if not available use the school one and keep a record of any emergency treatment given
- Risk assessments must be completed, paying particular attention to higher risk or overnight stays/residentials. Staff at the venue for overnight stays/residentials should be briefed early and trip leader must ensure the venue can cater for the pupil(s) (eg in the case of a food allergy)
- Inclusion should be prioritised with appropriate planning

Physical Education offsite/School Sporting Events

It is recommended that schools provide P.E. teacher/s with First Aid training. PE staff must be fully aware of the allergy needs of pupils in their group. They must also carry an emergency anaphylaxis kit with them, including Allergy Action Plans and be confident and competent to carry out the emergency procedures required should this be necessary without delay. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly.

Allergic children should also have every opportunity to attend sports trips to other schools. The school being visited will be notified in advance of any allergies when arranging the fixture and a member of staff trained in administering adrenaline will accompany the team. Children with food allergies should be encouraged to take their own food items in a suitable named and labelled container, if provided by school this should be in liaison with the catering team who will hold up to date food allergens information.

10. Training

All staff must receive:

- Allergy awareness and emergency response training at least annually, covering allergic reactions, anaphylaxis and acute asthma
- Training must include:
- The difference between allergy, food intolerance and coeliac disease, and the relationship between allergy and asthma
- How to access the allergy register and use Individual Healthcare Plans, Allergy Action Plans and Asthma Action Plans
- How to recognise and respond to an acute asthma attack, including that a reliever inhaler must never replace adrenaline where anaphylaxis is suspected

- How to report allergic reactions, serious incidents and near misses
- Understanding this policy and individual responsibilities for reducing exposure to known allergens
    - Recognising common allergens and triggers
    - Spotting the signs and symptoms of an allergic reaction and anaphylaxis
    - Measures to reduce risk of allergic reactions
    - Managing Allergy Action Plans
    - Emergency response and the importance of acting quickly in the case of anaphylaxis
    - AAI administration - knowing how to and when to administer the medication/device and how to access them
    - The wellbeing and inclusion implications of allergies

The school allergy lead will arrange and record training, including induction and suitable arrangements for new, temporary, supply, agency, peripatetic and cover staff, regular volunteers, catering staff and staff supervising breakfast or after-school provision. First-aid training alone is not sufficient.

11. Identifying and Supporting Staff and Visitors

Schools will provide appropriate opportunities for staff and visitors to disclose allergies that may require reasonable arrangements or emergency support. Visitors should be asked about relevant allergies in advance where food is provided or there is a foreseeable risk of exposure.

Emergency procedures apply equally to pupils, staff, volunteers and visitors.

12. Information Sharing and Data Protection

Allergy and medical information is special category personal data. Schools will record, use and share only the information necessary to keep individuals safe and included, with access limited to staff who need it.

Information will be shared appropriately with teaching, catering, supply, trip and emergency staff. Pupils and parents or carers will be involved in decisions about sharing wherever practicable, and records will be kept secure, current and subject to version control.

Transition information will be sought from previous settings and arrangements put in place by the start of term wherever possible. For mid-year admissions, every effort will be made to put appropriate arrangements in place within two weeks. The Trust Data Protection Policy and records-management arrangements apply.

13. Serious Incidents and Near Misses

Schools will record and investigate allergic reactions, anaphylaxis, medication errors, delays or inability to locate medication, incorrect meals, undeclared allergens, communication failures and other incidents or near misses. Reports may be received from pupils, parents, staff, visitors or healthcare professionals, including where symptoms develop after the pupil has left school.

Serious incidents and near misses will be reported to parents or carers and to the appropriate governing or Trust body, alongside any statutory reporting. Food-safety incidents will be escalated to Environmental Health, the Primary Authority or other competent authority where required. Reviews will identify lessons, actions and whether this policy, local arrangements, risk assessments or an IHP require amendment. Appropriate wellbeing support will be offered following a serious incident.

14. Unacceptable Practice

The Trust will not

- prevent rapid access to medication;
- send an unwell pupil to an office or medical room without suitable supervision;
- require a person experiencing anaphylaxis to walk to their medication;
- ignore the views of the pupil, parents or healthcare professionals;
- assume all allergies require identical support;
- assume older pupils do not need support;
- refuse proportionate support solely because diagnosis is pending;
- routinely send pupils home because of allergy;
- penalise allergy-related absence;
- require parents to attend to administer medication;
- or unnecessarily exclude pupils from meals, lessons, trips, clubs or activities.

15. Publication and Awareness

This policy will be published on each school's website and made available in hard copy on request.

It will be communicated to pupils, parents, carers and staff and included in annual training and induction.

Schools will raise age-appropriate awareness among pupils, particularly to prevent bullying, while respecting confidentiality and the wishes of pupils with allergy.

16. Monitoring and Review

- This policy will be reviewed annually
- It will also be reviewed following a serious allergy incident or near miss, where learning indicates that arrangements may need to change
- Pupils, staff and others with allergy should be involved, where appropriate, in developing and reviewing arrangements
- Schools should consider periodic allergy emergency drills or simulations and record learning from them
- The MAT will monitor:
    - compliance
    - training completion
    - medication management

17. Links to Other Policies

- Supporting pupils with medical conditions
- Health and safety
- Safeguarding
- Behaviour policy
- Educational visits policy
- Data Protection Policy
- Data Retention Policy
- Information Security Policy
- Attendance Policy

Appendix A – School-Specific Allergy Management Arrangements (to be completed by each school)

School Name	
Date Completed	
Review Date	

Allergy Lead Information

Role	**Name**
Allergy Lead (SLT)	
Deputy Allergy Lead	
School Nurse / Healthcare Professional	
First Aid Lead	

Pupils with Allergies

The school maintains an up-to-date, secure register of pupils with diagnosed or suspected allergies requiring support, together with relevant asthma, prescribed adrenaline device and Individual Healthcare Plan information. It will record known allergens and triggers, prescribed device type and dose, risk factors, history of anaphylaxis and action-plan status. A current photograph should be included where appropriate, with information accessible only to staff who need it. The information below will be reviewed at least termly:

Category	**Number of Pupils**
Diagnosed food allergy	
Diagnosed non-food allergy	
Prescribed Adrenaline Auto-Injector (AAI)	
History of anaphylaxis	
Parental consent given for use of spare AAI	

The person with responsibility in school for the allergy register is:

Name	**Role**

Location of Medication and Emergency Equipment

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container). For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two prescribed adrenaline devices, which may be auto-injectors or a prescribed nasal adrenaline device
- An up-to-date Individual Healthcare Plan with the current Allergy Action Plan and/or Asthma Action Plan attached
- Antihistamine as tablets or syrup (if included on Allergy Action Plan)
- Spoon if required
- Asthma inhaler (if included on Allergy Action Plan).

Pupil Medication/AAI Storage

Location	Year Groups / Pupils Covered

Medication/AAI Checks

Monthly Checks Undertaken By

Name	Role

Spare Adrenaline Auto-Injectors (AAIs) / Emergency Anaphylaxis Kits

Schools must purchase spare AAIs of the appropriate doses and store them in pairs for emergency use. They must be clearly labelled, readily accessible, not locked away and capable of being brought to a person experiencing anaphylaxis within five minutes. Advance consent should be recorded wherever possible, but emergency treatment must not be delayed while consent is checked. A spare AAI may be used for any person experiencing suspected anaphylaxis, including where there is no previous diagnosis. Give adrenaline without delay and call 999 immediately.

Location	Number Held	Brand	Responsible Staff Member

Termly Audit of Arrangements and Monitoring Undertaken By:

Name	Role

Catering Arrangements

☐ In-house catering
☐ External catering provider - Provider Name: _____

Identification of Pupils with Food Allergies
Describe the system used by catering staff:
(Examples may include)

- ☐ Allergy register
- ☐ Photographs
- ☐ Colour coding
- ☐ Electronic meal ordering system
- ☐ Individual dietary plans
- ☐ Other (please detail below)

Parent Communication Arrangements

Describe how parents discuss dietary requirements with the school/catering provider:
(Examples may include)

- ☐ Complete provider template
- ☐ School managed process
- ☐ Other (please detail below)

Food in School

Please detail school approach to food brought from home (eg packed lunches, snack items etc):

Please indicate if parents/carers receive communication on high-risk foods and if these are discouraged by the school:

☐ Nuts
☐ Sesame
☐ Nut-based spreads
☐ Nut-containing snack bars
☐ Other (please detail):

Educational Activities and Curriculum Areas

The following activities require allergy consideration and risk assessment where appropriate (this list is not exhaustive and setting dependent) Please indicate those completed and those not applicable:

☐ Food Technology
☐ Cooking Activities
☐ Science Experiments
☐ Sensory Play
☐ Forest School
☐ Animal Encounters
☐ Cultural Celebrations
☐ Fundraising Events

Please provide detail of any other risk assessments undertaken:

School Trips, Educational Visits, Offsite Activities

Describe the schools process for planning how pupils with allergies are supported on visits, including how the school ascertains who the designated member(s) of staff will be, taking account of who will be responsible for carrying emergency medication during offsite activities:

Animals on Site

Please indicate that individual risk assessments have been completed where the school has animals on site and individual risks have been considered and written into plans for names pupils:

☐ No regular animals on site

☐ A therapy dog ☐ Risk assessment completed

☐ Any school pet(s) ☐ Risk assessment completed

☐ Visiting animals ☐ Risk assessment completed

Staff Training

The school must confirm that annual training covers all staff present when pupils are scheduled to be on site, together with induction arrangements for new, temporary, supply, agency, peripatetic and cover staff, regular volunteers, catering staff and staff supervising breakfast or after-school provision.

Please outline the Annual Training Provider

☐ AllergyWise ☐ NHS Service ☐ Other External Provider ☐ Other - details:

Please provide date of most recent Whole Staff Allergy Training: _____

Communication of Allergy Information to Staff

The school allergy lead communicates allergy information including emergency response, AAI administration and knowing how to and when to administer medication/AAI and where to access them via:

☐ Allergy register

☐ MIS system alerts

☐ Staff briefing

☐ Class information sheets

☐ Supply staff information pack

☐ Trip packs

☐ Other (please detail)

Serious Incidents and Near Misses

Allergy incidents and near misses are recorded on EvolveAccidentbook and reported to the Trust.

Please detail how any incidents and near mises are investigated in school and used to review, risk assessments and Individual Healthcare Plans:

Policy Publication and Awareness

Confirm where the policy is published and how it is communicated to pupils, parents, carers, staff, volunteers and relevant visitors:

Annual Compliance Checklist

Requirement	Yes	No
Allergy Lead appointed	☐	☐
Allergy register updated	☐	☐
All Allergy Action Plans current	☐	☐
Staff training completed	☐	☐
Spare AAIs available	☐	☐
Medication checks completed	☐	☐
Catering information updated	☐	☐
Risk assessments completed	☐	☐
Offsite activities procedures in place	☐	☐

Declaration

I confirm that the arrangements detailed within this appendix accurately reflect the school's current allergy management procedures.

Headteacher: _____

Signature: _____

Date: _____