Allergy Safety and Anaphylaxis Policy

Approved by:	FARC	**Date:** 12th October 2026
Last reviewed on:	12th October 2026	
Next review due by:	August 2027, or sooner following a serious incident, significant near miss, legislative change or DfE guidance update	

Trust-wide policy with school-specific implementation schedules

School implementation lead	Cathy Browne

DfE alignment note

- This draft reflects the DfE statutory allergy safety guidance published in July 2026 and section 34 of the Children's Wellbeing and Schools Act 2026.
- Governance has been adapted for a Trust-wide model: trustees retain responsibility for the policy as the Academy Trust governing body, while each school must have a named allergy safety lead for implementation.
- School-specific information is captured through appendices and local implementation schedules rather than setting named staff, systems or device locations in the Trust-wide body of the policy.

Contents

	Page
1. Statutory Framework and Purpose	**2**
2. Governance and Responsibilities	**3**
3. Inclusion, Wellbeing and Anti-Bullying	**4**
4. Identification, IHPs and Allergy Information	**4**
5. Emergency Medication and Adrenaline Auto-Injectors	**6**
6. Spare Emergency AAIs	**6**
7. Environment and Risk Management	**7**
8. Staff Training and Induction	**8**
9. Incidents, Near Misses and Review	**8**
10. Awareness, Monitoring and Review	**9**
11. Appendices A-D	**10-13**

1. Statutory Framework and Purpose

Greensand Multi Academy Trust ("the Trust") recognises the serious risks posed by allergy and anaphylaxis and is committed to safe, inclusive and supportive arrangements for pupils with allergies across all academies.

This policy sets out the Trust's common expectations for identifying and supporting pupils and others with allergies; reducing exposure to known allergens; Individual Healthcare Plans (IHPs) and Allergy Action Plans; emergency medication and Adrenaline Auto-Injectors (AAIs); staff training and emergency response; educational activities, catering and off-site visits; information sharing; incident and near-miss reporting; and monitoring, review and continuous improvement.

This policy is intended to meet the requirements of section 34 of the Children's Wellbeing and Schools Act 2026 and Department for Education statutory guidance, Allergy Safety in Schools, July 2026.

Anaphylaxis is treated as a medical emergency. Adrenaline should be administered as soon as possible and within five minutes where anaphylaxis is suspected.

This policy operates alongside the Trust's Administration of Medication, First Aid, Safeguarding, Behaviour and Anti-Bullying, Data Protection, Health and Safety, Educational Visits and Complaints policies. Where a pupil requires individual clinical support beyond school-level allergy safety arrangements, appropriate clinical governance, competency and delegation arrangements will apply.

This policy will be published on the Trust and school websites and made available in hard copy on request.

2. Governance and Responsibilities

2.1 Trustees and delegated committee oversight

The Board of Trustees is responsible for ensuring that the Trust has an effective allergy safety policy and appropriate arrangements for implementation, monitoring and review across its schools.

Trustees may delegate detailed scrutiny to the Finance, Audit and Risk Committee, or another committee confirmed in the Trust Scheme of Delegation. Delegation does not remove the Board's overall accountability.

Trust-level oversight will focus on assurance, risk, compliance, resources, training completion, serious incidents and near misses, and whether academies have implemented the policy effectively.

The Trust will not require a nominated allergy governor. Local governance may scrutinise implementation through existing health and safety, safeguarding, SEND, inclusion or risk reporting arrangements where this is consistent with the Scheme of Delegation.

2.2 Executive and school leadership

The Chief Executive Officer, supported by the Executive Team, is responsible for ensuring that arrangements are in place for implementation across the Trust and that trustees receive appropriate assurance.

Each Headteacher is responsible for implementing this policy in their school and ensuring local operational arrangements are effective, documented and communicated.

Each school must identify a named member of the senior leadership team as the school allergy safety lead. This person is responsible for driving implementation in the school, coordinating local review and ensuring that the school-specific allergy safety schedule is maintained.

Responsibility for allergy safety must not be left solely with a catering manager, although catering leaders and providers have important responsibilities for food allergen controls.

2.3 Staff

All staff present when pupils are scheduled to be on site and who have a pupil-facing role will receive appropriate allergy awareness and emergency-response training. This includes permanent, temporary, supply, peripatetic and agency staff, regular volunteers, catering staff and staff involved in breakfast clubs, after-school clubs or other out-of-hours provision.

Contractors with no pupil-facing role are not ordinarily within the scope of allergy awareness training, although school-specific arrangements will be made where their work could create a material allergy risk.

Staff should:

- understand their responsibilities under this policy;
- know how to identify pupils and others with known allergies and where relevant information is recorded;
- know how to access Allergy Action Plans and IHPs;
- take reasonable steps to reduce exposure to known allergens;
- know how to locate and administer emergency medication where required;
- know how to summon emergency assistance and inform parents/carers;
- report incidents and near misses promptly;
- maintain appropriate confidentiality.

2.4 Parents and carers should:

- provide the school with accurate, up-to-date information about their child's allergy;
- provide healthcare-professional documentation and/or Allergy Action Plans where available;
- provide prescribed medication required by their child;
- ensure prescribed medication remains in date and is replaced promptly when required;
- inform the school of any changes to allergy, medication or treatment;
- work with the school to agree appropriate IHPs and risk-management arrangements.

3. Inclusion, Wellbeing and Anti-Bullying

Pupils with allergies will not ordinarily be excluded from educational, recreational, sporting, social or extracurricular activities because of their allergy.

Schools will make appropriate reasonable adjustments and individual arrangements to enable safe participation alongside peers. Risk-management arrangements will be proportionate and should avoid unnecessary restriction, isolation or stigmatisation.

The Trust recognises that living with allergy and the possibility of anaphylaxis can affect wellbeing, confidence, attendance or participation. Appropriate pastoral support will be provided, taking account of the pupil's views where appropriate.

Bullying, teasing, deliberate exposure to an allergen, interfering with medication, withholding assistance or deliberately concealing information relevant to an allergic emergency will be treated seriously under the school's Behaviour, Anti-Bullying and Safeguarding procedures.

4. Identification, IHPs and Allergy Information

4.1 Identification and allergy register

Each school will maintain arrangements for identifying individuals with known allergies, including pupils, relevant staff, regular volunteers and visitors where appropriate.

Information may be obtained from the individual, parents/carers, healthcare professionals and the pupil's previous setting.

A secure central allergy register will record information necessary for safe management, including where appropriate: name and photograph; known allergens/triggers; relevant symptoms and emergency arrangements; prescribed medication; Allergy Action Plan status; IHP status; and emergency contact information.

The register will be maintained securely within Trust-approved systems, with relevant information made available only to staff who need it to manage risk safely.

4.2 Individual Healthcare Plans

An IHP will be put in place where a pupil's allergy has a functional impact in school, places the pupil at risk of harm, and requires arrangements additional to or different from the school's general allergy-safety arrangements.

The IHP will document the pupil's individual arrangements, including relevant known allergens and triggers, preventative measures, reasonable adjustments, medication, educational activities and trips, emergency procedures and staff responsibilities.

Where an Allergy Action Plan or Asthma Action Plan issued by a healthcare professional is available, the IHP will refer to or incorporate it. The IHP will be reviewed when updated clinical information is received or following a significant incident or near miss where relevant.

4.3 Allergy Action Plans and visibility

Each school will maintain an up-to-date Allergy Action Plan where one has been issued by a healthcare professional. Relevant staff will know where plans are held and how to use them.

Where necessary to protect life and enable a rapid response, academies may use proportionate visual alerts such as photographs or medical information sheets. Such arrangements will be securely managed and discussed with the pupil and parents/carers where appropriate.

4.4 Information sharing

Allergy information is special-category health data and will be shared only where there is a lawful and necessary basis to do so.

Information may be shared with staff, catering teams, first aid/medical staff, trip and activity leaders, transport staff, pastoral and safeguarding staff and emergency services where necessary to manage risk.

Information will be handled respectfully and confidentially, avoiding unnecessary disclosure or stigmatisation. Approved Trust systems will be used for electronic information sharing.

5. Emergency Medication and Adrenaline Auto-Injectors

5.1 Prescribed adrenaline devices

Pupils prescribed adrenaline devices must have rapid access to their medication whenever required, including during lessons, lunch, break, sport, educational activities and off-site visits.

Prescribed adrenaline devices must not be unnecessarily locked away where this would delay emergency access.

Each school will maintain records of pupils with prescribed adrenaline devices and associated Allergy Action Plans.

Arrangements will be agreed with parents/carers for prescribed devices to be taken home when appropriate, including for the journey home. The school will monitor expiry dates for prescribed devices

held or relied upon by the school and remind parents/carers when replacement devices are required. Parents/carers remain responsible for obtaining replacement prescribed devices and providing them to the school.

5.2 Emergency response

- Give adrenaline immediately using the person's prescribed adrenaline device or an appropriate spare AAI, in accordance with training and the relevant Allergy Action Plan.
- Call 999 immediately and state that the casualty is experiencing suspected anaphylaxis.
- Inform parents/carers as soon as practicable.
- Give a second adrenaline device where indicated by current emergency guidance, the individual's Allergy Action Plan and/or emergency services.
- Do not leave the casualty alone while awaiting emergency assistance.
- Record and report the incident and review the relevant medication arrangements.

Each school's arrangements must ensure that appropriate adrenaline can be brought to a person experiencing anaphylaxis within five minutes.

6. Spare Emergency AAIs

School-specific information required for Section 6

- Spare AAIs are stored in school medical room (1 AAI will be available to take on school trips)

Each school will maintain spare, unassigned emergency AAIs for use where an individual is experiencing suspected anaphylaxis and their own prescribed medication is unavailable, inaccessible, unusable or insufficient.

Spare AAIs will be readily accessible and not locked away; clearly labelled; stored in pairs; stored in accordance with manufacturer requirements; of the appropriate dosage where required; and located so that a suitable pair can be brought to the person within five minutes.

Each school will determine locations through a site-specific assessment and record them in Appendix A and the local operational emergency-medication plan. Locations will be communicated to relevant staff.

Spare AAIs will be checked at least termly for expiry date, condition, correct storage, appropriate dosage/device, clear labelling and accessible emergency instructions. Checks will be recorded.

Used, damaged or expired AAIs will be replaced as soon as practicable. Used or expired devices will be disposed of safely in accordance with manufacturer guidance and local clinical waste arrangements.

Relevant staff will receive annual training in the use of prescribed and spare AAIs. Training will also cover the relationship between allergy and asthma and the school's arrangements for asthma emergency medication where applicable.

7. Environment and Risk Management

7.1 Allergy-aware environment

Greensand schools will maintain allergy-aware environments. Schools should not claim to be completely allergen-free or nut-free. Instead, they will use proportionate measures to reduce the likelihood of exposure to known allergens and maintain robust emergency-response arrangements.

7.2 Food

Schools should ensure they are:

- maintaining accurate allergen information;
- communicating relevant information appropriately;
- preventing cross-contamination;
- using appropriate storage and preparation arrangements;
- separating utensils, equipment and food where necessary;
- ensuring catering staff understand individual dietary requirements;
- checking substitutions and menu changes do not introduce known allergens.

Schools will communicate clear expectations regarding food brought onto the premises. Where a particular allergen presents a significant risk, specified foods may be discouraged or restricted following appropriate risk assessment and consultation with relevant parents/carers. Pupils will be taught and reminded not to share or exchange food or drink and, where appropriate, utensils or food containers.

7.3 Airborne and contact allergens

Where a pupil has a known airborne or contact allergen, reasonable measures will be identified through the IHP or risk assessment. Depending on the allergy, these may include controlling materials, managing proximity to animals, modifying activities, ventilation, enhanced cleaning and preventing contact with specific substances.

7.4 Curriculum and activities

Staff planning activities must consider the risk of allergen exposure, including in Science, Art, Design and Technology, Food Technology/Cooking, Music, craft, reward schemes and animal-related activities. Where a specific risk exists, an appropriate risk assessment and reasonable adjustments will be implemented before the activity.

7.5 Visits and trips

Pupils with allergies will be enabled to participate safely in visits, trips and sporting events wherever reasonably possible.

Schools should ensure:

- specific mitigations will be included in the visit or trip risk assessment;
- the pupil’s individual arrangements will be considered;
- the pupil’s prescribed adrenaline device will accompany them where required;
- a trained member of staff identified in the risk assessment will have immediate access to the device and be able to administer it;
- relevant spare or emergency medication arrangements will be considered;
- Allergy Action Plans, IHP information and emergency arrangements will be accessible.

8. Staff Training and Induction

All staff present when pupils are scheduled to be on site and who have a pupil-facing role will receive allergy awareness and emergency-response training with refreshers at least annually.

Training will ensure relevant staff:

- understand allergy, its risks and how allergic reactions occur;
- understand food allergy, asthma, eczema, hay fever and other co-existing conditions;

- understand the difference between food allergy, coeliac disease and food intolerance;
- know where to find information about allergy triggers;
- recognise allergic reactions and anaphylaxis; know how to call emergency services and inform parents/carers;
- know how to locate and administer emergency medication;
- understand the use of prescribed and spare AAIs; understand the impact of allergy on wellbeing;
- understand this policy and their responsibilities for reducing allergen exposure;
- know how to access allergy records, Allergy Action Plans and IHPs;
- and know how to report allergic reactions, anaphylaxis and near misses.

Training on emergency devices will reflect the devices used by the school and current clinical or manufacturer guidance. This training does not replace separate clinical competency, delegation or governance arrangements required for individual healthcare support.

New staff will receive allergy awareness and emergency-response information during induction before undertaking relevant pupil-facing duties. Supply, temporary and agency staff will receive appropriate information at the start of their deployment, and cover arrangements will ensure access to relevant allergy information and emergency procedures.

9. Incidents, Near Misses and Review

School-specific information required for Section 9

- St John's school recording system is Accident Book held in Medical room, reviewed by Cathy Browne (Allergy Safety Lead). Policy and procedures reviewed and monitored by school committees. Near Misses/Serious Incidents to be reported and reviewed by School Committees and Trust Leaders.
- Appendix A to be updated following any significant incident, recurring near miss, change in local systems or change in senior leader responsibility.

Any significant allergic reaction, suspected anaphylaxis, allergen exposure, AAI deployment or near miss will be recorded promptly through the school's designated systems and escalated in line with Appendix A.

Near misses include events such as an incorrect meal identified before consumption; accidental allergen delivery identified before consumption; emergency medication being unavailable or inaccessible; an incorrect allergy record; or another event that could reasonably have resulted in harm.

Incidents and near misses may be reported by pupils, parents/carers, staff or others who become aware of them.

9.1 Response and lessons learned

Schools should:

- provide immediate emergency assistance where required;
- contact emergency services and parents/carers as appropriate;
- record the event;
- review medication and emergency arrangements;
- consider whether safeguarding, regulatory, food-safety, RIDDOR or other reporting is required;

- identify lessons and improvements.

Reviews will consider relevant factors including allergy information, risk assessments, catering controls, training, medication accessibility, communication, supervision and procedures. Reviews should be conducted in a constructive, learning-focused manner.

9.2 Governance reporting

Serious incidents, recurring near misses and material lessons learned will be reported to the Headteacher, Trust CEO and relevant governance forum in accordance with Appendix A and the Trust Scheme of Delegation. Trustees should receive periodic assurance on incidents, near misses, training completion and implementation risks.

10. Awareness, Monitoring and Review

The policy will be made available on the Trust and school websites and in hard copy on request. All relevant staff will be made aware of it through induction and annual training.

Schools will promote age-appropriate allergy awareness among pupils, including safe food-sharing behaviours, how to seek adult help and respectful behaviour towards pupils with allergies. Where appropriate, and with the pupil and parents/carers, close friends may be given age-appropriate information about seeking help in an emergency.

Parents/carers will be encouraged to notify the school promptly of any new or changed allergy diagnosis, medication or healthcare advice.

This policy will be reviewed at least annually and sooner where required by a serious allergic incident or significant near miss; changes in legislation or DfE guidance; a weakness in emergency arrangements; changes in medication arrangements; changes in an individual pupil’s needs; or monitoring indicating that the policy is not operating effectively.

The annual review will take account of incidents and near misses and seek to identify lessons and improvements.

Appendix A - School-specific Allergy Safety Schedule

completed schedule should be held with the local policy implementation documents and reviewed at least annually, and sooner following a significant incident or near miss.

Field	Local information
School	St John's Primary School
Headteacher	Cathy Browne
Named SLT allergy safety lead	Cathy Browne
First aid / medical lead	Ollie Williams
Allergy register system	Arbor
IHP storage and access	School Office Files
Allergy Action Plan storage and access	School Office Files
Spare AAI locations and dosage	Medical Room - TBC
Emergency asthma inhaler arrangements	Medical Room - TBC
AAI checking responsible person	Jo Pennington
Check frequency and record location	Half Termly
Catering provider and allergen control route	Caterlink – notified through Tucasi and contact: Hannah Wilby who also keeps a Special Diet Register and reviews and communicates.
Incident / near-miss recording system	School Accident Book – held in Medical Room
Governance reporting route	School Committees termly FARC annually or if a serious allergic incident or significant near miss occurs
Date schedule last reviewed	14.10.26

Appendix B - Operational Allergy Safety Checklist

- ☐ Allergy register up to date
- ☐ IHPs and Allergy Action Plans reviewed
- ☐ Prescribed AAIs recorded and expiry dates checked
- ☐ Arrangements for prescribed AAIs being taken home confirmed
- ☐ Spare AAIs available in pairs and in date
- ☐ Spare AAI locations confirmed and within five-minute access
- ☐ Emergency kits clearly labelled
- ☐ Staff training completed, including annual refresher training
- ☐ New-staff induction completed
- ☐ Supply/cover arrangements confirmed
- ☐ Catering and allergen information reviewed
- ☐ Relevant curriculum/activity risk assessments completed
- ☐ Trip-specific allergy risk assessments completed
- ☐ Incident and near-miss records reviewed
- ☐ Parents/carers informed where appropriate
- ☐ Relevant governance reporting completed

Appendix C - Emergency Response for Suspected Anaphylaxis

Suspected anaphylaxis is a medical emergency.

- Give adrenaline immediately using the person's prescribed adrenaline device or an appropriate spare AAI.
- Call 999 immediately and state that the casualty is experiencing suspected anaphylaxis.
- Inform parents/carers as soon as practicable.
- Give a second adrenaline device where indicated by current emergency guidance, the individual's Allergy Action Plan and/or emergency services.
- Do not leave the casualty alone while awaiting emergency assistance.
- Record and report the incident through the school's designated systems.
- Review the incident and medication arrangements afterwards.

The school's operational arrangements must ensure that appropriate adrenaline can be brought to a person experiencing anaphylaxis within five minutes, including during lessons, lunch, break, sports activities and off-site visits.

Appendix D - DfE Guidance Compliance Check

Guidance area	Drafting decision
Dedicated allergy safety policy	Included as a Trust-wide policy with school-specific implementation schedule.
Governance	Trustees retain policy responsibility. Each school must identify a named allergy safety lead for implementation.
Annual review and publication	Included in Sections 1 and 10.
Identification and IHPs	Included in Section 4 with local system placeholders.
Prescribed and spare adrenaline	Included in Sections 5 and 6 with five-minute access requirement.
Training	Included in Section 8 with annual refresher expectation.
Food, activities and trips	Included in Sections 7.2 to 7.5.
Incidents and near misses	Included in Section 9, with school-specific reporting route in Appendix A.
Information sharing	Included in Section 4.4.