ALLERGY POLICY

Approved by:	Trustees	**Date:** July 2026
Last reviewed:		
Next review due by:	July 2027	

POLICY STATEMENT

Allergy safety is part of everyday safeguarding. Enhance Academy Trust wants pupils with allergies to take part in school life with the same confidence and opportunity as their peers, while recognising that anaphylaxis can become life-threatening within minutes.

This policy sets the minimum standard for every academy. It turns statutory guidance into practical arrangements for classrooms, dining rooms, playgrounds, wraparound provision, transport and trips. Academy procedures may add local detail, but they must not reduce the protections described here.

The policy is reviewed every year. It will be reviewed sooner after a serious incident or significant near miss, a material change in legislation or clinical guidance, or evidence that local arrangements are not working as intended.

SCOPE

This policy applies to all Trust academies and to every period for which an academy is responsible for pupils. It covers lessons and practical work, break and lunchtime, breakfast and after-school provision, clubs, sport, performances, celebrations, school-arranged transport, educational visits and residential trips.

It applies to pupils and to employees, agency and supply staff, regular volunteers, visitors and contractors where their work or presence affects allergy safety. The statutory DfE duties apply to pupils in schools; the Trust also uses the same proportionate risk-management principles when an adult has disclosed an allergy.

LEGAL FRAMEWORK

This policy has been prepared with regard to the following legislation, statutory guidance and related duties.

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.
- Department for Education, Allergy safety in schools: statutory guidance (2026), and Supporting pupils with medical conditions at school.
- Children Act 1989, section 3, and Education Act 2002, including sections 20 and 175.
- Equality Act 2010; the SEND Code of Practice: 0 to 25 years; and, where relevant, the Early Years Foundation Stage statutory framework.
- Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999;
- Health and Safety (First-Aid) Regulations 1981; Reporting of Injuries, Diseases and Dangerous Occurrences
- Regulations 2013
- Human Medicines Regulations 2012, as amended, including the provisions for emergency salbutamol inhalers and spare adrenaline auto-injectors in schools.
- Food Safety Act 1990; Food Information Regulations 2014; Food Information (Amendment) (England) Regulations 2019; Requirements for School Food Regulations 2014; and applicable food-law withdrawal and recall duties.
- Data Protection Act 2018 and UK GDPR.
- Keeping Children Safe in Education 2026 and the common-law duty of care.

Further regulations may add detailed requirements for spare adrenaline stock and allergy training. The Trust will update this policy and its procedures when those requirements take effect.

TRUST PRINCIPLES

Good allergy management is personal, practical and rehearsed. It combines sensible prevention with quick access to medication and a response that staff can carry out under pressure. It also recognises the emotional effect of allergy: fear of eating, embarrassment, isolation and bullying can disrupt education even where no reaction occurs. In applying this policy, the Trust will:

- Listen to the pupil, their parents or carers and the healthcare professionals involved in their care.
- Use current, person-specific information rather than assumptions about a diagnosis, allergen or level of independence.
- Reduce exposure to known allergens as far as reasonably practicable, without claiming that a site is completely allergen-free.

- Keep emergency medication close enough to be brought to the pupil and used without delay.
- Plan for ordinary routines as carefully as exceptional events.
- Support inclusion and make reasonable adjustments before considering any restriction on participation.
- Record and learn from incidents and near misses in a no-blame culture focused on safer systems.

For this policy, allergy means an immune-system reaction to a normally harmless substance. Anaphylaxis is a potentially fatal reaction affecting the airway, breathing or circulation. Food intolerance and coeliac disease still require safe support, but they do not cause anaphylaxis and are managed through the relevant medical and food procedures rather than being treated as allergic reactions.

ROLES AND RESPONSIBILITIES

TRUST BOARD

The Trust Board provides oversight rather than day-to-day management. It approves this policy and receives annual compliance and assurance reports. It monitors significant incidents, recurring themes and unresolved risks, ensures that adequate resources are available, and seeks assurance that academies are meeting their statutory requirements.

CHIEF EXECUTIVE OFFICER (CEO)

The Chief Executive Officer is responsible for securing Trust-wide implementation of this policy and maintaining strategic oversight of allergy safety. The CEO escalates significant risks to trustees and makes sure that effective monitoring and assurance arrangements are in place across the Trust.

DIRECTOR OF ESTATES

The Director of Estates is responsible for safeguarding, health and safety in relation to this policy. The Director monitors compliance across the Trust, reviews significant incidents and material near misses, coordinates Trust-wide improvement work, and presents annual assurance reports to the CEO and Trust Board.

HEADTEACHERS

Each Headteacher is responsible for putting this policy into practice in their academy. This includes maintaining workable local procedures, appointing a senior Allergy Safety Lead and arranging suitable cover for the role, ensuring that staff receive the required training and induction, keeping the academy allergy register current, and making sure that Individual Healthcare Plans are in place where required. Headteachers must also ensure that catering, wraparound provision, transport and educational visits are managed in line with this policy, and that significant incidents or material concerns are reported to the Trust.

ALLERGY SAFETY LEAD

The Allergy Safety Lead turns this policy into the academy's day-to-day working arrangements. The lead maintains allergy records, including the academy register and review dates, and coordinates Individual Healthcare Plans so that current clinical Action Plans are attached. They manage the systems for prescribed medication, spare adrenaline auto-injectors, emergency inhalers and expiry checks, and monitor induction, annual training and practical familiarisation with emergency devices. The Allergy Safety Lead works with catering and wraparound providers on pupil identification, food substitutions, allergen information and cross-contact controls. They also investigate incidents and near misses, track actions through to completion, complete any required notifications, check that medication can be brought quickly to pupils from every part of the site, and lead local policy reviews and safe handovers when a pupil joins, changes class, transfers setting or leaves.

STAFF

All staff must attend the required training and take part in local briefings or drills. They are expected to follow this policy, the relevant Individual Healthcare Plan and the pupil's clinical Action Plan, and to understand how to summon help, where emergency medication is kept and what to do when an allergic reaction is suspected. Staff must support pupils in a way that protects their safety, dignity and inclusion, must never send a pupil who may be reacting anywhere unaccompanied, and must report incidents, near misses and unsafe arrangements promptly.

AWARENESS OF THE ALLERGY POLICY

The policy will be published on the Trust and academy websites and made available in paper or accessible formats on request. At least once each year, academies will remind pupils, parents and carers, staff, regular volunteers, catering teams and wraparound providers how allergy safety is managed and how to raise a concern.

Pupil awareness will be taught in age-appropriate language that supports inclusion, discourages food sharing and helps children recognise when a peer needs adult help. Supply staff and other short-term workers must receive the essential local information before supervising pupils.

The Allergy Safety Lead will keep current emergency instructions easy to find and will check that relevant staff understand the arrangements that apply to their role.

ALLERGY AWARENESS TRAINING

All staff present while pupils are scheduled to be on site will receive allergy awareness and emergency-response training. This includes permanent and temporary staff, supply and agency staff, peripatetic staff, regular volunteers, catering staff and personnel working in breakfast or after-school provision. Contractors with no pupil-facing role do not need the full course, but they must follow site rules and disclose any proposed activity or material that could create a known risk.

Training will cover:

- allergy, asthma and the difference between allergy, coeliac disease and food intolerance;
- the effect allergy can have on education, attendance and wellbeing;
- how to find and use the allergy register, IHP and clinical Action Plan; the signs of mild and moderate reactions and anaphylaxis, including the fact that skin symptoms may be absent;
- how to call 999, position the pupil safely, give adrenaline, repeat the dose after five minutes and begin CPR if required;
- practical familiarisation with the types of prescribed and spare devices used in the academy;
- food-allergen controls, cross-contact, recipe substitutions and pupil-and-meal identification;
- the local location of medication for lessons, breaks, lunch, clubs and trips; and
- incident, near-miss, safeguarding and escalation procedures.

New staff will receive the essential training before taking responsibility for pupils. Supply and cover arrangements must ensure that no class or activity is supervised by someone who has not been briefed on how to obtain help. Training attendance and relevant competence records will be retained and audited.

SUPPORTING WELLBEING

Pupils should not be made to feel that they are the problem. Staff will provide reassurance, involve pupils in decisions at a level that reflects their age and understanding, and work closely with parents or carers. A separate ‘allergy table’ is not the default. Where seating, supervision or routines need to change, the least restrictive safe option will be used.

Schools will pay attention to anxiety, fear of eating, social isolation, missed learning and the interaction between allergy and SEND. Support may include a familiarisation visit to the dining area, a named adult, careful transition planning, pastoral support or reasonable adjustments to lessons and activities.
Teasing, food intimidation, threats involving an allergen and deliberate exposure are serious matters. They will be addressed through behaviour and safeguarding procedures, with support for the pupil and a review of the safety controls.

UNACCEPTABLE PRACTICE

The Trust is committed to ensuring that children and young people with allergies are fully supported and included.
The following are considered unacceptable practices:

- Preventing pupils from accessing prescribed medication.
- Ignoring the views of pupils, parents or healthcare professionals.
- Assuming all pupils with allergies require the same support.
- Assuming older pupils do not require support because they self-manage aspects of their condition.

- Sending a child experiencing an allergic reaction or suspected anaphylaxis unaccompanied to the school office or first aid room.
- Requiring parents to attend school routinely to administer medication or provide support.
- Excluding pupils from educational visits, extracurricular activities or wider school life due to allergy.
- Penalising attendance related to allergy, medical appointments or treatment.
- Creating unnecessary barriers to participation because of a medical condition or allergy.

All staff are expected to challenge practices that compromise allergy safety, equality or inclusion.

MINIMISING EXPOSURE TO ALLERGENS

Risk control starts with ordinary planning. Teachers and activity leaders will check whether food, plants, animals, latex, glues, paints, chemicals or other materials could expose a known pupil. Controls should be specific and proportionate: changing an ingredient or glove may be enough; cancelling an activity or excluding the pupil should be a last resort.

- Use handwashing with soap and water where food-allergen contamination is possible; alcohol gel is not a reliable substitute for removing food proteins.
- Clean work and dining surfaces, use suitable utensils and separate allergen-controlled preparation where the risk assessment requires it.
- Do not allow food sharing, and provide closer supervision for younger pupils or anyone whose additional needs affect safe eating.
- Check labels and ingredients every time, including after a product, recipe or supplier change.
- Include animals, outdoor allergens, practical science, art, technology, cookery, fundraising, celebrations and externally supplied food in local risk assessments.
- Provide latex-free or other suitable alternatives where a known allergy or occupational sensitisation requires them.
- Keep medication quickly accessible rather than relying on avoidance alone.

The Trust does not generally describe academies as ‘allergen-free’. A targeted request not to bring a particular allergen may be used as one control where the risk assessment supports it, but it must never be presented as a guarantee.

FOOD ALLERGY MANAGEMENT

The academy and its catering provider must be able to explain what is in the food they serve. Written allergen information will be current, accurate and accessible at the point of service. Prepacked food for direct sale must carry a full ingredients list with the regulated allergens emphasised; non-prepacked food must be supported by clear allergen information and a reliable route for checking the recipe before service. ***In practice, academies will:***

- Use at least two reliable checks when matching a pupil to the meal prepared for them. A single badge, wristband, lanyard or staff member’s memory is not enough.
- Do not serve a substitute ingredient or changed recipe until its allergen status has been checked and the change communicated to the relevant staff and pupil.
- Maintain controls for delivery, storage, preparation, cleaning, utensils, display and service so that cross-contact is reduced as far as reasonably practicable.
- Include breakfast clubs, after-school provision, packed lunches, snacks, tuck shops, celebrations, PTA events, curriculum cookery and externally supplied food.
- Make reasonable adjustments so that an eligible pupil can access a suitable school meal; allergy must not become a practical barrier to free school meal provision.
- Provide safe alternatives where needed and avoid routine food sharing.

The catering provider is responsible for lawful allergen information and a written food-safety system covering purchasing, recipes, substitutions, preparation, service and cross-contact. Catering staff must cooperate with the academy’s identification arrangements and report any mistake or uncertainty immediately.

If food may be unsafe because allergen information is wrong or a control has failed, service will stop. The food business operator will follow its withdrawal or recall procedure and make any required notification to the relevant food authority. The academy will also treat the event as an incident or near miss under this policy.

IDENTIFICATION OF INDIVIDUALS WITH ALLERGIES

Academies will ask about allergies at admission and give families a clear route for reporting changes. Information may also come from the pupil, a previous setting or a healthcare professional. Where there is credible evidence of risk but details are still being confirmed, proportionate interim controls will be used rather than waiting passively for a formal diagnosis.

The Allergy Safety Lead will maintain a confidential register recording:

- the person's name and, for pupils, a current photograph where this supports safe identification;
- known allergens and whether there is a risk of anaphylaxis;
- prescribed medication, device type and dose;
- the location of medication and any self-carry arrangement;
- IHP and clinical Action Plan status;
- key adjustments, emergency contacts and review dates.

Parents and carers are expected to provide accurate information, current clinical Action Plans and in-date prescribed medication, and to tell the academy when advice or prescriptions change. Pupils will be encouraged to describe symptoms, avoid food sharing and tell an adult immediately if they feel unwell. Self-management is supported, but it does not transfer the academy's responsibility to the pupil.

Reasonable steps will also be taken to support staff, regular volunteers, contractors and visitors with disclosed allergies. They will receive information appropriate to their role, and activities involving food, animals, latex or other relevant materials will be risk-assessed where necessary.

INDIVIDUAL HEALTHCARE PLANS (IHPs)

An IHP is needed where an allergy has a functional impact, creates a risk of harm and requires arrangements that are additional to, or different from, the academy's usual provision. Mild seasonal allergy managed through ordinary arrangements may not meet that threshold.

The academy is responsible for the IHP because it is an operational document. It will be developed with the pupil and parents or carers and, where needed, informed by healthcare advice. The IHP must not replace, edit or paraphrase a clinical Allergy or Asthma Action Plan. The current plan will be attached and followed directly.

An IHP will normally cover:

- the allergy, known triggers, usual presentation and whether the pupil can recognise and report symptoms;
- the effect on education, attendance, social participation and emotional wellbeing;
- day-to-day adjustments for food, curriculum, animals, latex, cleaning products, clubs and wraparound provision;
- who needs to know and how information will be shared;
- the pupil's role in self-management and the location of both prescribed adrenaline devices;
- arrangements for meals, transport, trips, residential visits and transition;
- the emergency response, linked directly to the current clinical Action Plan; and
- review triggers, emergency contacts and any consent needed for planned administration arrangements.

IHPs will be reviewed at least annually and sooner after new clinical advice, a prescription change, a serious incident or near miss, a material change in school routine, or transition to a new class or setting.

PRESCRIBED MEDICATION

A pupil prescribed adrenaline must have rapid access to both prescribed devices throughout the school day, including lessons, break, lunch, PE, clubs, trips and school-arranged transport. Where agreed in the IHP, a sufficiently mature pupil

may carry their own devices. The academy will still provide adult oversight and will not assume that self-carrying removes the need for support.

Medication that is not carried by the pupil will be kept unlocked, clearly labelled and immediately accessible to staff, while remaining out of the reach of young children where necessary. It must not be stored in a locked office, high cupboard or distant medical room where access could delay treatment. Receipt, location, expiry and replacement action will be recorded.

Prescribed adrenaline may be supplied as an AAI or a licensed nasal device. Staff will follow the product instructions and the pupil's current Action Plan. Used devices will be handed to ambulance clinicians or disposed of safely under the academy's medicines procedure.

Where an academy keeps an emergency salbutamol inhaler and spacer, it will do so under the separate asthma and medicines arrangements. It may be used only in the circumstances allowed by the relevant guidance and recorded consent. A reliever inhaler is not a substitute for adrenaline when anaphylaxis is suspected.

SPARE ADRENALINE AUTO-INJECTORS (AAIs)

As a Trust standard, each academy will maintain spare AAIs in line with current law, DfE and DHSC guidance and any further regulations that come into force. Spare devices supplement, rather than replace, a pupil's own prescribed adrenaline.

Each Academy will:

- Hold the correct dose or doses for pupils on roll and keep spare AAIs in pairs so that a second dose is immediately available.
- Use enough locations and sets for adrenaline to be brought to a pupil anywhere on the site within five minutes. Large, split or multi-storey sites may need more than one emergency kit.
- Keep spare AAIs unlocked, tamper-evident, clearly signed and checked at least termly and after every use.
- Use the pupil's own prescribed device first where it is available and working. A spare may be used where the prescribed device is unavailable, out of date, damaged, has misfired or cannot be reached in time.
- Obtain advance consent as good practice for planned arrangements, while recognising that emergency treatment must not be delayed while consent is sought.

At the date of this policy, schools may stock spare AAIs but not spare nasal adrenaline devices. A pupil's prescribed nasal device may still be used under their Action Plan, and a school spare AAI may be used if the prescribed nasal device is unavailable.

Replace used or expired stock promptly and dispose of used AAIs safely because they contain a needle.

Do not take a spare set on a trip if doing so would leave the academy without suitable cover; obtain additional stock where the risk assessment requires it.

Staff will be familiar with the locations and device types in their academy. Practical access checks will test whether equipment can actually be brought to classrooms, dining areas, playgrounds, sports spaces and wraparound provision within the required time

EDUCATIONAL VISITS AND OFF-SITE ACTIVITIES

A pupil must not be excluded from a visit because of allergy. Planning will begin early enough to resolve food, travel, supervision and emergency issues rather than treating them as a reason not to participate.

The visit leader will:

- Review the current IHP and clinical Action Plan with the pupil and family.
- Confirm who will carry each of the pupil's two prescribed devices and how they will remain with the pupil throughout the visit.

- Check the competence and number of supervising adults, including cover for breaks, overnight periods and a staff member accompanying a pupil to hospital.
- Obtain written allergen and cross-contact information from transport, catering, accommodation and activity providers where the risk is significant; verbal reassurance alone is not enough.
- Consider travel time, mobile reception, the exact venue address, ambulance access, local emergency numbers, language barriers and distance to emergency care.
- Decide whether a spare AAI set should travel and how suitable cover will be maintained at the academy.
- Brief all accompanying staff and the pupil, and record the controls in the visit risk assessment.

Any change to food, accommodation, transport or activity arrangements must be checked and re-briefed before it is accepted

EMERGENCY RESPONSE

EMERGENCY RESPONSE – AT A GLANCE

Bring help and adrenaline to the pupil. Do not send the pupil to find medication or walk to an office.
If airway, breathing or circulation symptoms suggest anaphylaxis — or staff are in doubt — give adrenaline immediately.
Call 999 and say "anaphylaxis". Keep the pupil in a safe position and do not let them stand or walk.
Give a second dose after five minutes if there is no improvement, symptoms return or the response is inadequate.
Begin CPR and use an AED if the pupil shows no signs of life. Stay with them until the ambulance takes over.

MILD OR MODERATE REACTION

1. Follow the plan. Use the pupil's current clinical Action Plan and IHP. Give an oral antihistamine only where it is authorised and available.
2. Keep the pupil with an adult. Watch closely for any change. Do not leave them alone or send them elsewhere unaccompanied.
3. Contact home and observe. Inform the parent or carer and record the reaction. Unless anaphylaxis develops or clinical advice says otherwise, observe the pupil for at least 60 minutes.
4. Escalate without delay. Treat as anaphylaxis if airway, breathing or circulation signs appear, symptoms progress, or staff are uncertain.

SUSPECTED ANAPHYLAXIS – SIX-STEP PROCEDURE

1. Give adrenaline immediately. Use the pupil's prescribed device if it is available and working; otherwise use the school's spare AAI. Follow the device instructions. Do not wait for a rash or for every symptom to appear.
2. Call 999. Say 'anaphylaxis', give the academy's exact location and send someone to meet the ambulance. Call even if the pupil appears to improve.
3. Position safely. Lay the pupil flat with legs raised. If breathing is difficult, allow them to sit with legs extended. A pregnant person should lie on their left side. Do not allow the person to stand, walk or suddenly sit up.
4. Give a second dose after five minutes if needed. If there is no improvement, symptoms return or the response is inadequate, use the second prescribed device or another suitable spare AAI.
5. Support breathing and circulation. Stay with the pupil. If there are no signs of life, begin CPR and use an AED if available. Follow the emergency call handler's instructions.
6. Hand over and record. Tell ambulance clinicians the times and doses given and hand over used devices. Contact the parent or carer once immediate care is secure and complete the incident process.

If an asthma inhaler is included in the pupil's Action Plan, it may be given after adrenaline for continuing wheeze. It must never delay or replace adrenaline in suspected anaphylaxis.

SERIOUS INCIDENTS AND NEAR MISSES

All allergic reactions, administrations of emergency medication, medication errors and near misses will be recorded promptly via the Trust Accident reporting system, iAM Compliant. The record must allow the sequence of events to be understood, including symptoms, possible exposure, device and dose, timings, position, 999 call, second dose, CPR, parent contact, clinical outcome and immediate controls.

The Headteacher will report the following to the Trust:

- any administration of adrenaline, ambulance attendance or hospital treatment;
- a significant allergen exposure, food-allergen error, cross-contact event or failure of access to prescribed medication;
- a repeated or systemic near miss, serious complaint, safeguarding concern or event likely to attract regulatory or public interest; and
- any incident that may be reportable to HSE or a food authority.

Parents, pupils, healthcare professionals and other relevant parties may report an incident or near miss where its effect becomes apparent after the school day. Their information will be included in the review.

Internal Trust reporting does not automatically mean an event is reportable under RIDDOR. The responsible person will apply the statutory test: the event must arise from a work-related accident and result in a specified reportable outcome. For a pupil or other member of the public, direct hospital treatment may be reportable where the injury arose from the way a work activity was organised or carried out; precautionary attendance alone is not enough.

Where the academy or caterer is the food business operator and food may be unsafe because allergen information is missing or wrong, the operator will follow the applicable food-law notification and withdrawal or recall arrangements. A failure to follow a clinical Action Plan will be discussed with the relevant healthcare professional. Repeated failure to provide essential medication will be addressed supportively and may require safeguarding advice where it places a pupil at risk.

LEARNING LESSONS

The Trust uses a no-blame learning approach. The purpose is not to stop at the last human action, but to understand the conditions that made the event possible.

After a serious incident, significant incident or material near miss, the academy will review:

- the pupil's IHP and clinical Action Plan;
- risk assessments and supervision;
- staffing, induction and training;
- the location and accessibility of emergency medication;
- catering, ingredient, substitution and identification controls;
- communication, workload, handover and transition arrangements;
- the emergency response and incident reporting process; and
- this policy and any relevant academy procedure.

Actions will have a named owner, completion date and evidence of closure. Lessons will be shared across the Trust where useful, without disclosing more personal information than necessary. A serious event or material near miss will trigger an immediate review rather than waiting for the annual cycle.

The academy will also consider the pupil's and family's wellbeing after an incident and arrange appropriate pastoral support.

INFORMATION SHARING AND DATA PROTECTION

Allergy information is health data and therefore special category personal data. It will be processed under the lawful bases set out in the Trust's privacy notices and data-protection framework, including legal obligations, public task and substantial public interest in safeguarding children and providing education safely.

In practice, academies will:

- collect only information relevant to safe support and keep it accurate and current;
- give staff prompt access to the information they need while limiting wider disclosure;
- use photographs or visible identifiers only where they improve safety and are proportionate;

- store paper and electronic records securely and follow the Trust retention schedule;
- share information with emergency services and healthcare professionals when necessary to protect life or health; and
- complete a secure handover at transition and dispose of superseded copies safely.

MONITORING AND ASSURANCE

Each academy will complete the annual compliance checklist and allergy safety audit in Appendix A. The allergy register, prescribed devices and spare AAI stock will be checked at least termly, with additional checks after use, a change in prescription or a significant incident.

The Allergy Safety Lead will test practical access times from classrooms, dining areas, playgrounds, sports spaces and wraparound provision rather than relying on a location list alone. The annual assurance return will cover training, IHPs and Action Plans, medication, spare stock, catering controls, incidents, near misses, drills and unresolved actions.

The Trust may audit supporting evidence, visit academies and require an improvement plan. Trustees will receive a summary of compliance, significant incidents and themes at least once each year.

EQUALITY AND INCLUSION

No pupil will be disadvantaged or excluded because of an allergy. Severe allergy may amount to a disability under the Equality Act 2010, and the Trust will make reasonable adjustments where required. Decisions will be made case by case; blanket exclusions and unnecessary restrictions are not acceptable.

The Trust will not subject a pupil to unfavourable treatment because of allergy, related absence, medical appointments or the need for medication. Safe participation in meals, learning, clubs, visits and wider school life is the starting point.

Concerns should first be raised with the class teacher, Allergy Safety Lead or Headteacher so that any immediate safety issue can be addressed. A formal complaint may be made under the Trust complaints procedure. Safeguarding, whistleblowing and staff grievance routes remain available where appropriate.

APPENDIX A – ANNUAL ACADEMY COMPLIANCE CHECKLIST

ANNUAL ACADEMY COMPLIANCE CHECKLIST			
School Name			
Executive Headteacher/Headteacher			
Allergy Safety Lead			
Academic Year			
REQUIREMENT	**YES**	**NO**	**ACTION REQUIRED**
Named Allergy Safety Lead appointed	☐	☐	
Allergy register maintained and current	☐	☐	
Register reviewed termly	☐	☐	
All required pupils have IHPs	☐	☐	
IHPs reviewed within previous 12 months	☐	☐	
Allergy Action Plans attached where applicable	☐	☐	
Prescribed medication register maintained	☐	☐	
Emergency medication expiry dates checked termly	☐	☐	
Spare AAIs available (where permitted)	☐	☐	
Staff aware of AAI locations	☐	☐	
Annual allergy training completed	☐	☐	
New staff induction process in place	☐	☐	
Supply staff briefing system in place	☐	☐	
Catering allergen information available	☐	☐	
Educational visit procedures compliant	☐	☐	
Incident log maintained	☐	☐	
Near miss log maintained	☐	☐	
Policy published on website	☐	☐	
Annual policy review completed	☐	☐	
HEADTEACHER DECLARATION I confirm the above information is accurate, and the academy complies with Trust Allergy Safety Policy requirements.			
Signed:	**Date**:		

APPENDIX B – ALLERGY INCIDENT AND NEAR MISS REPORT FORM

ALLERGY INCIDENT AND NEAR MISS REPORT FORM	
Person Affected	
Name	
Year Group/Class	
Staff/Pupil/Visitor	
Known Allergy	
Incident Details	

Date:
Time:
Location:

Type of Incident:
☐ Allergic Reaction
☐ Anaphylaxis
☐ Near Miss
☐ Medication Error
☐ Food Exposure
☐ Other

Description:

Immediate Actions Taken:
☐ First Aid
☐ Antihistamine
☐ Adrenaline Administered
☐ Emergency Inhaler
☐ Ambulance Called
☐ Parent Contacted
☐ Hospital Admission

Details:

Root Cause:
☐ Incorrect Food Issued
☐ Cross Contamination
☐ Unlabelled Food
☐ Medication Unavailable
☐ Human Error
☐ Unknown
☐ Other

Details:

Lessons Learned
Actions required:

Responsible person:

Completion date:

Escalation
Reported to Headteacher:
Date:
Reported to Trust:
Date:

Completed by:
Signature:

APPENDIX C – ALLERGY SAFETY AUDIT

ALLERGY SAFETY AUDIT (TO BE COMPLETED ANNUALLY)	
LEADERSHIP & GOVERNANCE	
Allergy Lead Identified	R/A/G
Responsibilities understood	R/A/G
Compliance reviewed by LABs	R/A/G
Annual assurance submitted	R/A/G
TRAINING	
100% Staff awareness training	R/A/G
New staff induction completed	R/A/G
Supply staff procedure robust	R/A/G
RECORDS	
Allergy register current	R/A/G
IHPs current	R/A/G
Emergency contacts verified	R/A/G
Action plans attached	R/A/G
MEDICATION	
Medication accessible	R/A/G
Expiry dates monitored	R/A/G
Spare AAIs available	R/A/G
FOOD SAFETY	
Allergen information available	R/A/G
Catering controls robust	R/A/G
Staff supervision adequate	R/A/G
OVERALL RATING	
ACTION REQUIRED	

APPENDIX D – INDIVIDUAL HEALTHCARE PLAN TEMPLATE	
NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: Note what allergy the child or young person has. Note any known allergens. Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.	
How the allergy is managed: Note any care or action plans or prescribed medication issued by healthcare professionals. If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here. Note the extent to which the child or young person is able to take responsibility for managing their allergy.	
Impact on education: Indicate the potential harm which might come to the child or young person if their allergy is not managed properly. Indicate how the allergy may impact on the child or young person's learning. Indicate how the allergy may impact on the child or young person's emotional wellbeing. If relevant, note any interaction between allergy and SEN.	
Arrangements for support: Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit. Outline measures to reduce the risk of contact with known allergens. Give details of the specific support or adaptations to manage food allergy at meal and snack times. Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.	
Visits and trips: Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate. Note any requirement for a risk assessment and prompts for specific issues which should be considered.	

Emergency response: Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached. Otherwise summarise the signs or symptoms which would indicate an emergency. Set out what to do in an emergency, including whom to contact. If relevant, note where "spare" adrenaline devices are located.	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

APPENDIX E – STAFF TRAINING RECORD

STAFF TRAINING RECORD – If different to IAM

Training topics:
☐ Allergy Awareness
☐ Recognising Anaphylaxis
☐ Adrenaline Administration
☐ Asthma & Allergy
☐ Emergency Procedures
☐ Policy Awareness

Training provider:

Certificate retained: Yes / No

APPENDIX F – EDUCATIONAL VISIT ALLERGY RISK ASSESSMENT GUIDANCE

EDUCATIONAL VISIT ALLERGY RISK ASSESSMENT	
Visit	
Date	
Lead Member of Staff	
Pupil(s)	

Hazards Identified	

Hazard	Control Measures
Food allergens	
Catering arrangements	
Travel arrangements	
Medication access	
Outdoor allergens	
Animal exposure	
Emergency response	

EMERGENCY PLANNING	
Medication carried by pupil?	
Medication carried by staff?	
Spare AAI available	
Named trained staff	1, 2.
Emergency services access arrangements	
Parent informed of arrangements?	

APPENDIX G ACADEMY ALLERGY REGISTER TEMPLATE

ACADEMY ALLERGY REGISTER TEMPLATE						
Name	**Class**	**Allergy**	**Anaphylaxis Risk**	**Medication**	**IHP**	**Action Plan**
Reviewed: Autumn ☐ Spring ☐ Summer ☐						
Responsible Officer:						

APPENDIX H MEDICATION EXPIRY MONITORING LOG

MEDICATION EXPIRY MONITORING LOG (TO BE REVIEWED AT LEAST TERMLY)				
Pupil	**Medication**	**Expiry Date**	**Checked by**	**Action Needed**

APPENDIX I TRUST ANNUAL ALLERGY ASSURANCE RETURN

Number of pupils with allergies:	
Number of pupils with IHPs:	
Number of pupils prescribed AAIs:	
Number of allergy incidents:	
Number of near misses:	
Number of staff trained:	
Any serious incidents requiring ambulance attendance? Y/N	
Any outstanding compliance concerns? Y/N	If Yes, add details here
Headteacher Declaration: "I confirm the academy complies with the Trust Allergy Safety Policy and statutory allergy safety requirements."	
Signature:	**Date:**