THIS POLICY COVERS ALL ACADEMIES/SCHOOLS WITHIN ARDEN MULTI ACADEMY TRUST

Name of Policy	**Allergy Safety Policy**
Lead	CEO and Facilities Manager
Governor Committee	Audit & Risk Committee
Policy Status	Draft - August 2026
Trustee Approved	To be confirmed
Next Review	Summer Term 2027
Version No.	1
Amendments	New dedicated policy introduced in response to section 34 of the Children's Wellbeing and Schools Act 2026 (commonly referred to as Benedict's Law) and the DfE statutory guidance on allergies safety in schools (July 2026). Revised August 2026 following consultation review, including structure, scope, responsibilities, asthma, clinical action plans/IHPs, food controls, visits, training, communication and appendices.

AMAT HEALTH & SAFETY POLICY ARRANGEMENTS FOR ALLERGY SAFETY AND ANAPHYLAXIS

1. Statement of intent and principles

Arden Multi Academy Trust (AMAT) recognises an allergy as a potentially serious medical condition. Anaphylaxis is time-critical and can be fatal. The Trust will take reasonable and proportionate steps to reduce exposure to known allergens, provide an effective emergency response and support the inclusion and wellbeing of students with an allergy.

An allergy will be treated seriously, professionally and without stigma.

Students with an allergy will be supported to participate as fully as possible in education, meals, visits, sport, clubs and wider school life.

Risk controls will be proportionate to the individual, the known allergen and the activity, taking account of the students' and parents' views and relevant healthcare advice.

AMAT schools will operate as an allergy-aware environments. They will not describe themselves as allergen-free or guarantee the complete absence of an allergen.

Emergency arrangements will prioritise rapid access to adrenaline, appropriate asthma medication where relevant, and a trained staff response.

Serious incidents and near misses will be reported, reviewed and used to improve systems in a constructive, learning-focused manner.

2. Purpose and scope

2.1 Purpose

The purpose of this policy is to provide a consistent Trust-wide framework for allergy safety. It explains how AMAT will identify allergy-related needs, minimise foreseeable exposure to known allergens, manage food-an allergy risks, support students who require individual arrangements, and respond rapidly to allergic reactions and anaphylaxis.

This is the Trust's dedicated allergy safety policy for the purposes of section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. It should be read alongside the AMAT Health & Safety Policy Manual, the AMAT Food Policy and each school's arrangements for supporting students with medical conditions.

2.2 Scope

This policy applies to all AMAT academies and schools and to activities undertaken on their behalf, including the normal school day, breakfast and after-school provision, curriculum activities, catering, educational visits, school-arranged transport, events, lettings and community use where AMAT retains responsibility.

All known allergies are within scope. An allergy is a spectrum of allergic diseases in which a person reacts when exposed to an allergen to which they are allergic. This includes food an allergy, insect-sting an allergy, medicine an allergy, latex an allergy, contact and airborne an allergy, and allergic conditions such as allergic asthma, eczema and allergic rhinitis (hay fever). Any medically recognised trigger with the potential to cause significant harm will be managed proportionately.

The policy applies to students and, where relevant, employees, regular volunteers, agency and supply staff, catering personnel, visitors, hirers and other persons who may be affected by AMAT activities. Individual Healthcare Plans (IHPs) under this policy are principally school-owned plans for students; staff workplace adjustments and emergency support will be managed through appropriate HR and local arrangements.

The statutory allergy-safety requirements relating to pupils are distinct from the Trust's responsibilities towards employees. Staff allergy risks will be managed through the Trust's health and safety, employment and data-protection arrangements, where relevant to their work or workplace safety.

Coeliac disease and food intolerance are not allergies and do not cause anaphylaxis. They are therefore not within the clinical scope of this allergy policy, although related dietary and cross-contact controls may be referenced where they overlap with food provision and the Trust's wider medical-conditions arrangements. Definitions are set out in Appendix 1.

3. Responsibility

The Trust Board has ultimate responsibility for ensuring that an allergy safety policy is in place. Each Associate Headteacher is responsible for implementation within their school and must appoint a named member of the Senior Leadership Team as the school's Allergy Safety Lead.

Responsibility by role

Trust Board

- Approve and keep this policy under review, having regard to statutory guidance.
- Ensure adequate resources, governance and assurance arrangements are in place.
- Receive periodic reports on implementation, training, significant risks, serious incidents and near misses through the Audit & Risk Committee.
- Ensure an allergy safety is reflected within the Trust's scheme of delegation and risk-management arrangements.

CEO

- Oversee Trust-wide adoption and implementation of this policy.
- Ensure schools are supported and challenged to meet statutory and Trust requirements.
- Escalate significant risks or failures to the Trust Board and ensure appropriate corrective action is taken.

Trust Facilities Manager and Health & Safety Coordinator

- Maintain the Trust policy framework and coordinate advice, monitoring and review.
- Support schools with risk assessment, incident reporting and completion of health and safety actions.
- Review allergy incidents recorded on Civica Education Operations, obtain competent advice where required and report trends to the Trust Audit & Risk Committee.
- Work with the Trust Area Catering Manager and school leaders to address cross-Trust risks and share learning and good practice.

Associate Headteacher

- Hold day-to-day accountability for an allergy safety within the school.
- Appoint a named member of SLT as Allergy Safety Lead and identify suitable deputies.

- Ensure local arrangements, resources, staffing, emergency medication and training are sufficient, including during staff absence and out-of-hours student activities.
- Ensure this policy and local arrangements are communicated to staff, students and parents and published as required.
- Ensure an allergy safety is reported through the school Health & Safety Committee and Local Governing Body.

School Allergy Safety Lead (named SLT member)

- Drive local implementation of this policy and maintain the Local An allergy Safety Schedule in Appendix 4.
- Ensure the allergy Register, IHPs and relevant clinical action plans are current, accessible to staff who need them and subject to appropriate version control.
- Coordinate annual staff an allergy-awareness and emergency-response training, induction and simulated emergency-response testing.
- Ensure the location, dosage, checks and replacement of prescribed and spare emergency medication meet this policy.
- Coordinate with the Medical/First Aid Lead, catering team, SENCO, Educational Visits Coordinator, curriculum departments, pastoral staff and parents.
- Lead or support investigation of serious incidents and near misses and ensure learning is implemented.
- Complete the annual assurance checklist in Appendix 5 and report findings to the school Health & Safety Committee.

Medical/First Aid Lead

- Support the school-owned preparation, issue, review and secure management of IHPs and maintain clinical action plans provided by healthcare professionals.
- Maintain records of prescribed emergency medication and relevant consent.
- Ensure prescribed and spare medication is stored correctly, accessible, checked and replaced when used or approaching expiry.
- Maintain suitable anaphylaxis kits and emergency information and liaise with parents and healthcare professionals as required.
- Ensure emergency use of medication and associated first aid are recorded and reported.

Trust Area Catering Manager and Kitchen Managers

- Implement the AMAT Food Policy, HACCP arrangements and School Kitchen Allergen Procedures.
- Maintain accurate ingredient, recipe and allergen information; use approved suppliers; control substitutions; and prevent avoidable cross-contact.
- Ensure catering and front-of-house staff receive annual allergy-awareness training and role-specific food-allergen training.
- Maintain at least two robust methods of identifying students with known food an allergy at service, in accordance with the Trust standard in section 4.7, while avoiding unnecessary segregation.
- Never guess whether food is suitable. Where accurate information is unavailable, the food must not be served to the person with an allergy.
- Record, investigate and escalate allergen-related incidents and near misses through Civica Education Operations.

Heads of Department, activity leaders and Educational Visits Coordinators

- Consider allergy risks when planning curriculum activities, events, clubs, visits, transport and use of external providers.

- Complete and implement suitable risk assessments and ensure staff know the relevant IHP, clinical action plan and emergency arrangements.
- Select inclusive alternatives where planned materials or activities could expose a student to a known allergen.

All employees and regular volunteers

- Complete required allergy-awareness and emergency-response training and follow this policy.
- Know how to identify relevant students, access their IHP or clinical action plan and locate emergency medication.
- Take reasonable steps to prevent exposure to known allergens in activities they plan or supervise.
- Recognise allergic reactions and anaphylaxis, bring help and medication to the affected person and act immediately.
- Report allergic reactions, medication use, unsafe exposure and near misses promptly through the school's reporting arrangements, including Civica where required.
- Promote inclusion and challenge allergy-related bullying or unsafe behaviour.
- Notify their Associate Headteacher or HR of any allergies which may affect them at work or require workplace precautions, emergency arrangements or reasonable adjustments, and provide sufficient information to enable identified risks to be managed appropriately.

Parents/carers

- Notify the school promptly of any known or suspected allergy and of any change to known allergens, symptoms, prescribed medication, clinical advice or Allergy/Asthma Action Plan.
- Provide current healthcare advice, An allergy and/or Asthma Action Plans and in-date prescribed medication in accordance with school arrangements.
- Participate in the preparation and review of the student's IHP and individual risk controls where one is required.
- Label food, drink and medication brought from home clearly and follow school expectations intended to protect people with an allergy.
- Replace prescribed medication promptly following use, expiry or recall.
- Inform the school about any delayed reaction or an allergy-related incident that may have arisen from school activity.

Students, according to age and individual capability

- Tell an adult immediately if they feel unwell or believe they have been exposed to an allergen.
- Follow their IHP and clinical action plan and carry medication where this has been individually agreed.
- Do not share or trade food, drink, utensils or containers and do not pressure others to do so.
- Ask before eating food where ingredients or suitability are uncertain.
- Treat the allergies of others seriously and report bullying, threats or deliberately unsafe behaviour.

A student's increasing independence does not remove the school's duty to provide appropriate supervision, support and emergency response.

4. Allergy safety arrangements

4.1 Policy application and Trust standards

AMAT will have regard to the Department for Education statutory guidance Allergy Safety in schools. The guidance distinguishes statutory expectations from advice expressly described as good practice. Where AMAT adopts good-practice advice within this policy as a Trust standard, schools are required to follow that standard unless an individual risk assessment, clinical advice or another legal requirement justifies a different approach.

Specific examples of DfE good practice adopted by AMAT include the use of at least two robust methods of identifying students with known food an allergy at mealtimes and an annual simulated anaphylaxis drill or active scenario.

4.2 An allergy and asthma

Asthma is frequently associated with an allergy. Exposure to allergens such as pollen, house-dust mite debris, animal dander or mould may trigger an asthma response, and asthma can occur alongside food an allergy and anaphylaxis. Poorly controlled asthma can increase the risk of a severe outcome during anaphylaxis.

- Students with known asthma should have rapid access to their prescribed reliever inhaler and, where provided, their current Asthma Action Plan. Emergency salbutamol inhalers and spacers are managed under the AMAT First Aid Policy.
- Where a student has both an allergy and asthma, the interaction between the conditions, triggers, medication and emergency arrangements must be reflected in the IHP where one is required.
- If a person known to have food an allergy and asthma suddenly develops breathing difficulty, staff must consider anaphylaxis. Adrenaline must not be delayed or replaced by a reliever inhaler when anaphylaxis is suspected.
- Training will cover the differences and overlap between an asthma attack and anaphylaxis and the correct emergency response.

4.3 Risk assessment and local arrangements

- Each school will maintain a school-wide allergy risk assessment and, where required by an individual's needs, an individual an allergy risk assessment.
- Relevant risks will be included within the school risk register and reviewed through the Health & Safety Committee.
- Each school will maintain the Local An Allergy Safety Schedule in Appendix 4, recording local leads, medication locations, identification methods, training and emergency arrangements.
- Risk assessment will consider students and, where relevant to the activity or environment, employees, regular volunteers and visitors with known allergies.

4.4 Identification of Allergies and An allergy Register

- Information about allergies will be sought on admission and during transition, when an allergy is newly diagnosed or suspected, and whenever the school becomes aware of a change in circumstances. Parents/carers are responsible for notifying the school promptly of any new allergy, change in known allergens, medication, clinical advice or Allergy/Asthma Action Plan.
- Arrangements should be ready for the start of term. For a mid-year admission or newly identified need, every effort will be made to establish appropriate arrangements within two weeks; proportionate interim controls will be put in place immediately where the risk requires them.

- Each school will maintain a controlled Allergy Register containing the individual's name, current photograph, known or suspected allergens, relevant allergic conditions, prescribed emergency medication, and the status of any IHP and Allergy/Asthma Action Plan. The Allergy Register will be updated whenever new or revised information is received.
- Employees are encouraged to notify their Associate Headteacher or HR of any allergy which may affect them at work or require workplace precautions, emergency arrangements or reasonable adjustments. Staff health information will be managed separately from the student Allergy Register through appropriate HR and local health and safety arrangements.
- Where an employee identifies a food an allergy relevant to food provided by the school, sufficient information may be made available to authorised catering staff to enable food to be provided safely.
- Visitors should be asked about allergies where this is relevant to a planned activity or food provision and where it is reasonably practicable to obtain this information in advance.
- AMAT adopts the DfE good-practice approach of keeping current staff-only allergy information, including photographs where appropriate, in relevant food-service and curriculum locations such as Food Technology, Science, Art and craft areas, subject to section 4.15.

4.5 Clinical (Allergy) Action Plans and Individual Healthcare Plans

Clinical Allergy Action Plans and Asthma Action Plans are medical documents issued by an appropriate healthcare professional. They describe the clinical response to an allergic reaction, anaphylaxis or asthma and must not be rewritten or paraphrased by school staff in a way that could introduce error.

An Individual Healthcare Plan (IHP) is a school-owned document. It records the additional or different arrangements the school will put in place to support an individual student. Where a healthcare professional has issued an An allergy and/or Asthma Action Plan, the current clinical plan must be attached to or clearly referenced by the IHP.

- A student should have an IHP where their allergy has a functional impact in school, places them at risk of harm and requires arrangements additional to or different from those made generally. A formal diagnosis is not required before proportionate interim arrangements are put in place.
- The school will prepare and maintain the IHP in collaboration with the student, parents and relevant healthcare professionals. School staff are not responsible for making clinical assessments or judgements.
- The IHP will record known or suspected allergens; the student's ability to recognise and communicate symptoms; reasonable adjustments; meal and snack arrangements; curriculum, visits and trips; medication, consent and storage; emergency actions; and the persons responsible.
- Where a student has more than one medical condition, a single IHP may capture the interaction between an allergy, asthma, eczema, SEND, attendance, learning and wellbeing where this is relevant to school arrangements.
- IHPs will be reviewed at least annually and whenever clinical advice, an Action Plan, medication, circumstances or the student's capability changes, or following a serious incident or near miss.
- During transition, the previous setting's IHP and current clinical Action Plan should be sought and shared lawfully. The receiving AMAT school must prepare or confirm its own IHP so that it accurately reflects the receiving school's local arrangements.

4.6 Minimising the risk of exposure to known allergens

- Schools will take reasonable and proportionate steps to minimise the risk of students, staff and visitors, where relevant, coming into contact with their known allergens.
- Where contact or airborne allergens are identified, controls will be agreed through risk assessment and, for students where required, the IHP. Controls may include substitution,

separation in time or space, enhanced cleaning, ventilation or removal of a specific trigger from an activity.

- Food packaging, play dough, glues, animal feed, craft materials, cosmetics, latex products, plants, animals and other activity materials will be considered when activities are planned.
- Hands and relevant surfaces will be cleaned effectively after contact with known allergens. Hand sanitiser must not be relied upon to remove food proteins.
- Students will not be excluded from an activity simply because of an allergy. An inclusive alternative for the group should be found wherever reasonably practicable.
- Blanket 'nut-free' or 'allergen-free' assurances will not normally be used because they cannot guarantee safety and may create false reassurance. A targeted restriction may be introduced where an individual risk assessment and IHP show it is reasonable and necessary.
- Food-related controls, including food brought from home and Food Technology ingredients, are set out in section 4.7.

4.7 Managing the risk of food provision and catering

All food supplied regularly is subject to food law, the AMAT Food Policy, HACCP arrangements and School Kitchen Allergen Procedures. Detailed purchasing, storage, preparation, cross-contact, labelling, service and due-diligence controls remain within those systems.

- Accurate information on the 14 regulated allergens must be available for food provided. Prepacked for direct sale (PPDS) food must carry the name of the food, a full ingredients list and emphasised regulated allergens; clear allergen information must also be available for non-prepacked food.
- Menu or supplier substitutions must not be made without checking and updating ingredient and allergen information. Affected students, parents and service staff must be informed of relevant changes.
- DfE guidance identifies the use of at least two robust methods of identifying students with known allergies at mealtimes as good practice. AMAT adopts this as a Trust requirement. Each school will record its two identification methods in the Local Allergy Safety Schedule.
- A suitable meal will be identified, prepared and protected using documented controls. Terms such as 'allergen-free' will not be used unless the legal conditions for that claim are met and the catering risk assessment supports it.
- Students with an allergy should eat with their peers and must not be segregated solely because of an allergy. Reasonable adjustments will be made so eligible students with an allergy can access their free school meal entitlement.
- Food brought from home, including packed lunches, treats, celebration food and ingredients for Food Technology/DT (Food), must be considered within allergy-safety arrangements. Food and drink for an identified student should be clearly labelled, and curriculum ingredients should remain in original packaging wherever practicable.
- Food Technology recipes and ingredients will identify regulated allergens in advance. Staff must check the Allergy Register and follow the relevant AMAT DT Health & Safety Policy Arrangements as well as the controls in this section.
- Occasional food supplied by parents, PTAs, hirers or others should be accompanied by clear ingredient and allergen information. Unlabelled food must not be given to a person with known food allergy unless suitability has been confirmed through an agreed process.
- Food, drinks, utensils and containers must not be shared or traded where this could create an allergy risk.
- Where staff or visitors with known food allergy are to be provided with food, the same principles of accurate allergen information, no guessing and proportionate controls will apply.

4.8 Curriculum activities, events, clubs, lettings and transport

- Staff planning Science, Art, craft, music, animal-related, sporting or other activities must check relevant allergy information and consider whether materials, ingredients or the environment create an exposure risk.

- Food Technology/DT (Food) activities must also comply with section 4.7.
- Breakfast and after-school clubs, external coaches, regular volunteers and student-facing third-party providers must be briefed on relevant allergy controls and emergency arrangements.
- Event organisers and hirers who provide food will be required to provide appropriate allergen information and follow agreed emergency and incident-reporting arrangements.
- Where transport is arranged by the school, prescribed medication and relevant clinical Action Plans must remain accessible. Individual restrictions on eating or food carriage will be determined by risk assessment rather than assumed for every journey.

4.9 Prescribed adrenaline and other emergency medication

Students prescribed adrenaline should have two prescribed devices available in line with current clinical advice. They must have rapid access to them throughout the school day, during school-arranged travel, at meals, on playgrounds and sports fields, and on visits and trips.

- Where individually appropriate, students will be encouraged to carry their prescribed devices. This decision will be recorded in the IHP and agreed with the student and parent, taking account of competence and safeguarding.
- Where prescribed devices are stored centrally, they must be clearly labelled, stored in accordance with manufacturer instructions, accessible at all times and not locked away. They may be stored out of students' reach where risk assessment requires it.
- A current clinical Allergy Action Plan should be kept with prescribed medication where practicable.
- The school will record which students have supplied prescribed medication, where it is located, its expiry date and the arrangements for it to travel home.
- Parents remain responsible for supplying and replacing prescribed medication, but the school will check medication at least half-termly and notify parents before expiry.
- Used or expired AAIs will be handed to ambulance personnel, returned to a pharmacy or placed in an approved sharps container for collection. They must not be placed in general waste.
- Employees and visitors who have prescribed emergency medication remain responsible for carrying or making it available as appropriate, while the school will support reasonable workplace or visit arrangements where notified.

4.10 Spare AAIs and emergency asthma inhalers

All AMAT schools will stock spare adrenaline auto-injectors (AAIs) in pairs and in dosages appropriate to the people who may require them. They supplement and do not replace a student's own prescribed adrenaline devices.

School type	150 microgram AAI (usually under age 6)	300 microgram AAI (usually age 6 and over)
Primary school	One pair	One pair
Secondary school	Not normally required	One or two pairs, according to site risk assessment

Each separate site must hold the appropriate pairs. Larger schools must hold enough sets to ensure a pair can be brought to any person experiencing suspected anaphylaxis within five minutes.

- Spare AAIs will be stored in clearly labelled emergency anaphylaxis kits, in pairs, at the locations recorded in the Local An allergy Safety Schedule. They will be readily accessible and not locked away.
- The Medical/First Aid Lead will check spare AAIs at least half-termly, record expiry dates and replace devices immediately after use, damage, recall or expiry.

- A person's own prescribed adrenaline will be used first if it is immediately available and functional. A spare AAI may be used if the prescribed device is unavailable or misfires, or to provide life-saving treatment to a person with suspected anaphylaxis who does not have a prescribed device.
- Advance consent for use of a spare AAI is good practice, but the absence of prior consent must not delay reasonable life-saving action in an emergency.
- Emergency salbutamol inhalers and spacers will be maintained in accordance with the AMAT First Aid Policy. Their use remains subject to the separate legal and consent arrangements applicable to emergency asthma inhalers.
- Arrangements for taking spare AAIs on educational visits are set out in section 4.12.

4.11 Emergency response

Any person - student, employee, visitor or other person - showing Airway, Breathing or Circulation symptoms following possible allergen exposure must be treated as having suspected anaphylaxis. Appendix 2 provides the quick-response procedure and must be reflected in staff training and emergency information.

- Call for help and bring the person's prescribed adrenaline and the nearest spare AAI to them. Do not send the affected person to the office or medical room.
- Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk.
- Administer adrenaline immediately, following the device instructions and training. Aim to administer within five minutes. Do not wait for antihistamine, an asthma inhaler or emergency services to arrive.
- Call 999 immediately, say 'anaphylaxis' and provide the exact incident location. Send a person to meet the ambulance. Contact parents/carers after emergency help has been requested where the affected person is a student.
- If there is no improvement after five minutes, administer a second adrenaline dose using the second available device.
- Stay with the person, monitor Airway, Breathing and Circulation, commence CPR and use an AED if they stop breathing, and ensure transfer to hospital even if they appear to recover.
- Where symptoms are mild and do not affect Airway, Breathing or Circulation, follow the individual's current clinical Action Plan and continue close observation. If symptoms progress, or there is doubt, treat as anaphylaxis.
- If a person known to have asthma and food an allergy suddenly develops breathing difficulty, consider anaphylaxis and give adrenaline where indicated. A reliever inhaler must never be used instead of adrenaline to treat anaphylaxis.

4.12 Educational visits and external activities

- A specific risk assessment will be completed through EVOLVE for any student at risk of anaphylaxis taking part in a visit or external activity.
- The student's prescribed adrenaline devices, current clinical Action Plan and any other required medication must accompany them and remain immediately accessible. This requirement is not dependent on whether a spare AAI is taken.
- At least one accompanying member of staff must be trained and confident to administer adrenaline and manage the student's emergency arrangements.
- Food, accommodation, travel, activities, access to emergency care and communication arrangements will be checked in advance with the student and parents/carers.
- A student will not be excluded or required to have a parent accompany them solely because of an allergy. Reasonable adjustments and safe alternatives will be identified.
- The visit risk assessment must explicitly consider whether a pair of spare AAIs should accompany the visit. A pair will be taken where the risk assessment identifies this as necessary or proportionate, provided adequate spare cover remains on the school site. The

decision and rationale will be recorded. It is expected spares will be taken on trips where medium risks are identified.

4.13 Awareness training, Induction and emergency drills

All staff present when students are scheduled to be on site will complete the Trust-approved An allergy and Anaphylaxis Awareness training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and personnel supervising breakfast or after-school clubs. Ad hoc contractors with no student-facing role are not required to complete the full training but must be made aware of any relevant site controls.

The annual awareness training will provide staff with an understanding of allergies and anaphylaxis, common allergens and triggers, routes of exposure, signs and symptoms, preventative measures and the appropriate response to an allergic emergency.

In addition to the annual awareness training, each school will provide appropriate local information and practical familiarisation so that staff:

- Understand the purpose and use of the school's Allergy Register, Individual Healthcare Plans and clinical An allergy/Asthma Action Plans relevant to their role;
- Know how to access relevant allergy information and identify students with known an allergy;
- Know the location of prescribed emergency medication, spare adrenaline auto-injectors (AAIs) and emergency asthma inhalers;
- Are familiar with the types of adrenaline device in use within the school and the arrangements for accessing and using spare AAIs;
- Understand the local emergency-response arrangements, including calling for assistance and contacting the emergency services; and
- Know how to report an allergic reaction, suspected anaphylaxis, unsafe exposure, incident or near miss through the school's reporting arrangements, including Civica Education Operations where required.

First aid training alone will not be regarded as sufficient an allergy and anaphylaxis awareness training.

New staff will receive relevant allergy-safety information as part of their induction and will complete the required awareness training. Supply, agency and cover staff must receive an appropriate local briefing and know how to access relevant emergency information and medication before taking responsibility for students.

Where an individual student requires support beyond general an allergy awareness, appropriate role-specific clinical competency or delegated healthcare training will be provided to the staff responsible for delivering that support.

Training completion and any required practical familiarisation will be recorded and monitored. Non-completion will be followed up by the School Allergy Safety Lead and senior leadership.

As a Trust standard, each school will test its local arrangements through a simulated anaphylaxis drill or active emergency-response scenario at least annually. The exercise should test the practical response to a suspected anaphylaxis emergency, including obtaining emergency medication, and coordinating the wider school response. The outcome will be recorded and any learning or required actions implemented, with appropriate consideration given to student wellbeing and confidentiality.

4.14 Wellbeing, inclusion and bullying

- Students with an allergy will be involved, according to age and capability, in decisions about their support and how information is shared.

- Support will balance safety, dignity and inclusion. Identification systems must be discreet and must not lead to unnecessary separation from peers.
- The possibility of anxiety following a reaction, near miss or change in circumstances will be recognised. Pastoral or external support will be offered where appropriate.
- Threatening a student with an allergen, deliberately exposing them, force-feeding, contaminating food, mocking safety arrangements or excluding them because of an allergy will be treated seriously under the Behaviour, Anti-Bullying and Safeguarding procedures.
- Age-appropriate an allergy awareness will be included within curriculum and wider school communication without transferring emergency responsibility from adults to students.

4.15 Information sharing and confidentiality

Health information is special category personal data under UK GDPR. AMAT schools have a lawful basis to hold, use and share information necessary to keep people safe and students included, but information must be handled in a controlled and respectful way.

- Information will be shared on a need-to-know basis with staff, caterers, trip leaders and relevant providers who need it to discharge their responsibilities.
- Students and parents/carers will be involved in decisions about routine information sharing, taking account of age, capacity and safeguarding.
- Lists containing photographs and an allergy detail will be kept in staff-only locations or secure systems and will be removed or updated promptly when information changes.
- Emergency access to essential information must not be obstructed by unnecessary access restrictions.
- Staff health information will be handled through appropriate HR and data-protection arrangements. Visitor information will be limited to what is necessary for the relevant activity or emergency support.
- Staff allergy information will only be shared where necessary for workplace safety, reasonable adjustments, emergency arrangements or safe food provision. Information will be limited to that required for the purpose and access restricted to authorised staff, which may include HR, line managers, first aid personnel and catering staff. Staff an allergy information will not routinely form part of the student Allergy Register.
- Information shared during transition will follow the Trust Data Protection Policy and applicable information-sharing guidance.

4.16 Serious incidents and near misses

All allergic reactions requiring treatment, suspected anaphylaxis, use of adrenaline, serious exposure events and an allergy near misses must be reported on Civica Education Operations as soon as feasible. Reports may also be initiated from information provided by a student, parent/carer, member of staff, visitor or healthcare professional where the effect of exposure becomes apparent later.

- The initial record will identify who was affected; what happened, when and where; the likely cause; how people responded; medication and emergency support provided; and the outcome.
- Parents/carers of a student aged up to 16 will be notified as soon as possible. For a young person aged over 16, their agreement to inform parents/carers will be sought unless an emergency, safeguarding concern or other lawful basis requires disclosure.
- The report will be reviewed by the School Allergy Safety Lead, Associate Headteacher and Trust Health & Safety team.
- Where relevant, the healthcare professional responsible for a clinical care or Action Plan will be informed.
- The Trust's competent health and safety adviser will determine whether RIDDOR reporting is required.

- The Trust Area Catering Manager will determine whether advice or notification to Environmental Health, a Primary Authority or the Food Standards Agency is required for a food-safety incident.
- The review will consider the adequacy and implementation of this policy, the IHP, clinical Action Plan, risk assessment, food controls, communication and training. Actions will be recorded, assigned and monitored to completion.
- The wellbeing of the affected person, witnesses and responding staff will be considered. Learning will be shared appropriately while respecting confidentiality.

4.17 Monitoring and assurance

- The Local Allergy Safety Schedule and An allergy Register will be checked at least termly and whenever information changes.
- Medication availability, location and expiry checks will be completed at least half-termly and recorded.
- The school Health & Safety Committee will review training completion, current IHPs and clinical Action Plans, medication checks, food and curriculum controls, communication, incidents, near misses and open actions at least termly.
- The School Allergy Safety Lead will complete the annual assurance checklist in Appendix 5 and report it to the Associate Headteacher and Local Governing Body.
- The Trust Facilities Manager and Health & Safety Coordinator will use school reports, Civica data, audits and incident learning to provide assurance to the Trust Audit & Risk Committee.

5. Unacceptable practice

The following practices are not acceptable:

- Locking away or otherwise preventing rapid access to prescribed or spare emergency medication.
- Ignoring the views of the student or parents/carers, current medical evidence or advice from healthcare professionals.
- Assuming all students with an allergy need the same support, or that an older student needs no support because they can self-manage.
- Delaying proportionate arrangements solely because diagnosis or clinical paperwork is pending.
- Sending an unwell person to the office or medical room without suitable supervision. In an allergic emergency, help and medication must come to the person.
- Requiring parents/carers to attend school to administer routine or emergency medication because the school has not made suitable arrangements.
- Excluding a student from meals, lessons, clubs, visits, rewards or normal school life where reasonable adjustments can enable participation.
- Segregating students with an allergy at mealtimes as a routine control.
- Guessing food suitability, relying on an out-of-date ingredient list or serving food where allergen information is unclear.
- Using the description 'allergen-free' or 'nut-free' as a guarantee when the absence of the allergen cannot be assured.
- Failing to record and learn from a serious incident or near miss.

6. Relevant legislation and guidance

- Children and Families Act 2014, section 100, as amended by the Children’s Wellbeing and Schools Act 2026, section 34.
- Department for Education: An allergy safety in schools - statutory guidance (July 2026).

- Department for Education: Supporting pupils at school with medical conditions - statutory guidance.
- Human Medicines Regulations 2012 and Human Medicines (Amendment) Regulations 2017.
- Department of Health and Social Care: Using emergency adrenaline auto-injectors in schools and Emergency asthma inhalers for use in schools.
- Food Information Regulations 2014, including PPDS allergen labelling requirements, and assimilated Regulation (EU) No 828/2014 on gluten claims.
- Equality Act 2010; Health and Safety at Work etc. Act 1974; Children Act 1989; Education Act 2002; UK GDPR and Data Protection Act 2018.
- Statutory Framework for the Early Years Foundation Stage, where applicable.

7. Relevant AMAT forms and documents

- AMAT Health & Safety Policy Manual and arrangements for Organisational Roles and Responsibilities; Emergency Situations; Administering Medicines and Supporting Students with Medical Needs; First Aid; Risk Assessment and Accident Reporting; Consultation and Communication; Science; DT (including Art, Textiles and Food); PE; and Monitoring and Inspection.
- AMAT Food Policy, HACCP system and School Kitchen Allergen Procedures.
- School policy for Supporting Students with Medical Conditions; Data Protection Policy; Behaviour/Anti-Bullying Policy; Educational Visits procedures; Complaints Policy; and Business Continuity/Critical Incident arrangements.
- School An allergy Register; Local An allergy Safety Schedule; school-wide and individual an allergy risk assessments; IHP; clinical allergy/Asthma Action Plans; medication consent records; emergency medication check records; training records; EVOLVE risk assessments; Civica incident records; and annual assurance checklist.

This document and other AMAT policies are located on the AMAT website. Controlled local records must be stored within the relevant approved Trust system.

8. Review

This policy will be reviewed by the Trust at least annually and approved through the Trust's governance arrangements. Earlier review will be undertaken where legislation or statutory guidance changes, following a serious incident or near miss that identifies a policy weakness, or where audit, consultation or operational experience shows that revision is required.
Each school will review its Local Allergy Safety Schedule and implementation at least annually and whenever staffing, premises, medication locations or arrangements change. Changes to local operational details do not remove the requirement to comply with this Trust policy.

Appendix 1 - Definitions and terminology

Term	Definition
An allergy	A medical condition in which the immune system has an abnormal reaction to a normally harmless substance. Allergies can include food, insect stings, medicines, latex, contact allergens and airborne allergens.
Allergen	A substance capable of triggering an allergic reaction in a susceptible person.
Anaphylaxis	A potentially fatal allergic reaction affecting the Airway, Breathing or Circulation (ABC). It requires immediate adrenaline and emergency medical assistance.
Asthma	A lung condition caused by inflammation and tightening of the airways. It is frequently associated with an allergy; allergen exposure can trigger an asthma attack and asthma can occur alongside anaphylaxis.
Adrenaline device (AD)	A prescribed device used to deliver adrenaline, including an adrenaline auto-injector (AAI) or a prescribed non-injectable nasal adrenaline device. Schools may currently purchase spare AAIs for emergency use.
Food intolerance	A non-allergic reaction to food which does not involve the same immune mechanism as food an allergy and cannot cause anaphylaxis, although symptoms can still be significant.
Coeliac disease	An autoimmune condition triggered by gluten. It is not an allergy and cannot cause anaphylaxis, but strict avoidance of gluten and control of cross-contact are required.
Individual Healthcare Plan (IHP)	A school-owned document setting out the additional or different arrangements required to support an individual student. Relevant clinical care or Action Plans are attached to or referenced by it.
Clinical An allergy/Asthma Action Plan	A clinical emergency or care plan issued by an appropriate healthcare professional. It provides medical instructions and is not rewritten by the school.
Near miss	An event that did not cause serious harm but had clear potential to do so, for example a person being served food containing a known allergen but the error being identified before consumption.

Appendix 2 - Emergency response to suspected anaphylaxis

ANAPHYLAXIS IS A MEDICAL EMERGENCY

AIRWAY	BREATHING	CIRCULATION
Swelling of the tongue or throat; difficulty swallowing; hoarse voice; persistent cough.	Difficult, noisy or wheezy breathing; sudden severe asthma; blue colour around lips; breathing stops.	Pale, clammy, faint, dizzy, confused or drowsy; collapse; loss of consciousness.

If any ABC symptom is present after possible allergen exposure, or anaphylaxis is otherwise suspected, act immediately:

1. ***SHOUT FOR HELP. Bring the person's prescribed adrenaline and the nearest spare AAI to them. Do not move them to the office or medical room.***
2. ***POSITION SAFELY. Lay them flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not let them stand or walk.***
3. ***GIVE ADRENALINE IMMEDIATELY. Use the person's own prescribed device if it is immediately available; otherwise use the school's spare AAI. Follow the device instructions. Aim to give it within five minutes.***
4. ***CALL 999. Say 'anaphylaxis', give the exact location and send someone to meet the ambulance. Do not delay adrenaline while making the call.***
5. ***GIVE A SECOND DOSE AFTER FIVE MINUTES if there is no improvement. Use the second available device.***
6. ***MONITOR ABC. Start CPR and use an AED if the person stops breathing. Keep them under continuous supervision and ensure hospital assessment even if they recover.***
7. ***INFORM PARENTS/CARERS where the affected person is a student, and record the incident on Civica after emergency care is under way.***

Antihistamines do not treat Airway, Breathing or Circulation problems and must never delay adrenaline. A reliever asthma inhaler must not be used instead of adrenaline to treat anaphylaxis. If symptoms are mild, follow the current clinical Action Plan and observe closely. If symptoms progress or there is doubt, give adrenaline.

This appendix supports, but does not replace, current staff training or an individual Allergy/Asthma Action Plan issued by a healthcare professional.

Appendix 3 - Regulated food allergens and important distinctions

UK food law requires food businesses to provide information about the following 14 regulated allergens when they are used as ingredients. Any food can cause an allergic reaction, so the list must not be treated as exhaustive for individual risk management.

Celery	Cereals containing gluten (wheat, rye, barley and oats)
Crustaceans	Eggs
Fish	Lupin
Milk	Molluscs
Mustard	Peanuts
Sesame	Soybeans
Sulphur dioxide and sulphites above the regulated concentration	Tree nuts

Important distinctions

- **Food an allergy**: an immune response that can range from mild symptoms to anaphylaxis.
- **Food intolerance**: is not an allergy and cannot cause anaphylaxis, although it may cause significant digestive or other symptoms and may require adjustments.
- **Coeliac disease**: is an autoimmune condition requiring strict lifelong avoidance of gluten, including control of cross-contact. It is not a food an allergy.
- **Asthma**: is frequently associated with an allergy. Allergens can trigger asthma symptoms, and poorly controlled asthma increases the risk of a severe outcome during anaphylaxis.
- **Contact and airborne allergens**: include latex, nickel, animal dander, pollen, mould and some chemicals. Controls must be tailored to the person and activity.

Appendix 4 - Local An allergy Safety Schedule

Each AMAT school must complete and maintain this controlled local schedule. It forms part of the school's implementation of the Trust policy and must be available to staff. It should be reviewed at least annually and whenever local arrangements change.

School	
Associate Headteacher	
Named SLT An allergy Safety Lead	
Deputy An allergy Safety Lead(s)	
Medical/First Aid Lead	
Kitchen/Catering Lead	
Location of An allergy Register	
How supply/cover staff access an allergy information	
Location(s) of prescribed emergency medication	
Location(s) and dosage(s) of spare AAI pairs	
Location(s) of emergency asthma inhalers/spacers	
Five-minute access check completed by/date	
Two catering identification methods	1. 2.
Location of training records	
Date of most recent anaphylaxis drill	
How the policy is communicated locally	
Website publication / last check date	
Date schedule reviewed	
Approved by	

Appendix 5 - Annual school an allergy-safety assurance checklist

The named SLT An allergy Safety Lead should complete this checklist and report it to the school Health & Safety Committee, Associate Headteacher and Local Governing Body. Any gap must have a named owner and completion date.

No.	Assurance requirement	Status / evidence	Action, owner and date
1	Named SLT An allergy Safety Lead and deputies are confirmed.	Yes / No / N/A Evidence:	
2	Policy is published and has been communicated to staff, students and parents/carers; relevant visitor/hirer arrangements are in place.	Yes / No / N/A Evidence:	
3	An allergy Register, photographs where appropriate, IHPs and clinical Action Plans are current and version controlled.	Yes / No / N/A Evidence:	
4	All required staff completed annual training; induction and supply/cover arrangements are effective; staff know how to report incidents and near misses on Civica.	Yes / No / N/A Evidence:	
5	Prescribed medication and spare AAI pairs are accessible, correctly stored, in date and within five minutes of need.	Yes / No / N/A Evidence:	
6	Emergency asthma inhalers and spacers are available and checked in accordance with the AMAT First Aid Policy.	Yes / No / N/A Evidence:	
7	Catering allergen information, substitution controls and the two Trust-required identification methods are operating effectively.	Yes / No / N/A Evidence:	
8	Food brought from home, Food Technology ingredients, curriculum materials, clubs, events, lettings and transport are covered by suitable controls.	Yes / No / N/A Evidence:	
9	Visits involving students at risk of anaphylaxis include an individual risk assessment, trained staff, accessible prescribed medication and an explicit decision on whether spare AAIs should accompany the visit.	Yes / No / N/A Evidence:	
10	An anaphylaxis drill or active scenario has been completed and learning recorded.	Yes / No / N/A Evidence:	
11	Serious incidents, allergic reactions and near misses have been reviewed and actions completed.	Yes / No / N/A Evidence:	
12	An allergy safety has been considered by the school Health & Safety Committee and reported through governance.	Yes / No / N/A Evidence:	

Completed by: _____ Date: _____

Reviewed by Associate Headteacher/Head of School: _____

Reported to Health & Safety Committee on: _____