LDBS Academies Trust
LAT and LAT 2

ADOPTION GUIDANCE AND POLICY CHANGE LOG
Allergy Policy

PLEASE REMOVE THIS PAGE UPON ADOPTION BY THE LOCAL GOVERNING BODY AND BEFORE PUBLICATION ON THE WEBSITE / SHARED DRIVE AND COMMUNICATION TO STAFF / OTHER RELEVANT PARTIES. AFTER DOING SO, PLEASE UPDATE THE TABLE OF CONTENTS!

General guidance for Headteachers and Local Governing Bodies (LGBs):

- This Policy sets minimum compliance requirements for all LATMAT (LAT and LAT 2) schools.
- A space has been foreseen in the header of this Policy, for the school can add its own name and logo.
- A box has been foreseen below the Trust vision, for the school to add its school-specific vision.
- Annex 1 must be completed by the school with the school-specific information before it is submitted to the LGB for adoption.
- It is the responsibility of the LGB to:
    - Approve this Policy (with Annex 1 - School-specific details completed);
    - Ensure local implementation complies with this template.

Any concerns regarding the Policy should be raised with the Trust via the local Governance Professional. Please do not change the formatting of titles etc as the document contains cross-references.

Generic changes to all policy documents in 2026 -27:

- Change of the registered address of both LDBS Academies Trust and LDBS Academies Trust 2. The registered address is now: Park Lane, London, England N17 0HH
- New Articles of Association, approved by the DfE in Aug 2026 (to be ratified by Members) changes the name of the Local Academy Committees (and LAC members) to Local Governing Bodies (and local governors). The terminology in this policy has been updated to reflect the new Articles.
- Name of new Chair of the Board of Directors, Peter King

Changes to this policy document since its last revision:

- This is a totally new, mandatory policy, expected to be in place in all schools by September 2026

[Add school logo and name]
part of the

LDBS Academies Trust
LAT and LAT 2

Allergy Policy 2026

Document type	Trust Policy	**Statutory DfE / Trust**	DfE / Trust
Approval Level	Trust Board of Directors	**Review Frequency**	Annual
Approval date	September 2026	**Next Review Date**	September 2027
On behalf of the Trust Board of Directors			
Name	Peter King	**Name**	Christalla Jamil
Position	Chair of the Board of Directors	**Position**	CEO
On behalf of the Local Governing Body			
Name	[name]	**Name**	[name]
Position	Chair of the Local Governing Body	**Position**	Headteacher
Publication to	☒ GovHub	☐ Staff info site	☒ Website

Trust Vision Statement

"The kingdom of heaven is like a mustard seed, which a man took and planted in his field. Though it is the smallest of all seeds, yet when it grows, it is the largest of garden plants and becomes a tree, so that the birds come and perch in its branches." (Matthew 13: 31-32)

Trust Vision

In the parable of The Mustard Seed, Jesus reminds us that even the smallest of seeds has the potential to grow into the fullness of itself. We aim to provide the right environment for our children, and all whom we serve, to flourish into the fullness of themselves. He tells us these seeds grow into trees, capable of providing a home for a rich diversity of life; our work is to ensure all in our communities grow into people of compassion and wisdom with a deep spiritual understanding of how to support the needs of others.

School Vision [Insert school vision]

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1 Aims

This policy aims to:

- Set out the approach of the LDBS Academies Trust and LDBS Academies Trust 2 (hereafter referred to as "the Trust" or "LATMAT") and its schools to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2 Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- Keeping Children Safe in Education (Sept 2026)

3 Glossary

AAI (Adrenaline Auto-injector)	A medicine device used to administer adrenaline during a severe allergic reaction (anaphylaxis).
AD (Adrenaline Device)	A collective term used within this policy to refer to adrenaline auto-injectors and other prescribed adrenaline delivery devices.
IHP (Individual Healthcare Plan)	A document setting out the arrangements required to support a pupil's medical condition whilst at school.
Anaphylaxis	A severe and potentially life-threatening allergic reaction requiring immediate medical treatment.

4 Roles and responsibilities

4.1 The Local Governing Body (LGB)

The LGB is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
  - Arrangements to reduce the risk of individuals coming into contact with their known allergens
  - Emergency response plans for cases of anaphylaxis

The LGB delegates the day-to-day implementation of this policy to the Allergy Safety Lead.

4.2 The Allergy safety lead

The name of the nominated Allergy Safety Lead in this school can be found in Annex I. The Allergy Safety Lead in this school is a member of the senior leadership team (SLT) who has pastoral/welfare responsibilities.

A deputy Allergy Safety Lead will be nominated and trained to fulfil all responsibilities in the absence of the designated lead. The deputy's details will be recorded in Annex I.

They’re responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually as part of the cross-Trust review, contributing to the update of the Trust policy when needed, and making sure it is adjusted to the school environment, adopted by the Local Governing Body and published on the school website.
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of Adrenaline Auto-Injectors (AAIs)

- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils who require support with allergies have an up-to-date Individual Healthcare Plan (IHP)
  - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
  - All staff receive regular allergy awareness training
  - All staff are aware of the school's policy and procedures regarding allergies
  - Relevant staff are aware of what activities need an allergy risk assessment
  - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

4.3 Headteacher

The Headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

4.4 School staff Named Volunteers (min 2)

The details of the Named Volunteers for this school are listed in Annex I. The Named Volunteers are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

4.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the Allergy Safety Lead
- Ensuring supply teachers, agency staff, cover supervisors, trip volunteers and other temporary staff receive an allergy safety briefing before assuming responsibility for pupils.

4.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date Adrenaline Auto-Injectors (AAIs) and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Medical records, Individual Healthcare Plans (IHPs) and allergy registers will be updated within 2 working days of receiving new allergy information from parents/carers or healthcare professionals.

4.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AAI on their person and only using it for its intended purpose
- Understanding how and when to use their AAI

4.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

5 Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines.

5.1 Identifying pupils at risk

The school's arrangements for identifying pupils with known allergies can be found in Annex I.

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks.
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary via the school's Arbor parent portal.

We ask that parents/carers proactively inform us by either phone call or email if their child's medical needs change during the school year. The details of who they should contact and how are provided in Annex I.

Supply teachers, agency staff, educational visit volunteers and other temporary personnel will receive pupil-specific allergy information and emergency procedures before supervising pupils.

5.2 Identifying staff and visitors at risk

The school's arrangements for identifying staff and visitors with known allergies are set out in Annex I. This includes:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

5.3 Individual Healthcare Plans (IHPs)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The Headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the

adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

5.4 Allergy and Asthma Action Plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

5.5 Register of pupils with known allergies

This link to your 'supporting pupils with medical conditions' policy.

The Register of pupils with known allergies follows the school's Supporting Pupils with Medical Conditions Policy. The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The locations where the register is kept in this school is identified in Annex I. The locations are easily accessible to staff so that the list can be checked quickly by any member of staff as part of initiating an emergency response. The list is also in areas where food is served or handled.

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

6 Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

7 Minimising risk

Measures taken in this school to minimise risk are listed below. Any additional measures are listed in Annex I.

7.1 Hygiene procedures

This school takes, amongst others, the following measures to prevent contamination in our school:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

7.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

7.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

7.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

7.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own AAIs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see section 8.5)

7.6 School Events and Community Activities

The school will assess allergy risks associated with:

- School fairs, fetes and community events;
- Parents' evenings and performances;
- Fundraising activities involving food;
- Cultural and religious celebrations;
- External catering providers;
- Food tasting activities;
- Events organised by third parties on school premises.

Where food is provided or sold, appropriate allergen information will be obtained and shared. Reasonable steps will be taken to minimise the risk of exposure to known allergens for pupils, staff and visitors.

8 Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately. Any pupil receiving adrenaline must be assessed by emergency medical services and must not remain in school. Parents/carers cannot override this requirement.

If the pupil has an allergy action plan, this must be followed Staff are trained in the administration of adrenaline to minimise delays in an emergency.

A spare school AAI device will only be used if:

- The pupil does not have a prescribed AAI
- The pupil's prescribed AAI are not available or misfire

8.1 Emergency Response Checklist

1. Recognise symptoms of allergic reaction or anaphylaxis
2. Administer adrenaline immediately in accordance with the pupil's allergy action plan
3. Call 999 and request an ambulance, stating that anaphylaxis is suspected
4. Contact parents/carers
5. Monitor the pupil continuously
6. Prepare and administer a second AAI if symptoms persist or return in accordance with medical guidance
7. Hand over to emergency medical personnel
8. Record the incident and complete any required reporting procedures

9 Adrenaline Auto-Injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency Adrenaline Auto-Injectors (AAIs) in schools are as follows:

9.1 Prescribed AAIs

Pupils who are prescribed AAIs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed AAIs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their AAIs with them in the classroom (due to age or other considerations), then the devices will be stored in the location identified in Annex I. The location is :

- An appropriate central location
- Unlocked and accessible at all times
- No more than 5 minutes away from where they may be needed (larger schools may require AAIs to be stored in multiple locations, such as near the dining area and playground)

- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

This school's arrangements to make sure that pupils with prescribed AAIs have rapid access to their devices at all times (e.g. while travelling to and from school; in the lunch area, playground and sports fields; or when on visits or trips) are described in Annex I).

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

The school's arrangements for pupils and parents/carers to take individually prescribed AAIs home (for example, at the end of the day for the journey home) and for checking that they remain in date can be found in Annex I. This is also where details are provided of how records will be kept of which pupils have been provided with prescribed adrenaline (and an allergy action plan).

9.2 Spare AAIs and inhalers

Current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The Allergy Safety Lead is responsible for sourcing spare AAIs and an emergency asthma reliever inhaler, and ensuring they are stored according to the guidance.

The school's procedures for buying spare AAIs are set out in Annex I. This includes information on where the AAIs will be sourced (i.e. a local pharmacy); the number of AAIs required; which brand(s) of AAIs are purchased (schools are recommended to buy a single brand to avoid confusion); and the dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Annex I also sets out where and how spare AAIs are stored in the school. They are:

- Stored in an appropriate central location that is unlocked and accessible to staff only at all times, no more than 5 minutes away from where they may be needed (larger schools may require AAIs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed AAIs and clearly labelled to avoid confusion

The Named Volunteers (see Section 3.4) are responsible for:

- Checking monthly that spare AAIs [and the emergency asthma reliver inhaler] are present and in date
- Obtaining replacement AAIs when the expiry date is near

9.3 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

9.4 Using spare AAIs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

9.5 Use of AAIs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own AAIs with them on school trips and off-site events. The school's arrangements for taking spare AAIs for emergency use on school trips and off-site events can be found in Annex I.

10 Serious incidents and near-misses

A serious incident is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A 'near miss' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

10.1 Incident recording

The school's arrangement for recording serious incidents and 'near misses' relating to allergy safety is described in Annex I. The school records all incidents and 'near misses' soon as reasonably practical. The incident report will contain the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

10.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the school's Designated Allergy Lead (see Annex I). The Allergy Safety Lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. (following the guidance on how to make a RIDDOR report)
- To the local authority: any allergen-related food safety incidents. [Following how to report a food safety issue procedures]

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

11 Allergy awareness

11.1 Staff training

The school will provide allergy awareness training for all staff at the beginning of each academic year. New starters will complete allergy awareness training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school will also provide practical AAI administration training for designated staff and any additional staff identified by the Headteacher. The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy emergency response drills at least twice each academic year to test emergency arrangements and identify any learning points. The drill is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

Specific training offers in this school, as well as this school's induction arrangements for new staff and arrangements to ensure supply and cover staff have received allergy awareness training are detailed in Annex I.

11.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

The school will teach pupils about allergies. More detail can be found in Annex I.

12 Wellbeing

The school will consider the psychological impact of severe allergies, including anxiety relating to:

- Food and mealtimes;
- Social events;
- Educational visits;
- School trips;
- Bullying and social inclusion;
- Participation in school activities.

Measures are in place to support all pupils' mental health and wellbeing, in line with the school's behaviour and anti-bullying policies.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

12.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

13 Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

14 Monitoring arrangements

This policy cannot be adopted until all Annex I fields have been completed and reviewed by the Headteacher and Local Governing Body. This policy will be monitored by the Trust and school Allergy Safety Leads.

The School Allergy Safety Lead will provide:

- Termly reports to the Local Governing Body on allergy incidents, near misses and learning points.
- An annual report on staff training compliance.
- An annual audit of:
    - Adrenaline device storage arrangements;

- Adrenaline device expiry dates;
- Completion and review of Individual Healthcare Plans;
- Compliance with this policy.

Findings may be incorporated within the school's safeguarding reporting arrangements.

It will be reviewed and approved annually in consultation with the school Allergy Safety Leads, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

15 Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behaviour policy

Annex I – School-specific information related to this policy

Role	Name
School Allergy Safety Lead	[Name – has to be the SLT member with pastoral / welfare responsibilities]
Deputy Allergy Safety Lead	[Name]
Named volunteer 1	[Name and position of named volunteer 1]
Named volunteer 2	[Name and position of named volunteer 2]
Person who parents can contact to update a child's allergy information	[Name] [Phone number] [email address]

Area of concern	School arrangements
Identifying pupils with known allergies	[Describe the arrangements in place in the school. Ideally this is the same process you use to identify pupils with other medical conditions, as set out in your policy for supporting pupils with medical conditions.]
Identifying staff and visitors with known allergies	[Describe the arrangements in place in the school, e.g. asking staff before they join, visitors before they come on-site, etc.]
The locations where the register of pupils with allergies is kept	[The locations must be easily accessible to staff so that the list can be checked quickly by any member of staff as part of initiating an emergency response. The list must also be in areas where food is served or handled.]
Additional measures to minimise risk of allergies in this school [if relevant, else delete]	[Provide information on the additional measures your school takes to prevent the risk of allergic reactions in your school]
Additional measures in place for responding to allergic reaction	[Add any specific arrangements your school has in place for responding to allergic reaction, in addition to those in the main policy text].

Area of concern	School arrangements
Location where prescribed AAIs are stored.	[Provide details of location where prescribed ADs are stored in your school, see guidelines in main policy text]
Arrangements to make sure that pupils with prescribed AAIs have rapid access to their devices: • while travelling to and from school; • in the lunch area, playground and sports fields; • when on visits or trips	[Provide details of arrangements for all these cases: • xx • xx • xx]
The school's arrangements for pupils and parents/carers to take individually prescribed AAIs home (for example, at the end of the day for the journey home)	[Details of arrangements]
The school's arrangements for checking that AAIs at school remain in date	[Details of arrangements – Trust recommendation is to use Smartlog for this purpose]
Description of how records will be kept of which pupils have been provided with prescribed adrenaline and an allergy action plan.	[description]
The school's procedure on how AAIs are procured	[Should include: Where the AAIs will be sourced (i.e. a local pharmacy); The number of AAIs required; Which brand(s) of AAIs are purchased (schools are recommended to buy a single brand to avoid confusion); The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Area of concern	School arrangements
Where and how spare AAIs and personal AAIs are stored in this school	[Provide details of where spare AAIs will be stored. They should be: In an appropriate central location that is unlocked and accessible to staff only at all times; No more than 5 minutes away from where they may be needed (larger schools may require AAIs to be stored in multiple locations, such as near the dining area and playground); Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. Spare AAIs will be kept: In pairs, in case a second one is necessary; Separate from any pupils' prescribed AAIs and clearly labelled to avoid confusion. Spare AAIs will be kept: • In pairs, in case a second one is necessary • Separate from any pupils' prescribed AAIs and clearly labelled to avoid confusion]
Arrangements for taking spare AAIs on school trips and off-site events	[describe]
Recording of 'near misses' and incidents	[Describe whether the school still uses an accident book or has progressed to using Smartlog (the Trust's online Health and Safety tool)
School staff (incl supply and cover staff) allergy training	[Detail specific training offers in this school, as well as this school's induction arrangements for new staff and arrangements to ensure supply and cover staff have received allergy awareness training]
How the school teaches pupils about allergies	[Provide details on how this is covered - useful resources can be obtained from Allergy School]