Diocese of Norwich Education and Academies Trust

Allergy Safety Policy

Including allergy awareness & emergency response

Policy Type:	**Trust Policy**
Date Issued by MAT:	**10/09/2026**
Approved By:	**Joint Policy Development Committee**
Approval Date:	**03/09/2026**
Review Date:	**September 2026 (Annually or following incidents or near misses)**
Person Responsible:	**Deputy Chief Executive Officer**

Our Christian Ethos and Values

All policies within the Diocese of Norwich Education and Academies Trust (hereafter referred to as "the Trust"), whether relating to an individual academy or the whole Trust, will be written and implemented in line with our Christian ethos and values.

We have high ambition for all, and we truly value the wider educational experience.

We walk and talk our Christian values. We put people at the centre of the organisation and want to see them flourish and grow. Our schools are inclusive, welcoming those of all faiths and none.

Overall accountabilities and roles

The Trust has overall accountability for all its academies and staff. Through a Scheme of Delegation it sets out the responsibilities of the Trust, its Executive Officers, the Local Governance Committee and the Principal / Headteacher. The Principal / Headteacher of each academy is responsible for the implementation of all policies of the Trust.

All employees of the Trust are subject to the Trust's policies.

Table of Contents

Policy Statement 3

1. Roles and Responsibilities 4

2. Identification of Individuals with Allergies 6

3. Individual Healthcare Plans (IHP) 6

4. Information Sharing 7

5. Assessing Risk 8

6. Managing Risk 8

7. Support for Mental Health and Wellbeing 10

8. Events and School Trips 11

9. Procedures for Handling an Allergic Reaction 12

10. Adrenaline Auto-Injectors (AAIs) 14

11. Spare Asthma Inhalers 17

12. Training 18

13. Serious Incidents and Near Misses 19

14. Safeguarding 20

15. Links to Other Policies 20

Policy Statement
This policy sets out the Trust approach to allergy safety, in order to minimise the risk of any individually suffering an allergic reaction whilst at school or attending any school related activity, and to ensure staff are properly prepared to recognise and manage allergic reactions should they arise.

In line with Benedict's Law, the Trust is committed to:

- Providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies
- Recognising the serious and potentially life-threatening risk posed by anaphylaxis
- Promote and maintain allergy awareness among the school community
- Establish robust risk-mitigation measures and emergency response protocols

Legislation and Guidance
This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools (2026) and guidance on supporting pupils with medical conditions at school (2014), the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools (2017) and guidance on the use of emergency salbutamol inhalers in schools (2015), and the following legislation:

- Children's Wellbeing and Schools Act 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- The Human Medicines Regulations 2012
- Human Medicines (Amendment) Regulations 2017

Definitions
Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens.

Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings (venom) are at risk of anaphylaxis.

Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley and wheat.

Common UK Allergens include (but are not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

Current brands of Adrenaline Auto-Injectors (AAIs) available in the UK are: EpiPen® and Jext®.

1. Roles and Responsibilities

1.1 We take a whole-school approach to allergy safety by ensuring all staff and pupils are aware of what allergies are and the importance of avoiding individuals' allergens, and by putting procedures in place to minimise the risk of exposure. Everyone in our school community has a role to play within this.

Allergy Leads

1.2 The named staff members responsible for co-ordinating staff allergy safety training and overseeing this policy are Ryan Freeman (Executive Headteacher), Tracey Cannon (Peterhouse) and Andrea Mathers (Moorlands).

1.3 Specific activities may be delegated to other staff, however these will be coordinated by the Allergy Leads, who are responsible for:

- Promoting and maintaining allergy awareness across our school community.
- Recording and collating allergy and special dietary information for all relevant pupils.
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff, including school catering team and staff preparing / serving food (e.g. Before/After School Club staff) the school has received a copy of any Allergy Action Plans or Asthma Plans issued by a medical professional.
  - That Allergy Action Plans and/or Asthma Plans are used to create an Individual Healthcare Plan (IHP) which is shared with all staff, including supply staff and cover teachers.
  - All staff receive an appropriate level of allergy training including ad-hoc training for any new members of staff.
  - 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.
- Keeping stock of the school's 'spare' AAIs and Salbutamol Inhaler(s).
- Checking allergy medication is in date on a monthly basis and alerting parents/carers if medication is approaching expiry.
- Monitoring this policy to ensure the agreed practices are implemented.
- Contributing to review of this policy following any incidents or near misses.

All staff

1.4 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.
- Attending appropriate allergy training as required.
- Being aware of specific pupils with allergies in their care (both regular and cover classes).

- Implementing IHPs.
- Reporting all incidents and near misses via iAM Compliant – Incident Book.
- Carefully considering the use of food or other potential allergens in lesson and activity planning.
- Ensuring any food-related activities are supervised with due caution.
- Recognising that allergic reaction can occur at any time and not just at mealtimes.
- Ensuring the wellbeing and inclusion of pupils with allergies.
- When leading school trips and off-site activities, ensuring that pupils with medical conditions, including those with allergies, have access to their medication including AAIs.

Parents/Carers

1.5 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 issued, supplying the school with an up-to-date copy of their child's Allergy Action Plan and/or Asthma Plan, written by a healthcare professional.
- If risk of anaphylaxis is identified, and the pupil does not currently have an Allergy Action Plan, this should be developed as soon as possible with a healthcare professional e.g. School Nurse/GP/allergy specialist and shared with the school.
- If required, providing their child with 2 in-date AAIs and any other medication, including inhalers, antihistamine etc., and making sure these are replaced as necessary, in a timely manner.
- If AAIs are to be left in school (to avoid the situation where a pupil or their family forgets to bring the AAIs to school each day) the parent/carer must ensure that the pupil has access to additional AAIs when traveling to and from school.
- Updating the school on any changes to their child's medical condition and allergy management, including when moderate to severe allergic reactions have occurred outside of school.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of potential allergens included.
- Following the school's guidance on food brought in to be shared.
- Contributing to the development of an Individual Healthcare Plan (IHP).

Pupils with Allergies (where appropriate due to age/developmental stage):

1.6 These pupils are responsible for:

- Being aware of their allergens and the risks they pose.
- Not exchanging food with others and taking care to avoid foods which may cause an allergic reaction.
- With unfamiliar foods, read food labels carefully and ask an adult for guidance if in any doubt.
- Developing a good awareness of their symptoms and letting an adult know as soon as they suspect they might be having an allergic reaction or have been exposed to an allergen.

- Knowing where their medication is kept within school.
- Understanding how and when to use their AAIs.
- If appropriate, carrying their AAIs on their person and only using them for their intended purpose.
- Contributing to their Individual Healthcare Plan (IHP).

Pupils Without Allergies

1.7 These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers.
- Alerting an adult if they suspect someone might be experiencing an allergic reaction.
- Following the school's guidance on food brought in to be shared.
- Not interfering with, using or moving another pupil's AAI or other medication, unless for the purpose of providing emergency assistance in a life-threatening situation.
- Older pupils might be expected to support their peers and staff in the case of an emergency.

2. Identification of Individuals with Allergies

The school collects medical information from parents/carers regarding known allergies, dietary restrictions and other medical needs prior to admission.

A reminder to update the school of any changes to medical conditions is sent out to parents/carers each term.

Where a parent/carer identifies that a pupil has a known allergy with anaphylaxis risk, they will be asked to provide a copy of the Allergy Action Plan and to meet with school staff so that an IHP can be created.

3. Individual Healthcare Plans (IHP)

3.1 Individual Healthcare Plans (IHP) are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. They identify pupil and school specific risk-mitigation measures that need to be followed.

3.2 An IHP will be written for a pupil if:

- They have an allergy which has a functional impact on them in the school setting.
- They are at risk of harm as a result of their allergy **and**
- They require arrangements which are additional to or different from those made generally.

3.3 IHPs are school owned documents that are co-created by school, parents/carers and pupils, incorporating advice received from relevant healthcare professionals.

3.4 Allergy Action Plans are clinical documents that are created by a GP/Allergy Nurse or Allergy Clinic for pupils at risk of anaphylaxis. They detail the pupil's allergy and medication. All pupils prescribed AAI devices must have an Allergy Action Plan.

3.5 Where a child has an Allergy Action Plan and/or an Asthma Plan, this should be attached to their IHP.

3.6 Emergency contact details must be included in the IHP which must be signed by the parent/carer to give parental authority to administer medication during an emergency, including the administration of the school's spare AAI device(s) and/or spare salbutamol inhaler.

3.7 Allergy Action Plans are not issued for all allergies, as not all allergies carry a risk of anaphylaxis.

3.8 Pupils without an Allergy Action Plan or Asthma Plan but have an allergy that needs active management over and above what other pupils need, will have an IHP.

3.9 IHPs can be created whilst a pupil is waiting for further investigation, or diagnosis if an allergy is suspected.

3.10 IHPs will be reviewed annually (usually in September) or sooner if medical needs change and always following a significant incident or near miss.

3.11 IHPs will be brought to the attention of supply or cover staff and be passed on during transition to a new teacher and/or school.

4. Information Sharing

4.1 UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

4.2 Allergy information and existing IHPs are shared as part of a pupil's transition.

4.3 The school will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. The school will work with parents/carers and the pupil, if appropriate, to write a new IHP.

4.4 Staff will provide information about pupils for transition ahead of a formal move to a new setting.

4.5 Pre-employment questionnaires will ask whether staff have any known medical conditions or allergies. If an allergy is declared, there will be a discussion and, if necessary, a safety plan created to ensure that the member of staff has a safe working environment. This will include agreement to storage and access to any necessary

medication.

4.6 Visitors and volunteers will be asked to let the school know about allergies ahead of their visit. If an allergy is declared, the Allergy Leads will be notified, and this information will be communicated as necessary (such as whether they carry medication), to ensure that the visitor or volunteer has a safe working environment.

5. Assessing Risk

5.1 The school will conduct a risk assessment for any pupil at risk of anaphylaxis prior to taking part in activities where there is an increased possibility of encountering their known allergens. This includes, but is not limited to:

- Practical 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
- If there is to be an animal on site, such as a guide dog, school dog or animal encounter

5.2 Wherever possible, when identifying food or other products that could pose a risk used within the curriculum, the school will seek to make adaptations to remove the allergens that pose a risk for the whole group not just by withdrawing the pupil who has the allergy.

5.3 An individual risk assessment will be carried out for pupils who have a known allergy to airborne or contact allergens and reasonable measures to manage the risk of individuals being exposed to these allergens will be identified and put into place.

6. Managing Risk

6.1 We recognise that minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. We understand that blanket-bans, especially to things such as nuts, can create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, we understand that any food can cause a reaction and that reactions can also occur from non-food products.

Hygiene Procedures

6.2 The school encourages high hygiene standards amongst staff, pupils and visitors:

- Pupils are reminded to wash their hands before and after eating.
- Soap and other handwashing facilities are provided.
- Sharing or swapping of food is not allowed.
- Pupils have their own named water bottles.
- Cleaning takes place regularly throughout the school, including wiping surfaces and other touchpoints.

Catering

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

- The contract with the school catering company is compliant with the Food Standards Authority (FSA) allergen management regulations.
- Catering staff receive appropriate training and can identify pupils with allergies.
- School menus are available for parents/carers to view with ingredients clearly labelled.
- Parents/carers can liaise with the catering company or school chef.
- Where changes are made to school menus, we will make sure these 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 FSA.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.
- When other staff provide food for pupils (e.g. At Breakfast and After School Club), they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.
- Ensuring that PTA events involving the serving of food, follow FSA legislation for food labelling, creating allergen lists if necessary and encouraging PTA members who are serving food to have a basic awareness of allergen management (e.g. by signpost to free FSA training: https://allergytraining.food.gov.uk/).
- Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

Food Restrictions

6.4 We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts.
- Cereal, granola or chocolate bars containing nuts.
- Peanut butter or chocolate spreads containing nuts.
- Peanut-based sauces, such as satay.
- Sesame seeds and foods containing sesame seeds.

Schools to delete either version of 6.5 as required and in line with the note.

6.5 If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Note: If appropriate guidance from relevant professionals has been received and at the Headteacher's discretion, the statement below can be included as 6.5.

6.5 Our school is a nut free school. It is imperative that nut related products do not enter the school. If a pupil brings these foods into school, the food will be confiscated.

Insect Bites/Stings

6.6 When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Appropriate clothing will be worn during Forest Schools / Outdoor Learning
- Pupils are discouraged from going into overgrown grassy areas

Animals

6.7 When animals are on site:

- Pupils with known animal allergies will not interact with animals.
- Pupils will be asked to wash their hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.
- Therapy or school dogs will be limited to designated areas and enhanced cleaning of these spaces may be required afterwards.

6.8 Parents/carers are asked not to bring dogs onto the school site, except for Guide Dogs or Therapy Dogs.

Air Quality

6.9 Air pollutants, both outdoors and indoors, can trigger allergies, asthma, and other respiratory illnesses. Where possible, schools will maintain good ventilation and will consider both environmental air quality and infection prevention measures as part of wider health and safety responsibilities.

7. Support for Mental Health and Wellbeing

7.1 We are committed to ensuring that all pupils with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

7.2 Pupils with allergies will have access to additional support through:

- Pastoral care.
- Regular check-ins with their class teacher or form tutor.
- Peer support and Allergy Champions, where available.
- Opportunity to contribute to their Individual Healthcare Plan.

7.3 The school seeks to educate all pupils about allergy awareness through RSHE, Science and awareness assemblies.

7.4 School celebrations, rewards, and communal events are planned inclusively from the outset to eliminate social isolation.

7.5 We recognise that the risk posed by allergy, and the possibility of anaphylaxis, can be a significant cause of anxiety for pupils, their families and staff responsible for caring for them.

7.6 The school has proactive engagement with new joiners with known allergies, setting out the school's policies for allergy safety and the support available.

7.7 New joiners with known food allergies are invited to have a tour of the kitchen/dining area as appropriate so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall.

7.8 The school promotes 'Allergy Champion' roles for staff and pupils (including those within the catering team) to act as a point of contact for pupils with allergies, so they can share feedback and support new joiners or anxious pupils

7.9 We understand that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities.

7.10 Staff will remain vigilant to bullying and understand that allergy bullying is extremely serious and actively monitors and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints.

7.11 Any incidents of bullying will be acted upon in accordance with our anti-bullying policy.

8. Events and School Trips

8.1 For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part due to their allergy. However, the school reserves the right to refuse participation if parents/carers have not provided 2 in-date AAIs if prescribed.

8.2 The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupil's allergies and to have received adequate training.

8.3 Trip leaders will check that all pupils with medical conditions, including allergies, have their medication with them prior to departure.

8.4 All activities on a school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities will be planned if necessary, to ensure inclusion.

8.5 Overnight school trips should be possible with careful planning and a meeting for parents/carers with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an

allergic child is attending and will need appropriate food (if provided by the venue) and safety measures put in place.

8.6 Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher(s) and coaching staff are fully aware of the situation. The school/sporting venue being visited will be notified that a member of the team has an allergy when arranging the fixture.

8.7 A member of staff trained in administering AAIs will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food, and suitable safety measures to be put in place.

9. Procedures for Handling an Allergic Reaction

Register of Pupils with AAIs

9.1 The school maintains a register of pupils who have been prescribed AAIs or where a Doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose).
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made.

9.2 The register is shared with staff via termly email and physical copies are displayed in the medical room and can be checked quickly by any member of staff initiating an emergency response.

9.3 The school will communicate clearly with cover staff and other visiting staff (e.g. peripatetic music teachers) to let them know if they will be teaching pupils with an allergy and ensure that they understand the school's emergency response plan, including location of AAIs.

Allergic Reaction Procedures

9.4 As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

9.5 All staff are trained in the administration of AAIs to minimise delays in pupils receiving adrenaline in an emergency.

9.6 If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's Allergy Action Plan.

9.7 If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one.

9.8 If the pupil has no Allergy Action Plan, but appears to be having an allergic reaction, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

9.9 If the pupil has both serious allergy and asthma, and there is any doubt if they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

Mild to Moderate Symptoms

9.10 Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body.
- A tingling or itchy feeling in the mouth.
- Swelling of lips, face or eyes.
- Stomach pain or vomiting.
- Mild throat tightness.
- Sudden change in behaviour.

These symptoms are usually treated with antihistamines.

9.11 Action:

- Stay with the child and monitor symptoms, call for help if necessary.
- Locate child's own AAI(s) or school spares if necessary.
- Give antihistamine according to the pupil's Allergy Action Plan.
- Phone parent/carer emergency contact.

Serious Symptoms

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

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

9.13 The term for this more serious reaction is anaphylaxis.

9.14 In extreme cases there could be a dramatic fall in blood pressure. The pupil may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

9.15 If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

9.16 Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

9.17 What does adrenaline do?

- It opens the airways.
- It stops swelling.
- It raises blood pressure.

Emergency Treatment

9.18 As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

9.19 Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If there is no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer/emergency contact as soon as possible.

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

9.21 All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

9.22 If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

10. Adrenaline Auto-Injectors (AAIs)

10.1 Under the Allergy safety in schools statutory guidance schools are required to hold at least two 'Spare' AAI devices for use in emergency situations. These are not a replacement for a pupil's own AAIs. Pupils prescribed adrenaline are expected to have their own AAIs with them at school at all times, for use in an emergency.

Purchasing of Spare AAIs

10.2 The Allergy Leads are responsible for purchasing School Spare AAIs.

10.3 Spare AAIs will be purchased from a reputable pharmaceutical supplier (e.g. a local pharmacy).

10.4 Schools will hold a minimum of 2 spare AAIs (one pair) but may purchase more depending on site size and building configuration.

10.5 The school will purchase a sufficient number of AAIs, so that these can be located no more than 5 minutes away from any point within the school site where they may be needed.

10.6 Schools will consider the ages of their pupils at risk of anaphylaxis, when deciding which doses to obtain as the spare AAIs, following the DfE's guidance on the use of adrenaline auto-injectors in schools and The Resuscitation Council UK's age-based criteria:

Age	Dosage	Brand Example(s)
Under 6 years	150 microgram (0.15 milligram)	• EpiPen Junior • Jext 150
6 year+	300 microgram (0.3 milligram)	• Epipen • Jext 300

10.7 Schools are advised to hold an appropriate quantity of a single brand of AAI devices to avoid confusion in administration and training.

10.8 Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAIs. If two or more brands are currently held by pupils in the school, the school may wish to purchase the brand most commonly prescribed to its pupils.

10.9 Schools may wish to seek appropriate medical advice (e.g. from pharmacist) when deciding which AAI device(s) are most appropriate to hold as spares.

Storage (of both spare and prescribed AAIs)

10.10 People at risk of anaphylaxis are usually prescribed two AAIs which should be accessible to them at all times. This includes:

- Journey to and from school
- Classrooms
- Lunch area
- Playground
- Sports field
- Collective Worship
- During wrap around care
- When on visits or trips

10.11 Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own AAIs on them at all times (in a suitable bag/container).

10.12 For younger children or those not ready to take responsibility for their own medication, there should be a clearly labelled Pupil Specific Anaphylaxis Kit which is kept safely, nearby the pupil (e.g. in the classroom) and accessible to all staff.

10.13 It is good practice to keep a copy of the pupil's Allergy Action Plan together with their medication, since it will include instructions on how it should be used in an emergency.

10.14 During fire drills and lockdown practices, the school will ensure that a pupil's AAIs are with them. Should a real evacuation happen, the pupil may have to go home without their AAIs if this has not been taken out during a fire evacuation. Parents/carers will be informed of this.

10.15 The Allergy Lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access to, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times (e.g. not in a locked cupboard or Office where access is restricted)
- **Not** located more than 5 minutes away from where they may be needed

10.16 Spare AAIs will be kept separate from pupil's own prescribed AAI, and clearly identified as an **Emergency Anaphylaxis Kit** to avoid confusion.

Maintenance (of spare AAIs)

10.17 The Allergy Leads are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

Disposal

10.18 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 or given to the ambulance paramedics on arrival).

10.19 AAIs that are out of date, where damage to the device has occurred or where the adrenaline has degraded will be taken to a pharmacy to be disposed.

Use of AAIs off School Premises

10.20 Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events.

10.21 Pupils who are unable to assume responsibility for their own AAIs will have an allocated member of staff with them who will be responsible for ensuring their AAIs are available to them if needed.

10.22 The school's spare AAIs will not usually be taken off site, unless under specific circumstances (such as a Whole School Trip).

Emergency Anaphylaxis Kit

10.23 The school has purchased the following spare AAIs for emergency use in children who are at risk of anaphylaxis:

Brand ***(e.g. EpiPen/Jext)***	**Device**	**Dose** ***(Include milligrams or micrograms)***	**Quantity**	**Storage Location**
JEXT	Adrenaline Auto-Injector Device	300mg	2 per academy	Peterhouse – Rear Foyer Moorlands – Medical Room
JEXT	Adrenaline Auto-Injector Device	150mg	2 per academy	Peterhouse – Rear Foyer Moorlands – Medical Room

10.24 A school AAI device will only be used instead of the pupil's own AAI device in any of the following circumstances:

- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired, been wrongly administered or cannot be obtained without delay).
- Medical authorisation and written parental consent have been provided to use the school's Spare AAIs in an emergency (consent given in IHP).
- If directed to do so by Emergency Services (999).

10.25 The Human Medicines (Amendment) Regulations 2017 permit spare AAIs to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

10.26 School AAI devices held in an Emergency Anaphylaxis Kit. This includes:

- Two spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- Register of Pupils with AAIs
- Emergency response procedure

11. Spare Asthma Inhalers

11.1 Following amendment in 2014, the Human Medicines Regulations 2012 permit schools to buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer), without a prescription, for use in emergencies.

11.2 School emergency asthma inhalers can only be used for a pupil who has been prescribed a reliever inhaler, but where their own prescribed inhaler is not available (for example, because it is broken or empty). This is a different legal position from the use of Spare AAIs.

11.3 Importantly, emergency asthma inhalers can only be used where written consent from parents/carers has been obtained (for example, stated within their child's IHP and signed).

11.4 Schools are not required to hold a spare inhaler – this is a discretionary power enabling schools to do this if they wish.

11.5 Allergy Leads will be responsible for:

- Purchasing spare inhaler(s) and spacer(s) from a community pharmacist who can advise on the different plastic spacers available and the most appropriate for the age group of the school.
- Checking spare Inhalers are in date and ordering replacements when expiry dates approach.
- Disposing of used and out-of-date inhalers safely by returning them to the pharmacy to be recycled.
- Maintaining and distributing a list of pupils with asthma with a clear record of whether parent/carer consent to administer the school's spare inhaler has been given.

11.6 The **Emergency Inhaler Kit** is stored in the medical room and contains:

- A salbutamol metered dose inhaler.
- Two plastic spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.
- Register of pupils with asthma for whom parent/carer written consent to use the emergency spare inhaler has been given.
- Emergency response procedures.

12. Training

12.1 The school is committed to providing mandatory training to all staff in allergy awareness and emergency response. This includes:

- The most common food allergens and allergen-containing foods.
- How to reduce and prevent the risk of allergic reactions.
- How to spot the signs of allergic reactions (including anaphylaxis).
- The importance of acting quickly in the case of anaphylaxis.

- How to locate and administer emergency medication (Including school spare Emergency Anaphylaxis Kit and Asthma Reliever Inhaler).
- How to use AAIs safely.
- How to check whether an individual is on the Medical Needs record.
- How to access Individual Healthcare Plans.
- How to report an allergic reaction or case of anaphylaxis (whether an incident or near miss).
- The wellbeing and inclusion implications of allergies.

12.2 Allergy safety training will be carried out annually and is monitored by the Allergy Leads.

12.3 Allergy awareness training is included as part of new staff induction training.

12.4 Additional allergy training is also included within First Aid Training.

12.5 Throughout the year staff will be reminded of key aspects of the Allergy Safety policy such as:

- How to find out who has an allergy.
- The storage of AAIs and Asthma Inhalers.
- Emergency procedures.

12.6 Dependent on need, the school may choose to carry out practice response scenarios (similar to fire drills and lockdown practice) to ensure preparedness for an emergency.

13. Serious Incidents and Near Misses

13.1 The school approaches serious incidents and 'near misses' in a no blame spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

13.2 Staff are aware, that when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

13.3 iAM Compliant is used to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors). The incident or near miss will be reviewed by the appropriate authority and recommendations for action to be taken will be identified.

13.4 School staff will inform the pupil's parent/carer whenever an incident or near misses has happened and they will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The pupil's IHP will be updated if necessary.

13.5 In some cases, the impact of exposure to an allergen whilst in school may not be recognised until a pupil is back at home. Parents/carers are therefore asked to inform the school if their child has symptoms that could indicate there has been an incident of exposure in school.

14. Safeguarding

14.1 The school recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition.

14.2 This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

15. Links to Other Policies

15.1 This policy links to the following policies and procedures:

- S05 Health and Safety Policy
- S03 Supporting Pupils with Medical Conditions Policy
- NS16 Administration of Medicines Policy
- S16 Safeguarding Policy
- NS04 Anti Bullying Policy

Appendix A – Allergy Individual Healthcare Plan (IHP) template



Individual Healthcare Plan

Allergy (with Anaphylaxis)*

delete as appropriate

for

Pupil's Name

INSERT PHOTO OF PUPIL

2026-2027

Individual Healthcare Plan for allergy	
Pupil's name:	
Year / class:	
Date of birth:	
Risk of anaphylaxis:	**YES** / NO (delete as appropriate)
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.
Pupil voice:
Note any comments the pupil wishes to make about their allergy and allergy management Indicate if this plan been shared with and understood by the pupil
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 Allergy 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” AAI devices are located.

Discussed with parent/carer(s)	[Insert date]
IHP issued	[Insert date]
Next planned review	[Insert date]

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 signature:	[Insert 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:	[Insert date]
Parental consent signature:	[Insert date]
Use of 'spare' Adrenaline Auto-Injector (AAI) devices:	
Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.	
Parental consent signature:	[Insert 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 signature:	[Insert date]

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 and state it is attached. Note which healthcare professional issued the plan, their role and the date issued. Highlight any key information.	
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. Highlight any key information.	
Issued by:	**Date**:

Delete yellow highlighted prompts once sections completed.

Appendix B – Anaphylaxis Register Example

Anaphylaxis Register Example

To be shared with all staff and kept with Emergency Anaphylaxis Kit (The usual discreet arrangements should apply for information storage)

INSERT PHOTO	**Pupil name:**	
	Class / Year:	
	Allergens:	
	Medication: *(Include AAI type and dose)*	
	Location of their AAIs:	
Use of 'spare' AAI consent given:		YES / NO
Use of 'spare' salbutamol inhaler consent given:		YES / NO

INSERT PHOTO	**Pupil name:**	
	Class / Year:	
	Allergens:	
	Medication: *(Include AAI type and dose)*	
	Location of their AAIs:	
Use of 'spare' AAI consent given:		YES / NO
Use of 'spare' salbutamol inhaler consent given:		YES / NO

INSERT PHOTO	**Pupil name:**	
	Class / Year:	
	Allergens:	
	Medication: *(Include AAI type and dose)*	
	Location of their AAIs:	
Use of 'spare' AAI consent given:		YES / NO

Use of 'spare' salbutamol inhaler consent given:	YES / NO

INSERT PHOTO	**Pupil name:**	
	Class / Year:	
	Allergens:	
	Medication: *(Include AAI type and dose)*	
	Location of their AAIs:	
Use of 'spare' AAI consent given:		YES / NO
Use of 'spare' salbutamol inhaler consent given:		YES / NO

INSERT PHOTO	**Pupil name:**	
	Class / Year:	
	Allergens:	
	Medication: *(Include AAI type and dose)*	
	Location of their AAIs:	
Use of 'spare' AAI consent given:		YES / NO
Use of 'spare' salbutamol inhaler consent given:		YES / NO

INSERT PHOTO	**Pupil name:**	
	Class / Year:	
	Allergens:	
	Medication: *(Include AAI type and dose)*	
	Location of their AAIs:	
Use of 'spare' AAI consent given:		YES / NO
Use of 'spare' salbutamol inhaler consent given:		YES / NO

Appendix C – Monthly Check of Allergy Medication (Example)

Monthly Check of Allergy Medication (Example)

Monthly check that all allergy medications are accessible, untampered with and in date.

When expiry dates are approaching or if medication has run out or is running low, parents/carers must be informed.

Pupil	Medication (Include brand and dosage)	Medication Expiry date	Parent/carer alerted that replacement medication needed Y / N	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
				(Record date below)										
				dd/mm/yyyy										
Spare														