AGAPE MULTI ACADEMY TRUST

A collaboration of schools which enhances the educational experiences and outcomes for children, maximising the benefits of working together, whilst maintaining the individual culture and ethos of each individual school

Allergy safety policy

Author:	Lead Governance Professional
Approver:	Curriculum Committee
Date:	20th October 2026
Next review:	October 2027 unless there are earlier statutory or guidance changes
Category of policy:	Trust Board

Changes history

Version:	Date:	Amended by:	Substantive changes:	Purpose:
1	October 2026		New trust policy	To comply with the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school

Contents

1.Definitions....2
2.Aims 2
3. Legislation and guidance....2
4. Roles and responsibilities....3
5. Identifying individuals at risk....5
6. Assessing risk....7
7. Minimising risk....7
8. Procedures for handling an allergic reaction....9
8. Adrenaline devices (ADs)....9
9. Serious incidents and 'near misses'....10
10. Allergy awareness....11
11. Wellbeing....12
12. Information sharing....13
13. Monitoring arrangements....13
14. Links to other policies....13

---

1. Definitions

AD = Adrenaline device
AAI = Adrenaline auto injector

2. Aims

This policy aims to:

- Set out our Trust's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our schools support pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the trust community

3. 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

4. Roles and responsibilities

4.1 The Trust Board

The Trust Board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The Trust 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 Trust Board delegates the day-to-day implementation of this policy to the allergy safety lead of each school in the Trust.

4.2 Allergy safety lead

The nominated allergy safety lead for each school/phase is:

Altwood School – Mrs Kelly Loureiro (Supported by Mrs Harden, Headteacher)

Piggott School – Primary Phase – Claire Waite

Piggott School – Secondary Phase – Emily Winter

Robert Piggott Infant School – Vanessa O'Byrne

Robert Piggott Junior School – Vanessa O'Byrne

Shinfield St. Mary's School - Clare Payne

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually in conjunction with our Lead Governance Professional, updating it when needed, and making sure it is published on the school website
- Promoting and maintaining allergy awareness across their school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- 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-do-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 in their school receive regular allergy awareness training
    - All staff in their school are aware of the Trust'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 to the Local Governing Committee, 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 at each school 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 Designated staff

2 members of staff at each school 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
- Making sure the school has in date an emergency asthma reliver inhaler

These are in:

Altwood School – Mrs Kelly Loureiro and Miss Diane Parkinson

Piggott School – Primary Phase – Kirsty Beeton, Nadia Crooks

Piggott School – Secondary Phase – Denise Meldrum, Patricia Sly

Robert Piggott Infant School – Sam Barnard, Lisa Everett

Robert Piggott Junior School – Sam Barnard, Nicola Dehaes

Shinfield St. Mary's School - Gill Ogden and Fiona Eames

4.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among their 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

4.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our 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 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

4.7 Pupils with allergies

Pupils, where age-appropriate, are responsible for:

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

4.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Adhere to the school rules around foods brought in to be shared

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

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 as soon as possible and within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to advise us if their child's medical information has changed

We ask that parents/carers proactively inform us as soon as possible if their child's medical needs change during the school year. This can be done via a phone call or email to the respective school office or by speaking to your child's class teacher/tutor.

5.2 Identifying staff and visitors at risk

We will:

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

5.3 Individual healthcare plans (IHP)

Pupils will 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.

Headteachers are 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 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.

Parents/carers are asked to provide these to the school as soon as possible.

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

5.5 Register of pupils with known allergies

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 (if parental consent has been given)
- Whether they keep their AD on them

The register is kept in a location easily accessible to staff and in areas where food is served or handled so it can be checked quickly by any member of staff as part of initiating an emergency response.

For our older pupils we will allow them to keep their ADs with them which 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

7.1 Hygiene procedures

- 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 clearly labelled with the name of the child for whom they are intended
- Surfaces will be wiped down after food preparation or after eating

- Outside of school catering, parents/carers will be asked for permission before giving any food not provided by home to a pupil
- Bake sales will contain for each item a list of ingredients

7.2 Catering

The Trust 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
- Each 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 freshly cooked on site, please refer to the schools' websites for more details
- 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 as much as possible

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 ADs 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 AD protocols for off-site events and school trips (see section 8.5)

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
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this will be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils in our secondary schools or secondary phases who are prescribed ADs 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 ADs 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 ADs with them in the classroom (due to age or other considerations), then alternative arrangements will be made for example the pupil handing their AD's to each class teacher at the start of every lesson. Parents/carers are asked to contact the pupil's tutor to discuss alternative arrangements.

Devices will be held by the class teacher for all pupils in our primary phase settings. Parents/carers are responsible for ensuring the AD's are in date and providing the school with a replacement AD as required and for ensuring the pupil has an AD with them for their journeys to and from school.

Devices will be stored:

- In an appropriate central location that is unlocked and accessible at all times
- **No more than** 5 minutes away from where they may be needed. In our secondary schools/secondary phases, ADs may be stored in multiple locations, such as near the dining area and outside areas
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

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.

8.2 Spare ADs and inhalers

Please note: 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 Designated members of staff at each school are responsible for sourcing spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance. They will also check monthly that spare ADs and the emergency asthma reliver inhaler are present and in date.

Spare AAIs will be kept:

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

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare ADs 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.

8.5 Use of ADs off school premises

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

For our primary setting pupils, staff will ensure they take the AD's of the pupils concerned.

For all trips and off-site events, staff will take a pair of spare AD's.

9. 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.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book/log, including 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.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 will be notified of the incident or 'near miss' as soon as possible. In the case of a pupil aged 16 and over, the school will confirm that the pupil agrees that their parents/carers should be informed.

The school will share the report with the pupil's parents (for pupils over 16 if the pupil consents), 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 they have learnt from the incident and outline any actions they 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 Allergy Safety Lead. 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.

Governors will review the incident report and any 'near misses' and understand any lessons learnt and actions taken as a result.

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. [See how to make a RIDDOR report]
- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

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.

10. Allergy awareness

10.1 Staff training

Our Trust ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this 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 schools have purchased 'training pens' so staff can practice safely.

The school will conduct allergy safety drills annually. This 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')

10.2 Awareness of allergy safety policy

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

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

The policy will be shared with pupils through assemblies and/or PSHE.

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher/class tutor
- 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

The school will respond to any instance of bullying in line with its anti-bullying and/or behavior policies.

11.1 Wellbeing support following an incident or 'near miss'

The Trust 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 relevant 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'.

12. 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 and privacy notices.

Parents/carers (or pupils where age appropriate) will be asked to consent to us sharing information about the child's allergy, including their allergy action plan, with external bodies and individuals who will be on site with the child and/or responsible for them at specific times of the day. This will include catering staff, peripatetic staff (such as external music teachers), wraparound care providers and external curricular club providers. Information will be shared with the sole aim of ensuring the safety of the pupil.

13. Monitoring arrangements

This policy will be monitored by each school's allergy safety lead.

It will be reviewed and approved annually by the Curriculum Committee of the Trust Board, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Data protection policy
- Behaviour policy
- Anti-bullying policy