ALLERGY SAFETY AND ANAPHYLAXIS POLICY

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Reviewed and ratified by:	Trust Board
Signed by Trust/Committee Chair	*Emma Hawker*
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Version Control

Version	Date	Author	Summary of Changes
1.0	July 2026	Governance Manager	New statutory Trust-wide Allergy Safety and Anaphylaxis Policy developed following publication of the Department for Education's statutory guidance on allergy safety in schools. Introduces a dedicated allergy safety policy for all SECAT schools, clarifies governance responsibilities, establishes a named Allergy Lead in each school, strengthens Individual Healthcare Plans, emergency response procedures, allergy awareness training, risk assessments, educational visits, incident reporting, use of spare adrenaline auto-injectors and arrangements promoting the wellbeing and inclusion of pupils with allergies. Brings together previous operational guidance into a single Trust policy aligned with current legislation and statutory guidance.

1. Purpose and scope

This policy sets out how SECAT will support pupils with allergies and those at risk of anaphylaxis.

The policy applies to all schools within the Trust and should be read alongside the Trust's Supporting Pupils with Medical Conditions Policy, First Aid Policy, Health and Safety Policy, Educational Visits Policy and Safeguarding Policy.

SECAT recognises that allergies can be serious, life-threatening and may affect a pupil's physical health, emotional wellbeing, attendance, participation and inclusion in school life.

This policy has been developed as SECAT's dedicated Allergy Safety Policy in response to the Department for Education's statutory guidance on allergy safety in schools. It sets out how the Trust and its schools will identify pupils with allergies, reduce the risk of exposure to known allergens, ensure staff are appropriately trained, manage emergency responses and promote the wellbeing and inclusion of pupils with allergies.

2. Legislation and statutory guidance

This policy has been developed with reference to:

- Section 100 of the Children and Families Act 2014;
- Department for Education statutory guidance: *Supporting pupils with medical conditions at school*;
- Department for Education statutory guidance on allergy safety in schools;
- Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools;
- The Food Information Regulations 2014;
- The Food Information (Amendment) (England) Regulations 2019;
- The Equality Act 2010;
- The Health and Safety at Work etc. Act 1974;
- UK GDPR and the Data Protection Act 2018.

3. Aims

This policy aims to:

- ensure pupils with allergies are safe, supported and included in all aspects of school life;
- reduce the risk of exposure to known allergens, including food allergens;
- ensure staff understand their responsibilities in relation to allergy safety and anaphylaxis;
- ensure pupils at risk of anaphylaxis have access to prescribed adrenaline auto-injectors and spare adrenaline auto-injectors where appropriate;
- set out clear emergency procedures for responding to allergic reactions and anaphylaxis;
- ensure Individual Healthcare Plans, Allergy Action Plans and Asthma Plans are used effectively;
- promote allergy awareness across the school community;
- ensure educational visits, trips and wider school activities are planned so that pupils with allergies can participate safely wherever reasonably possible;
- ensure incidents and near misses are recorded, reviewed and used to strengthen practice.

4. Roles and responsibilities

4.1 Trust Board

The Trust Board has overall responsibility for ensuring that appropriate arrangements are in place to support pupils with allergies and those at risk of anaphylaxis across SECAT.

The Trust Board will:

- approve this policy;
- seek assurance that schools are implementing the policy effectively;
- ensure allergy safety is considered as part of the Trust's wider safeguarding, health and safety and medical needs arrangements;
- receive assurance through relevant reporting routes where significant incidents, risks or compliance issues arise.

4.2 Chief Executive Officer

The CEO will:

- ensure Headteachers understand their responsibilities under this policy;
- ensure appropriate Trust-wide systems are in place to support compliance;
- escalate any significant concerns to the Trust Board where appropriate.

4.3 Headteachers

The Headteacher of each school is responsible for ensuring this policy is implemented in their school.

Headteachers will ensure that:

- a named senior leader is identified as the Allergy Lead;
- staff are aware of this policy and their role in implementing it;
- pupils with allergies are identified and appropriate plans are in place;
- staff receive appropriate allergy awareness and emergency response training;
- suitable arrangements are in place for storing, checking and accessing medication;
- risk assessments are completed where required;
- catering, curriculum activities and educational visits take account of allergy safety;
- incidents and near misses are recorded and reviewed.

4.4 Named Allergy Lead

Each school must appoint a named Allergy Lead. This must be a senior leader or a member of staff with delegated senior responsibility for pupil welfare, medical needs or pastoral care.

The Allergy Lead will:

- promote and maintain allergy awareness across the school;
- ensure allergy information is collected, recorded and kept up to date;
- maintain oversight of pupils with allergies and those at risk of anaphylaxis;
- ensure pupils have appropriate Individual Healthcare Plans, Allergy Action Plans and Asthma Plans where required;
- ensure relevant staff are aware of pupils' needs;
- ensure prescribed and spare adrenaline auto-injectors are appropriately stored, checked and accessible;
- liaise with parents, healthcare professionals, catering staff and school staff;
- support risk assessments for curriculum activities, visits, food-related events and other relevant activities;
- ensure incidents and near misses are reviewed and learning is shared;
- contribute to the annual review of this policy.

4.5 Staff

All staff have a responsibility to support allergy awareness and pupil safety.

Staff will:

- be aware of this policy and relevant school procedures;
- know which pupils in their care have allergies, where this information is relevant to their role;
- understand the signs and symptoms of allergic reactions and anaphylaxis;

- know how to access emergency medication;
- respond promptly in an emergency;
- avoid unnecessary exposure to allergens during lessons, activities and events;
- consider allergy risks when planning food-related, science, craft, outdoor or animal-related activities;
- support the wellbeing and inclusion of pupils with allergies.

4.6 Catering staff and providers

Catering staff and external catering providers must comply with food safety and allergen legislation.

They will:

- ensure allergen information is available for food provided in school;
- take reasonable steps to avoid cross-contamination;
- maintain systems for identifying pupils with food allergies;
- liaise with the Allergy Lead and parents where required;
- ensure staff preparing and serving food understand allergy safety procedures.

4.7 Parents and carers

Parents and carers are responsible for:

- informing the school of their child's allergy or suspected allergy;
- providing up-to-date medical information;
- providing an Allergy Action Plan, where one is required;
- providing two in-date prescribed adrenaline auto-injectors where these have been prescribed;
- providing any other prescribed medication, such as antihistamines, inhalers or asthma plans;
- ensuring medication is replaced before expiry;
- informing the school promptly of any changes to their child's condition, medication or treatment plan;
- supporting the school in implementing agreed risk management arrangements.

4.8 Pupils

Pupils with allergies will be supported to understand their condition in an age-appropriate way.

Where appropriate, pupils are encouraged to:

- know their allergens and symptoms;
- avoid sharing food;
- tell an adult immediately if they feel unwell or think they may have had contact with an allergen;
- carry their adrenaline auto-injectors if agreed as appropriate;
- take increasing responsibility for managing their allergy as they mature.

All pupils are expected to support a safe and inclusive environment by taking allergy safety seriously and not using allergies as a means of bullying, teasing or exclusion.

5. Identifying pupils with allergies

Each school will have systems in place to identify pupils with allergies. This will include:

- collecting medical and allergy information during admission;
- requesting updated medical information annually;
- asking parents to notify the school immediately of any new diagnosis or change in allergy status;
- reviewing information when pupils transition between year groups, phases or schools;
- ensuring relevant information is shared with staff who need to know.

Where a pupil has a known allergy, the school will determine whether an Individual Healthcare Plan is required. This decision will be made in consultation with parents and, where appropriate, healthcare professionals.

Pupils at risk of anaphylaxis must have clear arrangements in place, including an Allergy Action Plan and access to medication.

6. Individual Healthcare Plans and Allergy Action Plans

Individual Healthcare Plans are live documents that set out the arrangements needed to support a pupil with a medical condition, including allergies.

Where a pupil has an allergy that requires specific arrangements, the Individual Healthcare Plan should include or refer to:

- the pupil's known allergens;
- signs and symptoms of reaction;
- medication and dosage;
- location of prescribed adrenaline auto-injectors;
- whether the pupil can carry or self-administer medication;
- emergency response arrangements;
- dietary arrangements;
- reasonable adjustments;
- arrangements for school trips, visits and off-site activities;
- any relevant Asthma Plan;
- any Allergy Action Plan.

Where a pupil has been prescribed an adrenaline auto-injector, an Allergy Action Plan should be provided. British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans are preferred where available.

Allergy Action Plans should be completed by a medical professional and reviewed when the pupil's needs change or as advised by healthcare professionals.

7. Allergy register

Each school will maintain an allergy register.

The register should include, as a minimum:

- pupil name;
- year group/class;
- known allergens;
- type of reaction and risk of anaphylaxis;
- medication prescribed;
- location of medication;
- whether parental consent has been given for use of spare adrenaline auto-injectors;
- whether the pupil has an Allergy Action Plan, Individual Healthcare Plan and/or Asthma Plan;
- photograph of the pupil, where appropriate and with relevant consent.

The register must be accessible to staff who need it, while remaining compliant with data protection requirements.

8. Risk assessment and reducing exposure to allergens

SECAT recognises that it is not possible to guarantee an allergen-free environment. However, schools must take reasonable and proportionate steps to reduce the risk of exposure to known allergens.

Risk assessments must be considered for:

- pupils newly diagnosed with a serious allergy;
- pupils at risk of anaphylaxis;
- food technology or cooking activities;
- science experiments involving food or other allergens;
- craft activities involving food packaging or potential allergens;
- celebrations, cultural events, fairs and fundraising events involving food;
- animal handling or visits involving animals;
- outdoor activities where insect stings may be a risk;
- educational visits and residential trips;
- changes to catering arrangements.

Risk reduction measures may include:

- handwashing before and after eating;
- discouraging food sharing;
- ensuring pupils use named water bottles and lunch containers;
- cleaning tables and food preparation areas;
- reviewing use of food in classroom activities;
- checking ingredients before food-related events;
- ensuring staff are aware of pupils with allergies;
- communicating expectations to parents and pupils.

Schools should avoid relying on blanket bans, such as declaring a site "nut free", as this may create a false sense of security. SECAT supports a whole-school allergy awareness approach based on education, risk assessment and proportionate controls.

9. Catering and food management

Schools and catering providers must comply with relevant food safety and allergen legislation.

Each school will ensure that:

- allergen information is available for food provided in school;
- catering staff are aware of pupils with food allergies;
- systems are in place to identify pupils with allergies safely and discreetly;
- reasonable steps are taken to avoid cross-contamination;
- parents can discuss their child's dietary needs with the school or catering provider;
- menu changes are communicated where relevant;
- food provided during school events is considered through an allergy safety lens.

Parents should ensure packed lunches, drinks and snacks are clearly labelled where appropriate.

Food should not be given to primary-aged pupils with food allergies without parental knowledge and permission.

Where food is used in lessons, rewards, celebrations, fundraising or cultural events, staff must consider allergy risks in advance.

10. Educational visits and off-site activities

Pupils with allergies should not be excluded from educational visits or off-site activities because of their allergy where reasonable adjustments can safely be made.

Trip leaders must:

- identify pupils with allergies during visit planning;
- ensure risk assessments consider allergy safety;
- ensure relevant staff are aware of pupils' allergies and emergency procedures;
- ensure prescribed medication and adrenaline auto-injectors are available during the visit;

- consider whether a spare adrenaline auto-injector should be taken;
- liaise with venues and residential providers where food or accommodation is involved;
- ensure emergency contact arrangements are in place.

For residential visits, planning should begin early and should include discussion with parents, the venue and catering providers.

11. Emergency treatment and management of anaphylaxis

Anaphylaxis is a serious and potentially life-threatening allergic reaction. It can develop rapidly and must be treated as a medical emergency.

Symptoms of a mild to moderate allergic reaction may include:

- raised rash or hives;
- itching or tingling in the mouth;
- swelling of lips, face or eyes;
- stomach pain or vomiting.

Symptoms of anaphylaxis may include:

Airway: swelling in the throat, tongue or upper airway; difficulty swallowing; hoarse voice.
Breathing: wheezing, breathing difficulty or noisy breathing.
Circulation: dizziness, faintness, confusion, pale or clammy skin, collapse or loss of consciousness.

If anaphylaxis is suspected, adrenaline must be administered without delay.

Staff should:

1. Keep the pupil where they are and call for help.
2. Do not leave the pupil unattended.
3. Lay the pupil flat with legs raised. If breathing is difficult, they may be propped up briefly, but should not stand or walk.
4. Administer the adrenaline auto-injector immediately into the outer thigh.
5. Note the time the adrenaline was given.
6. Call 999 and state **ANAPHYLAXIS**.
7. Contact parents/carers as soon as possible.
8. If there is no improvement after 5 minutes, administer a second adrenaline auto-injector.
9. If there are no signs of life, commence CPR.
10. Ensure the pupil is taken to hospital for observation, even if they appear to recover.

Pupils must not be made to stand, walk or sit in a chair during suspected anaphylaxis, as this can worsen their condition.

12. Adrenaline auto-injectors

Pupils prescribed adrenaline auto-injectors should have access to two in-date devices.

Depending on age, maturity and individual circumstances, pupils may carry their own adrenaline auto-injectors. Where this is not appropriate, medication must be stored safely, clearly labelled and accessible within a reasonable timeframe.

Medication containers should include:

- two adrenaline auto-injectors;
- Allergy Action Plan;
- antihistamine, where prescribed;
- asthma inhaler and Asthma Plan, where relevant;
- any other prescribed emergency medication.

Adrenaline auto-injectors must be:

- stored at room temperature;
- protected from direct sunlight and extremes of temperature;
- clearly labelled;
- accessible to staff;
- not locked away where this would delay emergency access.

Used adrenaline auto-injectors must be disposed of safely, for example by ambulance staff or through a sharps disposal process.

13. Spare adrenaline auto-injectors

Each SECAT school will hold spare adrenaline auto-injectors for emergency use.

Spare adrenaline auto-injectors may be used where:

- a pupil is known to be at risk of anaphylaxis and their own device is not available, out of date, misfires or has been administered incorrectly;
- written parental consent and medical authorisation are in place;
- emergency circumstances require use in line with current guidance.

Spare adrenaline auto-injectors must be:

- clearly labelled as emergency adrenaline auto-injectors;
- stored separately from pupils' personal devices;
- accessible to staff;
- not locked away;
- checked monthly;
- replaced before expiry;
- recorded on a checklist including batch number and expiry date.

Each school should hold an emergency anaphylaxis kit containing:

- spare adrenaline auto-injectors;
- instructions for use;
- manufacturer's guidance;
- storage instructions;
- list of pupils for whom the device may be used;
- record of checks;
- record of administration.

14. Staff training

All staff will receive allergy awareness training at least annually and as part of induction.

Training will include:

- common allergens and allergy triggers;
- reducing the risk of allergic reactions;
- recognising symptoms of allergic reactions and anaphylaxis;
- emergency response procedures;
- how and when to administer adrenaline auto-injectors;
- location of personal and spare medication;
- arrangements for educational visits and off-site activities;
- wellbeing and inclusion of pupils with allergies;
- incident and near-miss reporting.

Schools should also provide practical training using trainer devices so that staff are confident in administering adrenaline auto-injectors.

Staff with specific responsibilities for pupils with allergies may require additional training.

15. Inclusion, wellbeing and safeguarding

SECAT is committed to ensuring that pupils with allergies are not disadvantaged or unnecessarily excluded from school life.

Schools will:

- make reasonable adjustments so pupils with allergies can participate fully and safely;
- ensure allergy management does not unnecessarily isolate pupils;
- consider the emotional impact of living with allergies;
- address bullying, teasing or unsafe behaviour linked to allergies;
- support pupils to develop confidence in managing their allergy in an age-appropriate way;
- ensure allergy safety is considered as part of safeguarding, pastoral care and health and safety arrangements.

Deliberate exposure of a pupil to a known allergen, or threatening a pupil with exposure to an allergen, will be treated seriously and managed in line with the school's behaviour and safeguarding procedures.

16. Incident and near-miss reporting

All allergic reactions, incidents and near misses must be recorded.

This includes:

- confirmed allergic reactions;
- suspected allergic reactions;
- administration of adrenaline;
- use of a spare adrenaline auto-injector;
- accidental exposure to a known allergen;
- failure to follow an Allergy Action Plan or Individual Healthcare Plan;
- missing, expired or inaccessible medication;
- catering or labelling errors;
- near misses where harm was avoided.

The Allergy Lead and Headteacher must review incidents and near misses to identify learning and strengthen practice.

Significant incidents must be escalated through Trust reporting procedures.

17. Monitoring and review

This policy will be reviewed annually by the Trust Board.

It may also be reviewed earlier if:

- statutory guidance changes;
- legislation changes;
- a serious incident or near miss occurs;
- audit or assurance activity identifies required changes;
- Trust practice changes.

Each school must ensure local arrangements are reviewed at least annually, including:

- allergy register;
- Individual Healthcare Plans;
- Allergy Action Plans;
- staff training;

- medication checks;
- spare adrenaline auto-injector arrangements;
- catering procedures;
- risk assessments.

18. Links to other policies

This policy should be read alongside:

- Supporting Pupils with Medical Conditions Policy;
- First Aid Policy;
- Health and Safety Policy;
- Safeguarding Policy;
- Educational Visits Policy;
- SEND Policy;
- Equality Information and Objectives;
- Behaviour Policy;
- Complaints Policy;
- Data Protection Policy;
- Food Safety or Catering Procedures, where applicable.

Appendix 1: Emergency Anaphylaxis Response

Suspected anaphylaxis = give adrenaline immediately.

1. Call for help.
2. Lay pupil flat with legs raised.
3. Administer adrenaline auto-injector into outer thigh.
4. Call 999 and say **ANAPHYLAXIS**.
5. Note time adrenaline was given.
6. Contact parents/carers.
7. If no improvement after 5 minutes, give second adrenaline auto-injector.
8. If no signs of life, commence CPR.
9. Pupil must go to hospital, even if they appear to recover.

Appendix 2: Allergy Register Minimum Requirements

The allergy register should include:

- pupil name;
- date of birth;
- year group/class;
- photograph, where appropriate;
- known allergens;
- type and severity of reaction;
- risk of anaphylaxis;
- medication prescribed;
- location of medication;
- expiry dates;
- Allergy Action Plan status;
- Individual Healthcare Plan status;
- Asthma Plan status, where relevant;
- parental consent for spare adrenaline auto-injector use;
- emergency contact details;
- date last reviewed.

Appendix 3: Allergy Risk Assessment Considerations

Risk assessments should consider:

- pupil's known allergens;
- likelihood of exposure;
- severity of possible reaction;
- location of medication;
- staff training;
- supervision arrangements;
- food provision;
- cross-contamination risks;
- off-site or residential arrangements;
- emergency access;
- communication with parents and venues;
- inclusion and reasonable adjustments.

Appendix 4: School Allergy Safety Checklist

Each school should confirm annually that:

- a named Allergy Lead is in place;
- allergy register is up to date;
- pupils with allergies have appropriate plans;
- prescribed medication is in date and accessible;
- spare adrenaline auto-injectors are held and checked monthly;
- staff have completed annual allergy training;
- catering arrangements are reviewed;
- educational visit procedures include allergy safety;
- incidents and near misses are recorded and reviewed;
- policy is accessible to staff and published as required.