THE PEOPLE'S LEARNING TRUST

The People's Learning Trust:

ALLERGY SAFETY POLICY

Policy Title:	Date Approved:	Policy Owner	Approved by:	Review Date:
Allergy Safety	August 2026	Director of Estates	Board of Trustees	July 2027

ALLERGY SAFETY POLICY

THE PEOPLE'S LEARNING TRUST

Contents:

ALLERGY SAFETY POLICY

1. POLICY STATEMENT

The People's Learning Trust is committed to ensuring that pupils with allergies are safe, included and able to take part fully in school life.

Allergy safety is a safeguarding, health and safety, inclusion and equality matter. For some pupils, exposure to a known allergen can lead to anaphylaxis, which can become life-threatening very quickly.

This policy sets out the Trust's expectations for allergy safety across all schools. Each school is responsible for implementing the policy locally, including identifying pupils with allergies, maintaining local records, training staff, managing medication, purchasing and maintaining necessary equipment, keeping spare adrenaline auto-injectors as emergency backup, and reviewing incidents or near misses.

The Trust does not aim to remove all risk, as this is not possible in a school environment. The aim is to identify known risks, reduce them as far as reasonably practicable, respond quickly in an emergency and ensure pupils with allergies are not unnecessarily excluded from school life.

This policy should be implemented proportionately. Schools should use existing systems wherever possible and should not create unnecessary paperwork where existing systems already manage the risk well.

2. AIMS

This policy aims to:

- set out the Trust's approach to allergy management, including reducing the risk of exposure and responding to allergic reactions;
- make clear how schools support pupils with allergies so that they are safe, included and able to participate fully;
- promote and maintain allergy awareness across each school community;
- set a clear Trust expectation that each school holds spare adrenaline auto-injector (AAIs) as an emergency backup;
- provide a consistent framework while allowing each school to record its local arrangements in the school-level appendix.

3. SCOPE

This policy applies to:

- all schools within The People's Learning Trust;
- all pupils with known or suspected allergies;
- all staff, including permanent, temporary, supply, agency, catering, lunchtime and wraparound care staff; volunteers, visitors and contractors where relevant;
- school meals, packed lunches, breakfast clubs, after-school clubs, trips, residentials, curriculum activities and school events.

Although this policy is primarily concerned with pupils, schools should also consider allergy-related risks for staff, visitors and volunteers through existing health and safety arrangements.

This policy should be read alongside the school's:

- Supporting Pupils with Medical Conditions Policy;
- Safeguarding and Child Protection Policy;
- Health and Safety Policy;
- First Aid Policy;
- Educational Visits Policy;
- Special Educational Needs and Disabilities (SEND) Policy;
- Equality Information and Objectives;
- Behaviour and Anti-Bullying Policy;
- Data Protection Policy;
- Food Safety and Catering Procedures.

4. LEGAL AND GUIDANCE FRAMEWORK

This policy has been written about:

- Section 100 of the Children and Families Act 2014;
- Section 34 of the Children's Wellbeing and Schools Act 2026;
- DfE statutory guidance: Allergy safety in schools, July 2026;
- DfE statutory guidance: Supporting pupils at school with medical conditions;
- Department of Health and Social Care guidance on using emergency adrenaline auto-injectors in schools;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Children Act 1989;
- Education Act 2002;
- Keeping Children Safe in Education;
- SEND Code of Practice;
- EYFS (Early Years Foundation Stage) statutory framework, where applicable;
- Food Information Regulations 2014;
- Food Information (Amendment) (England) Regulations 2019;
- School Food Standards.

The DfE statutory guidance 'Allergy safety in schools' is issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. The Trust and its schools must have regard to this guidance when fulfilling the statutory duty to put allergy safety policies in place.

Section 34 of the Children's Wellbeing and Schools Act 2026 requires maintained schools, academies and Pupil Referral Unit (PRUs) to have allergy safety policies, publish them and keep them under review. The Government has indicated that further regulations will introduce additional allergy safety requirements, including requirements relating to spare adrenaline devices and allergy safety training. This policy sets a

Trust expectation that schools will act in advance of those further regulations by holding spare AAIs as emergency backup and training all staff in allergy awareness.

This guidance does not establish a framework for delegating healthcare activities from regulated healthcare professionals to education staff. Where support requires healthcare activity that falls under NHS responsibility, this should be arranged through appropriate legal, clinical governance, training, competency and accountability arrangements.

For pupils within the EYFS age range, schools must also continue to meet the requirements of the EYFS statutory framework.

The Trust and its schools will keep this policy under review and update it in line with any further regulations or revised national guidance.

5. KEY PRINCIPLES

The Trust expects all schools to work from the following principles:

- Pupils with allergies should be safe, respected and included.
- Pupils should not be unnecessarily excluded from lessons, clubs, trips, residentials, meals or wider school life because of their allergy.
- Allergy management should be planned, proportionate and understood by staff.
- Staff should know which pupils in their care have allergies and what to do in an emergency.
- Emergency medication must be accessible quickly.
- Each school must hold spare AAIs as part of emergency preparedness, in addition to pupils' own prescribed medication.
- Parents and carers should be involved in planning and reviewing arrangements.
- Pupils should be supported to understand and manage their allergy in an age-appropriate way.
- Incidents and near misses should be reviewed so that lessons are learned.
- Allergy safety is everyone's responsibility.

Schools should use existing systems wherever possible, including medical registers, IHP processes, educational visits procedures, first aid records, safeguarding systems and health and safety monitoring.

6. ROLES AND RESPONSIBILITIES

6.1 TRUST BOARD

Trust Board is responsible for:

- approving the Trust model Allergy Safety Policy;
- ensuring the Trust has appropriate systems for allergy safety;
- seeking assurance that schools are implementing the policy effectively;
- ensuring allergy safety is considered within safeguarding, health and safety, inclusion and risk management

6.2 TRUST EXECUTIVE TEAM

The Trust Executive Team is responsible for:

- supporting schools to understand and apply this policy;
- monitoring implementation through Trust assurance processes;
- ensuring significant incidents or concerns are reviewed where appropriate;
- keeping the policy under review in line with statutory guidance.

6.3 Local Governing Boards

Local Governing Boards provide local assurance. They should seek evidence that:

- The school has a named senior leader as Allergy Safety Lead;
- pupils with allergies are identified and supported;
- IHPs are in place where required;
- all staff training and induction arrangements are effective;
- spare AAIs, prescribed medication and equipment are available, accessible and checked;
- allergy-related risks are considered through the school's risk management arrangements;
- incidents and near misses are recorded and reviewed;
- The school is applying this policy through local arrangements.

Governors are not expected to manage individual medical arrangements. Their role is to ask appropriate questions and seek assurance that systems are working.

6.4 Headteacher/Principal

The Headteacher/Principal is responsible for ensuring this policy is implemented in the school. This includes ensuring that:

- a named senior leader is appointed as Allergy Safety Lead;
- pupils with allergies are identified;
- Individual Healthcare Plans (IHPs) are completed where required;
- all staff understand their responsibilities;
- spare AAIs are purchased, held, accessible, checked and replaced by the school;
- pupils' prescribed medication and allergy equipment are available, accessible and checked;
- allergy safety is considered in meals, clubs, trips, events and curriculum activities;
- allergy-related risks are recorded on the school risk register where they are significant, repeated or not yet fully mitigated;
- incidents and near misses are recorded, reviewed and reported where appropriate;
- The allergy safety policy and school-level appendix are published and kept under review.

6.5 Named Allergy Safety Lead

Each school must identify a named member of the senior leadership team as the Allergy Safety Lead.

The Allergy Safety Lead is responsible for leading the implementation of this policy in school and making sure that local allergy safety systems are clear, effective and regularly reviewed.

The Allergy Safety Lead does not carry sole responsibility for allergy safety. All staff are responsible for following agreed procedures and responding appropriately to known risks or emergencies.

Administrative, medical, pastoral or catering staff may support the day-to-day arrangements, but responsibility for allergy safety must sit with a named senior leader and must not be left solely with catering staff.

The Allergy Safety Lead is responsible for ensuring that the school has effective arrangements for:

- maintaining the school allergy register;
- coordinating IHPs for pupils who require them;
- communicating with parents, carers, pupils, staff and catering teams;
- staff allergy awareness and induction arrangements;
- purchasing, storing, checking and replacing spare AAIs and allergy safety equipment;
- medication and equipment checks;
- allergy planning for visits, residentials and higher-risk activities;
- recording and reviewing allergy-related incidents and near misses;
- raising awareness of the policy with staff, pupils and parents;
- contributing to the annual review of the policy and local appendix.

6.6 Operational, Administrative, or Medical Support

Where a school has a school nurse, medical officer, office team member or other delegated member of staff supporting medical arrangements, they may support the Allergy Safety Lead by:

- coordinating paperwork and information from families;
- supporting communication about medication with families;
- checking prescribed medication, spare AAIs and emergency kits as delegated;
- maintaining local records and stock check logs;
- supporting the practical arrangements for trips, visits, clubs and curriculum activities;
- completing other appropriate tasks delegated by the Allergy Safety Lead.

Delegation of these tasks does not transfer responsibility away from the named senior leader or the Headteacher/Principal.

6.7 All Staff

All staff are responsible for:

- knowing which pupils in their care have allergies;
- following relevant IHPs and emergency arrangements;
- reducing exposure to known allergens where reasonably possible;
- carefully considering food or other potential allergens in lesson and activity planning;
- knowing where prescribed medication and spare AAIs are kept;
- responding immediately if an allergic reaction is suspected;
- reporting concerns, incidents or near misses;
- promoting inclusion and preventing bullying linked to allergy.

6.8 Catering staff and Catering Providers

Catering providers remain responsible for accurate allergen information and food safety compliance.

Schools are responsible for making sure there is clear communication between the school, caterer, parents, pupils and staff.

Catering arrangements should include:

- accurate allergen information;
- clear communication about menu changes;
- safe meal ordering and serving arrangements;
- steps to reduce the risk of cross-contamination;
- clear procedures for pupils with food allergies.
- clear student signage (photo/allergy) in the kitchen to support all staff

6.9 Parents and Carers

Parents and carers are expected to:

- inform the school of any allergy or suspected allergy;
- provide accurate and up-to-date medical information, including dietary requirements and any history of allergy, reaction or anaphylaxis;
- provide prescribed medication, including two in-date AAIs where these have been prescribed, and any other medication such as inhalers or antihistamine;
- ensure prescribed medication is in date and replaced when needed;
- provide an Allergy Action Plan or clinical advice where available;
- work with the school to complete and review the IHP;
- tell the school promptly about any change in diagnosis, symptoms, medication or risk;
- Follow the school's local expectations about food brought into school, including food brought in to be shared.

The school's spare AAIs are emergency backup devices and do not replace the parent or carer's responsibility to provide prescribed medication for their child.

6.10 Pupils

Pupils with allergies will be supported, in an age-appropriate way, to:

- understand their allergy and the risks it may pose;
- avoid known allergens where possible;
- tell an adult if they feel unwell or think they have been exposed to an allergen;
- understand how and when to use their AAI where age-appropriate;
- carry or access their medication as agreed in their IHP;
- know where their medication and school spare AAIs can be found, where appropriate;
- Use medication only for its intended purpose;
- Treat other pupils' allergies seriously and respectfully.

Pupils without allergies will be supported to understand that allergies can be serious, to avoid sharing food, and to act respectfully towards pupils with allergies.

7. IDENTIFYING PUPILS WITH ALLERGIES

Each school will maintain a clear process for identifying pupils with allergies. This will include:

- information collected on admission;
- annual data collection and medical updates;
- transition information from previous settings;
- information shared by parents, carers or healthcare professionals;
- updates following diagnosis or suspected allergic reactions;
- checks before visits, residentials, clubs and other activities.

Each school will maintain an allergy register. The allergy register should include:

- known allergens and risk factors for anaphylaxis;
- whether a pupil has been prescribed AAIs, including device type and dose;
- where the pupil's prescribed medication is held or whether the pupil carries it;
- whether advance consent has been given for use of school spare AAIs;
- whether the pupil has asthma or an asthma plan linked to allergy;
- a photograph of the pupil, where parental consent has been obtained, to support quick identification in an emergency;
- temporary arrangements for suspected allergy where further advice is being sought.

The register must be accessible quickly by staff who may need it as part of emergency response, while still respecting confidentiality and data protection requirements. Staff must not assume that a pupil does not have an allergy simply because a diagnosis has not yet been confirmed.

8. INDIVIDUAL HEALTHCARE PLANS (IHPs)

Not every pupil with an allergy will require a full Individual Healthcare Plan. An IHP should be completed where the pupil's allergy requires specific support, medication, emergency arrangements, risk reduction or reasonable adjustments in school.

The IHP should set out:

- the pupil's allergy or allergies;
- known allergens and possible triggers;
- symptoms and signs of reaction;
- daily risk reduction arrangements;
- medication required in school;
- where prescribed medication and school spare AAIs are stored;
- whether the pupil carries medication;
- emergency action to be taken;
- arrangements for meals, snacks and food-related activities;
- arrangements for trips, clubs, residentials and transport;
- how information will be shared with staff;
- any reasonable adjustments required;
- pupil voice, where appropriate;

- parent or carer views;
- review date.

Where a pupil has both allergy and asthma, the IHP should link clearly to the pupil's asthma plan or include relevant asthma emergency information.

IHPs should be developed in partnership with parents, carers, pupils (where age-appropriate), relevant school staff, and healthcare professionals where available.

The school is responsible for preparing and maintaining the IHP because it sets out how the pupil's needs will be supported within the school context, including day-to-day arrangements, risk reduction, medication access and emergency response.

School staff are not expected to make clinical judgements. Medical information and treatment advice should come from parents, carers and healthcare professionals. The school's role is to translate that advice into clear, practical arrangements that staff can follow.

IHPs must be reviewed:

at least annually;

- when a pupil's needs change;
- when medication changes;
- before significant visits or residentials where needed;
- after an allergy-related incident or near miss;
- When a pupil moves class, key stage or school.

9. MEDICATION, SPARE ADRENALINE AUTO-INJECTORS (AAIs) AND EQUIPMENT

Pupils at risk of anaphylaxis should have access to their prescribed AAIs in school. Parents and carers remain responsible for providing the pupil's prescribed medication and ensuring it is in date.

As a Trust policy requirement, each school must purchase, hold, check and replace spare AAIs as emergency backup. This is a minimum expectation across The People's Learning Trust and should be implemented in line with DfE guidance, forthcoming regulations and the needs of pupils on roll.

Spare AAIs are not a replacement for a pupil's own prescribed medication. They form part of the school's emergency preparedness arrangements and may be used in line with national guidance and local procedures. We recommend that parents request a repeat prescription THREE MONTHS before the expiration date due to a national shortage.

9.1 Purchasing and dosage

Each school is responsible for budgeting for and purchasing spare AAIs. Schools can purchase AAIs from a pharmacy without a prescription for emergency use in school. The school-level appendix must record where devices are sourced, the number of devices held, the device brand, dose and replacement process.

Schools should consider the ages and needs of pupils on roll when deciding which dose or doses to hold. Where practicable, schools should avoid holding multiple brands unnecessarily, as this can increase the risk of confusion in an emergency. Schools may seek appropriate medical advice when deciding which devices are most appropriate.

9.2 Storage and Access

Medication must be stored safely but must also be accessible quickly. Emergency medication must not be locked away in a way that delays access during an emergency.

- Spare AAIs must be readily accessible and not locked away.
- Spare AAIs must be stored out of the reach of children and protected from direct sunlight and extremes of temperature, in line with manufacturer instructions.
- Adrenaline should be administered as soon as possible. In practice, AAIs must be able to be brought to the person having anaphylaxis within five minutes.
- Larger schools or schools operating across more than one site may need more than one emergency anaphylaxis kit.
- Spare AAIs should be stored in pairs so that a second device is immediately available if required.
- Spare AAIs must be clearly labelled and kept separate from pupils' own prescribed AAIs to avoid confusion.

9.3 Emergency Anaphylaxis Kit

Each school must hold at least one clearly marked emergency anaphylaxis kit. The kit should contain:

- a pair of spare AAIs of appropriate dose;
- instructions for use of the device;
- instructions for storage;
- manufacturer information;
- a checklist of devices, including batch number and expiry date, with monthly checks recorded;
- arrangements for replacing devices when used or close to expiry;
- a list or clear reference to pupils for whom prescribed AAIs and IHPs are held;
- a record of AAI administration;
- Where held by the school, an emergency asthma reliever inhaler and spacer are stored and used in line with separate guidance and consent arrangements.

9.4 Maintenance, checks and disposal

At least two named members of staff must be identified locally to check spare AAIs and emergency kits. Checks must take place at least monthly and should confirm that devices are present, in date, undamaged and stored correctly.

AAIs are single-use devices. Once used, or once expired, they must be disposed of safely in line with manufacturer instructions and local clinical waste or sharps arrangements. Replacement devices must be obtained promptly.

9.5 Use of spare AAIs

In an emergency, the pupil's own prescribed AAI should normally be used first if it is immediately available and can be used quickly. A school spare AAI must be used if the pupil's own device is not available, is out of date, has misfired, is broken, has been wrongly administered, or cannot be accessed quickly enough.

Advance consent for the use of a school spare AAI should be sought and recorded wherever possible. However, in a life-threatening emergency, staff should not delay treatment while checking consent. Anyone may take reasonable action to save a life.

10.0 TRAINING AND STAFF AWARENESS

All staff must receive allergy awareness training at least annually and as part of induction. This must not be limited only to staff who work directly with known pupils with allergies, because anaphylaxis may occur in a pupil without a previously known allergy.

Training must include:

- recognising allergic reactions and anaphylaxis;
- recognising and responding to acute asthma, including the relationship between allergy, anaphylaxis and asthma;
- understanding the school's emergency response procedures;
- knowing where prescribed medication and spare AAIs are stored;
- knowing how to summon help and call 999;
- knowing the basic principles for using an AAI while awaiting emergency services;
- understanding the role of IHPs and Allergy Action Plans;
- reducing risks linked to food and non-food allergens;
- understanding bullying, anxiety and inclusion linked to allergy;
- recording and reporting incidents and near misses.

Training and awareness may include online training, staff briefings, induction for new staff, practical familiarisation with AAI trainer devices and scenario-based checks. This can also be arranged through Everton Free School's Advanced Nurse Practitioner.

Staff with direct responsibility for pupils with allergies, including class staff, lunchtime staff, first aiders, trip leaders, catering staff and wraparound staff, must receive additional information linked to relevant IHPs and local arrangements. New starters, supply staff, agency staff, volunteers and regular visitors should receive relevant allergy safety information before working with pupils. Schools must keep a record of training and awareness activities.

11.0 ASSESSING AND MANAGING RISK

Schools will take reasonable steps to reduce the risk of pupils being exposed to known allergens. Where a pupil is at risk of anaphylaxis, allergy risk must be considered for relevant activities, including:

- food technology, cooking and baking;
- science lessons or experiments involving foods or potential allergens;
- art, craft and sensory activities, including food packaging, play dough and other classroom materials;
- off-site events, school trips and residentials;
- activities involving animals or animal handling;
- sports events, breakfast clubs, after-school clubs and wraparound care;
- visits from external providers, including where a visitor may bring an assistance dog and a pupil has a relevant animal allergy;
- air quality, pollen, airborne allergens or insect stings where relevant to an individual pupil.

A separate allergy risk assessment is not required for every activity. Allergy safety should normally be included within existing planning and risk assessment systems. A separate risk assessment should be completed where the pupil's needs, the activity or the setting create additional risk.

11.1 Hygiene and Everyday Controls

Schools should set clear local expectations to reduce contamination and accidental exposure. These should include:

- handwashing before and after eating;
- no sharing or swapping food, drinks or water bottles;
- named water bottles where appropriate;
- cleaning routines after food activities or eating;
- careful supervision of younger pupils where food allergies are known;
- safe storage and handling of food brought into school.

11.2 Food restrictions and food brought into School

The Trust does not describe any school as allergen-free, as this may create false reassurance. Schools will take reasonable steps to reduce known risks and will maintain clear emergency response procedures.

Each school must set out local expectations for food brought into school, including packed lunches, snacks, food for celebrations and food intended to be shared. Where appropriate, a school may ask pupils, staff and families to avoid bringing particular high-risk foods onto site, such as packaged nuts, foods containing nuts, peanut butter or nut-based spreads, peanut-based sauces, sesame seeds or foods containing sesame. Any local restriction must be communicated clearly and reviewed in light of the pupils' needs.

Where a pupil brings food into school that creates a known and significant risk, staff should manage this calmly and proportionately. This may include asking the pupil to eat away from others, storing the food safely, contacting parents or carers, or applying the school's behaviour and safety procedures where needed. Any response should avoid shaming the pupil.

12. FOOD ALLERGY AND CATERING

Schools will work with catering providers, parents, carers and pupils to manage food allergy risks. Arrangements should include:

- accurate allergen information for food provided by the school;
- clear communication between the school and caterer;
- processes for identifying pupils with food allergy at mealtimes;
- safe meal ordering and serving arrangements;
- reducing the risk of cross-contamination;
- clear procedures for menu changes or food substitutions;
- safe arrangements for breakfast clubs, snacks and school events;
- consideration of packed lunches and food brought from home;
- clear expectations for food used in lessons or activities;
- compliance with legal requirements for food allergen information, including the 14 regulated allergens where applicable.

- Schools should aim for pupils with allergies to eat alongside their peers wherever possible. Pupils should not be routinely segregated because of their allergy unless this is part of a specific, agreed and proportionate arrangement in their IHP.

13. VISITS, TRIPS, CLUBS AND RESIDENTIALS

Pupils with allergies should be able to participate in visits, clubs, sporting events and residentials wherever reasonably possible.

Allergy safety should be included within existing educational visits' risk assessment processes. Planning should include:

- checking IHPs before the visit;
- ensuring prescribed medication and access to spare AAIs are planned for;
- ensuring medication is available and accessible throughout the visit;
- ensuring any spare AAI taken off-site does not leave the school site without appropriate spare AAI cover;
- identifying trained or briefed staff;
- considering food provision and packed meals;
- communicating with venues and providers;
- planning transport arrangements;
- ensuring emergency contact details are available;
- ensuring staff know what to do if an allergic reaction occurs;
- considering additional arrangements for overnight stays, travel abroad or remote locations.

Parents should not normally be required to accompany their child simply because the child has an allergy. Any request for parental attendance must be based on a specific risk assessment and should not be used as a substitute for reasonable school arrangements.

14. EMERGENCY RESPONSE

If an allergic reaction or anaphylaxis is suspected, staff must act immediately.

Possible signs of anaphylaxis may include:

- difficulty breathing;
- wheezing;
- persistent coughing;
- swelling of lips, tongue or throat;
- hoarse voice or difficulty swallowing;
- sudden dizziness;
- collapse;
- pale, floppy or unusually tired appearance;
- widespread hives or rash;
- vomiting or severe abdominal pain following possible allergen exposure.

Breathing difficulties must be treated seriously. Where a pupil has asthma as well as allergy, staff should follow the pupil's asthma plan alongside the allergy emergency response, while ensuring that suspected anaphylaxis is treated without delay.

14.1 Suspected Anaphylaxis

In the event of suspected anaphylaxis:

1. Place the pupil flat with legs raised unless breathing difficulties mean they need to sit. Do not make them stand or walk.
2. Administer the pupil's prescribed adrenaline auto-injector immediately, following the device instructions. If the pupil's own device is not available or cannot be used quickly, use a school spare AAI in line with local procedures.
3. Call 999 and state clearly that anaphylaxis is suspected.
4. Follow the pupil's IHP and Allergy Action Plan.
5. Give a second AAI after five minutes if symptoms have not improved and a second device is available.
6. Do not move the pupil unnecessarily. Help, including AAIs, should come to the pupil.
7. Contact parents or carers as soon as practical.
8. Record the incident and review what happened.
9. ***Any pupil or adult who self-administers Adrenaline must attend A&E for an Electrocardiogram as it can cause an erratic or slow heart rate. This is important to know in the event of a false alarm or error in administering the AAI.***

A pupil who may be experiencing anaphylaxis must not be sent alone to the school office or medical room.

14.2 Mild or Uncertain Allergic Reaction

If symptoms appear mild, such as itching, a mild rash or sneezing, staff should follow the pupil's IHP or Allergy Action Plan, keep the pupil under supervision, inform parents or carers and monitor closely for any change. Symptoms can develop quickly. If there are any airway, breathing or circulation symptoms, or if staff are unsure, they should treat it as suspected anaphylaxis and act immediately.

A pupil with a suspected allergic reaction should not be left alone.

15 INCIDENTS AND NEAR MISSES

All serious allergy incidents and near misses must be recorded and reviewed.

A near miss should be recorded where there was a realistic risk of allergic reaction, medication failure, incorrect food provision, lack of access to emergency medication or a significant communication failure. Minor queries or routine checks do not need to be recorded as near misses unless there was a realistic risk of harm.

Examples of incidents or near misses may include:

- a pupil eating or being exposed to a known allergen;
- use of an AAI;
- emergency services being called;
- medication or spare AAIs not being available when needed;
- incorrect food being served;

- allergen information being wrong or unclear;
- a pupil being excluded from an activity because arrangements were not made;
- a significant failure in communication;
- bullying or deliberate exposure to an allergen.

Following an incident or near miss, the school will:

- make sure the pupil is safe;
- inform parents or carers;
- record the incident;
- review the pupil's IHP if needed;
- identify what happened and why;
- agree on actions to reduce future risk;
- report to the Headteacher/Principal and Trust where appropriate;
- report to the Local Governing Board through safeguarding, health and safety or another agreed route where appropriate;
- complete any statutory reporting required.

The purpose of the review is to learn and improve, not to blame. Where an incident has affected the wellbeing of a pupil, staff member or wider school community, appropriate support should be considered.

16. WELLBEING, INCLUSION AND BULLYING

The Trust recognises that allergies can affect a pupil's confidence, wellbeing, attendance and sense of belonging. Schools will:

- promote understanding and respect;
- challenge teasing, bullying or unsafe behaviour linked to allergies;
- avoid unnecessary exclusion from activities;
- support pupils to manage their allergy in an age-appropriate way;
- listen to pupil voice;
- Work with families where pupils are anxious about eating, trips or being away from home.

Deliberate exposure to an allergen, threats involving allergens, or mocking a pupil's allergy will be treated seriously under the school's behaviour and anti-bullying procedures.

17. RELIGIOUS, ETHICAL AND DIETARY CONSIDERATIONS

Parents and carers must inform the school, at the earliest opportunity, of any religious, ethical, cultural or dietary requirements that may affect the administration, ingredients, or formulation of a pupil's medication.

Wherever practicable, the school will work with the parent or carer and relevant healthcare professionals to identify a suitable alternative or agreed approach, if this does not compromise the pupil's health, safety, or prescribed treatment.

In an emergency, the school's priority will be to protect life and prevent serious harm. Staff will follow the pupil's Individual Healthcare Plan, Allergy Action Plan, medical advice, and emergency procedures, and may administer prescribed emergency medication where it is reasonable and necessary to do so.

Parents and carers remain responsible for providing accurate, up-to-date information and appropriate medication, and for notifying the school promptly of any changes.

18. INFORMATION SHARING, AWARENESS AND PUBLICATION

Schools must share allergy information in a way that enables pupils to be safe and included, while respecting confidentiality and data protection requirements. Relevant information may need to be shared with class teachers, support staff, lunchtime staff, office staff, first aiders, catering staff, wraparound staff, trip leaders, supply staff and volunteers where necessary.

Each school must publish its allergy safety policy on its website and make a hard copy available on request. Schools must also ensure staff, pupils and parents are made aware of the policy in an appropriate and accessible way. All staff should be aware of and understand the policy as part of annual allergy awareness training.

19. RISK REGISTER AND ALLERGY SAFETY DRILLS

Allergy-related risks should be considered through the school's existing risk management arrangements. Where risks are significant, repeated or not yet fully mitigated, they should be recorded on the school risk register and reported through the appropriate governance route.

Schools should consider carrying out allergy safety drills or scenario-based checks to test whether staff know how to respond, where medication and spare AAIs are stored and how emergency procedures work in practice. Any learning should be recorded and used to improve local arrangements.

Drills should be planned carefully where pupils are involved, particularly where there is a pupil at high risk of anaphylaxis, to avoid unnecessary anxiety or distress.

20. UNACCEPTABLE PRACTICE

The Trust considers the following to be unacceptable:

- assuming a pupil does not have an allergy because a diagnosis is pending;
- ignoring information from parents, carers, pupils or healthcare professionals;
- leaving allergy safety solely to catering staff;
- failing to appoint a named senior leader as Allergy Safety Lead;
- failing to purchase, hold, check and replace spare AAIs as emergency backup;
- storing emergency medication in a way that delays access;
- sending a pupil with suspected anaphylaxis to the office or medical room without suitable support;
- delaying emergency treatment while checking consent;
- requiring parents or carers to attend school routinely to administer medication because the school has failed to make reasonable arrangements;
- preventing pupils from attending trips, clubs, lunch or activities because of allergy without careful consideration and reasonable adjustment;

- segregating pupils unnecessarily because of a food allergy;
- failing to record and review serious incidents or near misses;
- treating allergy-related absence unfairly.

21. STAFF. VISITORS, VOLUNTEERS AND CONTRACTORS

This policy is primarily concerned with pupils. However, schools must also consider allergy-related risks affecting staff, visitors, volunteers and contractors through existing health and safety, HR, visitor management and event planning arrangements.

Staff with significant allergies are encouraged to inform the Headteacher, line manager or appropriate HR contact so that reasonable arrangements can be considered. This may include a personal risk assessment, agreed emergency contact information, arrangements for carrying or storing prescribed medication, and reasonable adjustments where needed.

Staff medical information must be handled sensitively and only shared with others where this is necessary for safety, emergency response or agreed support arrangements.

Visitors, volunteers and contractors are expected to inform the school in advance of any significant allergy that may affect their safety while on site or during a school-led activity. Where relevant, schools should consider this information when planning meetings, events, catering, site access, animal visits, assistance dogs, practical activities or other possible allergen exposure.

Where food is provided at meetings, training, visits or events, schools should make reasonable efforts to provide accurate allergen information and remind attendees that they remain responsible for making safe choices based on their own medical needs.

In the event of a suspected allergic reaction involving a staff member, visitor, volunteer or contractor, staff should follow normal first aid and emergency procedures. This includes calling 999 where anaphylaxis is suspected, supporting the person to use their own prescribed medication where available, and remaining with them until emergency help arrives.

School spare AAIs are held as emergency backup for pupils in line with this policy, DfE guidance and local procedures. They should not be relied upon as the planned emergency medication for staff, visitors, volunteers or contractors.

Lettings and external providers remain responsible for their own allergy and food safety arrangements. Schools should make clear any relevant local expectations where external users are on site.

22. MONITORING, REVIEW AND GOVERNOR ASSURANCE

This policy will be reviewed at least annually by the Trust, or sooner if statutory guidance changes, further regulations are introduced, a serious incident or near miss identifies a weakness, or Trust monitoring identifies the need for change.

Each school will review its local allergy arrangements at least annually. Reviews should take account of incidents, near misses, allergy safety drills, changes to pupil need and feedback from pupils, parents, carers and staff where appropriate.

Local Governing Boards should receive assurance at least annually. This should include:

- confirmation of the named senior leader as Allergy Safety Lead;
- number of pupils with known allergies;
- number of pupils with IHPs for allergy;
- confirmation that spare AAIs have been purchased, are on site, accessible, in date and checked;
- confirmation that AAI trainer devices and other relevant equipment are available;
- training and induction completed;
- medication and expiry date checks;
- risk register status where relevant;
- incidents and near misses;
- actions taken and lessons learned;
- confirmation that the school-level appendix is up to date and the policy is published.

The Trust may request evidence of compliance through safeguarding, health and safety, SEND or governance assurance processes.

ALLERGY SAFETY POLICY

School-Level Operational Addendum

Each school must complete and maintain this addendum. It records the local implementation of the Trust Allergy Safety Policy. It should be reviewed at least annually and updated sooner if pupil needs, staffing, medication arrangements, catering arrangements, risk controls or emergency procedures change.

A. School Details

Item	School response/evidence
School name:	
Headteacher:	
Named Allergy Safety Lead (must be SLT):	
Deputy Allergy Safety Lead:	
Date addendum completed:	
Date for review:	

B. Local Allergy Register and IHPs

Item	School response/evidence
Where the allergy register is held:	
Person responsible for updating it:	
How often is it checked:	
How relevant staff access information:	
How information is provided to supply staff, lunchtime staff and wraparound staff:	
Whether pupil photographs are used for emergency identification and how consent is recorded:	
Person responsible for coordinating IHPs:	
Where IHPs are stored:	
How IHPs are shared with staff:	
How allergy and asthma plans are linked, where relevant:	
Review arrangements:	

C. Spare AAIs and Emergency Anaphylaxis Kit

Item	School response/evidence
Location of pupil prescribed AAIs:	
Location of school spare AAIs:	
Spare AAI device brand/type(s):	
Spare AAI dose(s):	
Number of spare AAIs held:	
Where spare AAIs are sourced:	
Location of emergency anaphylaxis kit(s):	
How the school ensures AAIs can reach a pupil within five minutes:	
Whether additional kits are needed because of site size/layout:	
How spare AAIs are stored in pairs:	
Location of asthma inhalers/emergency asthma inhaler kit, where held:	

Location of AAI trainer devices:	
Person responsible for monthly expiry and stock checks:	
Second person responsible for monthly expiry and stock checks:	
How batch numbers and expiry dates are recorded:	
Process for requesting replacement prescribed medication from parents/carers:	
Process for purchasing and replacing school spare AAIs and equipment:	
Disposal arrangements for used or expired AAIs:	
How consent arrangements for the use of spare AAIs are recorded:	
How staff are reminded that emergency treatment must not be delayed while checking consent:	

D. Site-Based Risk Controls and Specific Allergens

Item	School response/evidence
Local expectations for handwashing before and after eating:	
Local expectations for food sharing and named water bottles:	
Cleaning routines after eating or food activities:	
Packed lunch expectations:	
Food brought into school for birthdays, celebrations or sharing:	
Whether the school asks families to avoid specific high-risk foods, such as nuts or sesame:	
Arrangements where a pupil brings in food that creates a known and significant risk:	
Arrangements for cooking, baking, food technology and science activities involving food:	
Arrangements for art, craft, play dough, sensory activities and food packaging:	
Arrangements for insect sting allergies:	
Arrangements for animal allergies and animal visits:	
Arrangements where a visitor or parent uses an assistance dog and a pupil has a relevant allergy:	
Arrangements for airborne allergens, pollen or air quality where relevant:	

E. Catering and Food Arrangements

Item	School response/evidence
Catering provider:	
Catering contact:	
How allergen information is provided:	
How the top 14 regulated allergens are identified, where applicable:	
How pupils with food allergy are identified at mealtimes (photo/allergy information:	
Arrangements for menu changes or substitutions:	

How cross-contamination risks are reduced:	
Arrangements for breakfast club, snacks, events and curriculum food activities:	
How catering staff are briefed and trained:	
How concerns or menu errors are reported:	

F. Emergency Response Arrangements

Item	School response/evidence
Main first aid location:	
Emergency medication access arrangements:	
Who usually calls 999:	
Who meets emergency services:	
How parents/carers are contacted:	
How staff are reminded not to send a pupil with suspected anaphylaxis alone:	
How staff are reminded that adrenaline should come to the pupil:	
Procedure for mild or uncertain allergic reactions:	
How incidents are recorded:	
How AAI administration is recorded:	

G. Training, Induction and Drills

Item	School response/evidence
Allergy awareness training provider or method:	
Date whole-staff training completed:	
Date next annual refresher due:	
How new starters are trained:	
How supply staff are informed:	
How lunchtime staff are trained:	
How wraparound care staff are trained:	
How catering staff are briefed:	
How staff receive practical familiarisation with AAI trainer devices:	
How training records are kept:	
Date and outcome of any allergy safety drill or scenario check:	
Actions arising from drills or training:	

H. Trips, Clubs and Residentials

Item	School response/evidence
How allergy needs are checked before visits:	
How prescribed medication is taken on visits:	
How spare AAI access is planned for visits:	
How the school ensures spare AAI cover remains on site if a kit is taken off site:	
How catering is checked for residentials:	
How risk assessments record allergy arrangements:	
How venues and transport providers are briefed, where relevant:	
Arrangements for remote locations, overnight stays or travel abroad:	

I. Staff, Visitors and Events

Item	School response/evidence
How staff can confidentially notify the school of significant allergy needs:	
Where staff allergy risk assessments or support arrangements are recorded:	
How visitor allergy needs are considered for meetings, events or catering:	
How contractors, volunteers and external providers are informed of relevant allergy expectations:	
How assistance dogs, animal visits or other visitor-related allergen risks are assessed:	
How staff are reminded that school spare AAIs are emergency backup for pupils and not planned medication for adults:	

J. Communication, Publication and Policy Awareness

Item	School response/evidence
Where this policy is published:	
How hard copies are made available on request:	
How parents/carers are informed:	
How pupils are made aware in an age-appropriate way:	
How staff are reminded of arrangements:	
How feedback from pupils, parents/carers and staff is considered during review:	

ALLERGY SAFETY POLICY

THE PEOPLE'S LEARNING TRUST

K. Risk Register and Annual Assurance Summary

Item	School response/evidence
Number of pupils with known allergies:	
Number of pupils with prescribed AAIs:	
Number of pupils with allergy IHPs:	
Confirmation that spare AAIs are on site and in date:	
Date of last spare AAI/equipment check:	
Number of allergy-related incidents this year:	
Number of near misses this year:	
Risk register status and any open actions:	
Equipment purchased and checked:	
Key actions completed:	
Further actions required:	