Allergy Management & Safety Policy 2026

EKC Schools Trust

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CONTENTS

Allergy Management & Safety Guidance

A Companion Document to the Trust Safeguarding Policy

1. Purpose of this Policy

1.1. **Definitions**

Allergy: immune response to a substance. Anaphylaxis: life-threatening reaction. AAI: adrenaline auto-injector. IHP: Individual Healthcare Plan.

1.2. **Scope**

This policy applies to pupils, staff, visitors and contractors across all activities, including on-site and off-site provision.

This policy sets out the Trust's framework for the prevention, management, and emergency response to allergies and anaphylaxis within all Trust education settings. It operates alongside the Safeguarding Policy and ensures full compliance with new DfE requirements, including safer systems of work, mandatory staff training, and the enhanced protection of pupils with allergies.

This document constitutes the Trust Allergy Safety Policy Framework. Schools must publish a school-level allergy policy and review annually.

Failure to comply with this policy may be treated as a safeguarding failure and may result in disciplinary action.

2. Legislative and Statutory Framework

2.1. DfE Statutory Guidance (2026)

- The revised DfE guidance requires all schools to follow mandatory measures covering allergy awareness, emergency response, storage of lifesaving medication, and whole school policy expectations.
- The guidance replaces older, voluntary advice and renders certain practices legally compulsory, such as spare AAIs and universal staff training.
- This guidance aligns closely with the requirements championed through Benedict's Law and standardises expectations across all schools.

2.2. Children and Families Act 2014 – Section 100

- Schools must support pupils with medical conditions so they can access education safely and without discrimination.
- This includes removing barriers to school life for children with allergies, ensuring they can participate in all activities equitably.

2.3. School Food Standards Regulations 2014

- Schools must provide safe meal options, including accurate allergen information.
- Catering providers must demonstrate safe food-handling procedures and allergen control systems.

2.4. Governance

- Named senior leader and governor required. Allergy risks must be on school risk register and reported termly.

3. Roles and Responsibilities

3.1. Trust Leadership

- Ensure every school implements compliant allergy procedures.
- Provide oversight to ensure consistency across the Trust.
- Include allergy management in safeguarding audits and governance reports.
- Facilitate Trust wide training access, templates, and policy tools.

3.2. Headteachers

- Lead on the implementation and monitoring of allergy safety measures.
- Ensure all staff complete mandatory annual training.
- Assign a senior leader as the Allergy Lead (often DSL or Deputy DSL).
- Ensure appropriate numbers of spare AAIs and maintain stock rotation.
- Ensure processes exist for sharing relevant allergy information with supply staff, contractors, and visitors.

3.3. All Staff

- Know pupils with allergies and understand their immediate needs.
- Read and follow Individual Healthcare Plans (IHPs) and Allergy Action Plans.
- Observe food handling rules in classrooms.
- Supervise pupils during snack times, lunch, and any food related activities.
- Respond calmly, swiftly, and confidently during allergy emergencies.

3.4. Parents/Carers

- Share accurate, up to date medical documents and medication.
- Provide replacement AAIs before expiry.
- Collaborate with staff in drawing up and updating IHPs.
- Notify the school of any changes in their child's condition promptly.

3.5. Allergy Lead

- Must oversee compliance, maintain register, monitor training, review incidents, and has authority to halt unsafe practices.

4. Identification, Assessment & Recording of Allergies

4.1. Inclusion

- Pupils with allergies must be fully included in all activities with reasonable adjustments and evidence of participation.

4.2. Collection of Medical Information

- Conduct comprehensive allergy data collection at admission.
- Identify food, insect, environmental, or medication allergies.
- Request written medical evidence from GPs/allergists.
- Ensure consent for administering AAIs is obtained and recorded.

4.3. Risk Assessments

- For every pupil with allergies, dynamic and planned risk assessments must be conducted for:
  - Classroom lessons involving potential allergens.
  - Science, arts, and food technology lessons.
  - School trips (including travel, accommodation, catering).
  - Sporting events, afterschool clubs, and enrichment activities.
  - Special events such as fairs, bake sales, and cultural celebrations.
- Risk assessments must clearly outline control measures and be reviewed regularly.

4.4. Allergy Registers

- Maintain confidential central registers accessible to all staff.
- Include pupil photos, triggers, reactions, medication locations, and emergency actions.
- Update the register every term or sooner if medical information changes.

5. Individual Healthcare Plans (IHPs) & Allergy Action Plans

5.1. What an IHP Must Contain

- Full list of allergens, including severity indicators.
- Baseline health information and emergency symptoms.
- Day-to-day management needs (e.g., seating plans, supervision, food alternatives).
- Step by step emergency instructions, including AAI use.
- Location of medication and named responsible staff.
- Communication procedures for incidents, including notifying parents and emergency services.

5.2. Review of Plans

- Annual review or earlier if:
  - There is an allergic reaction at school.
  - Medication changes.
  - New medical guidance is issued.
- Reviews must involve healthcare professionals and parents where appropriate.

- Updated plans must be re circulated to all relevant staff within 24 hours of change.

6. Prevention & Allergen Reduction Measures

6.1. Pupil Awareness

- Schools must teach allergy awareness, including not sharing food and recognising symptoms.

6.2. Catering & Food Safety

- Catering services must use strict cross-contamination controls (separate utensils, colour-coded equipment, allergen-free workspaces).
- Menus must list allergens clearly and be communicated to families in advance.
- Catering staff must be trained in allergen control and first response.
- Allergen-free meal alternatives must always be available.

6.3. Packed Lunch & Snack Policies

- Schools may implement "allergen aware zones" where appropriate (e.g., nut free tables).
- Parents must be informed of banned or high-risk items.
- Staff must monitor areas where children eat to prevent food sharing.

6.4. Classroom Allergen Management

- All food-based learning activities must be checked against the allergy register.
- Non-food substitutions must be provided where necessary.
- Teachers must prevent pupils from sharing materials that may contain allergens.
- Cleaning routines must remove food residue and reduce environmental triggers.

6.5. School Events & Celebrations

- Any event involving food requires:
  - Prior communication with parents of allergic pupils.
  - Clear signage and ingredient information.
  - Dedicated allergen safe alternatives.
  - Supervision of food distribution.

6.6. Anti-Bullying & Safeguarding

- Any attempt to use allergens to threaten, intimidate, or harm a pupil is a safeguarding incident.
- Schools must treat such incidents as high-risk, with DSL involvement.
- Staff must be trained to spot covert bullying behaviours related to allergies.

7. Emergency Response Procedures

7.1. Incident Reporting

A near miss is defined as any event where exposure to an allergen was narrowly avoided but had the potential to cause harm.

- All reactions and near misses must be recorded and reviewed within 72 hours with actions identified.

7.2. Recognition of Symptoms

- **Mild/moderate symptoms:** itching, hives, swelling, stomach pain.
- **Severe/anaphylaxis symptoms:** wheezing, breathing difficulty, collapse, confusion, pale/clammy skin.

7.3. Immediate Actions

- Administer the pupil's AAI immediately at the first sign of anaphylaxis.
- Use the spare school AAI if:
  - The child's AAI is unavailable.
  - The child is undiagnosed but showing emergency symptoms.
- Call 999 without delay.
- Lay the child flat with legs elevated unless breathing difficulty demands otherwise.

7.4. Second Dose Procedure

- If symptoms persist five minutes after first AAI, staff must administer a second dose.
- Continue monitoring breathing and responsiveness until ambulance arrives.
- Ensure the used AAI is given to paramedics with incident details.

7.5. Post-Incident Protocol

- Notify parents immediately.
- Document the incident on CPOMS or equivalent system.
- Hold a debrief with involved staff.
- Review and update the IHP and risk assessments.
- Replace used or expired AAIs promptly.

8. Staff Training Requirements

8.1. Training Assurance

- Schools must evidence 100% staff training and competency, not just attendance.

8.2. Mandatory Training Components

- Understanding different allergy types and anaphylaxis.
- Recognising early warning signs.

- Safe administration of AAIs using training devices.
- Calling emergency services and communicating clearly.
- Managing an anaphylaxis emergency calmly under pressure.

8.3. Frequency of Training

- Annual whole staff training.
- Termly refreshers for high-risk settings such as Early Years or SEND units.
- Induction training for all new staff, including supply teachers.

8.4. Training Records

- The school must maintain:
  - Attendance lists.
  - Training content records.
  - Staff competency assessments.
- Records must be available for safeguarding audits and regulatory inspection.

9. Management of Spare Adrenaline Auto-Injectors

9.1. Contractors

- Allergy safety must extend to external providers with risk assessments and information sharing.

9.2. Storage

- Stored in clearly marked, unlocked, easily accessible emergency cabinets (never behind keypad doors or in first-aid boxes).
- Locations include: school office, dining hall, playground areas, and key corridors.

9.3. Quantity

- Schools must hold a sufficient number of spares based on:
  - Number of pupils with known allergies.
  - Size and layout of the setting.
  - Travel needs for trips and off-site activities.

9.4. Maintenance

- Weekly checks by trained staff:
  - Expiry dates.
  - Signs of leakage or damage.
  - Presence in the correct storage location.
- Logs must be maintained with signatures and dates

9.5. Use During Activities & Trips

- Spare AAIs must be taken on:

- Educational visits.
- Off-site sporting events.
- Residential trips.

- Trip leaders must check all medications before departure

10. Monitoring and Reporting

10.1. Monitoring

- Allergy incidents must be analysed termly to identify patterns.
- Schools must review environmental risks and respond to emerging issues (e.g., changes in lunch provision, new food projects, new pupils).
- The Trust will monitor as part of the Annual Safeguarding Review.

10.2. Reporting

- The safeguarding governor must receive:
  - Allergy incident data.
  - Training compliance reports.
  - Policy implementation updates.

10.3. Monitoring of the Process

- Schools must evidence proactive allergy risk management and demonstrate a culture of vigilance.
- The Trust will monitor compliance with the guidance during Safeguarding Monitoring Visits.
- Local Governing Boards will monitor compliance with the guidance during Governor Safeguarding Monitoring Visits.

11. Parental Engagement

- Schools must co-produce IHPs and maintain communication evidence with parents.