



Mercia
Learning Trust

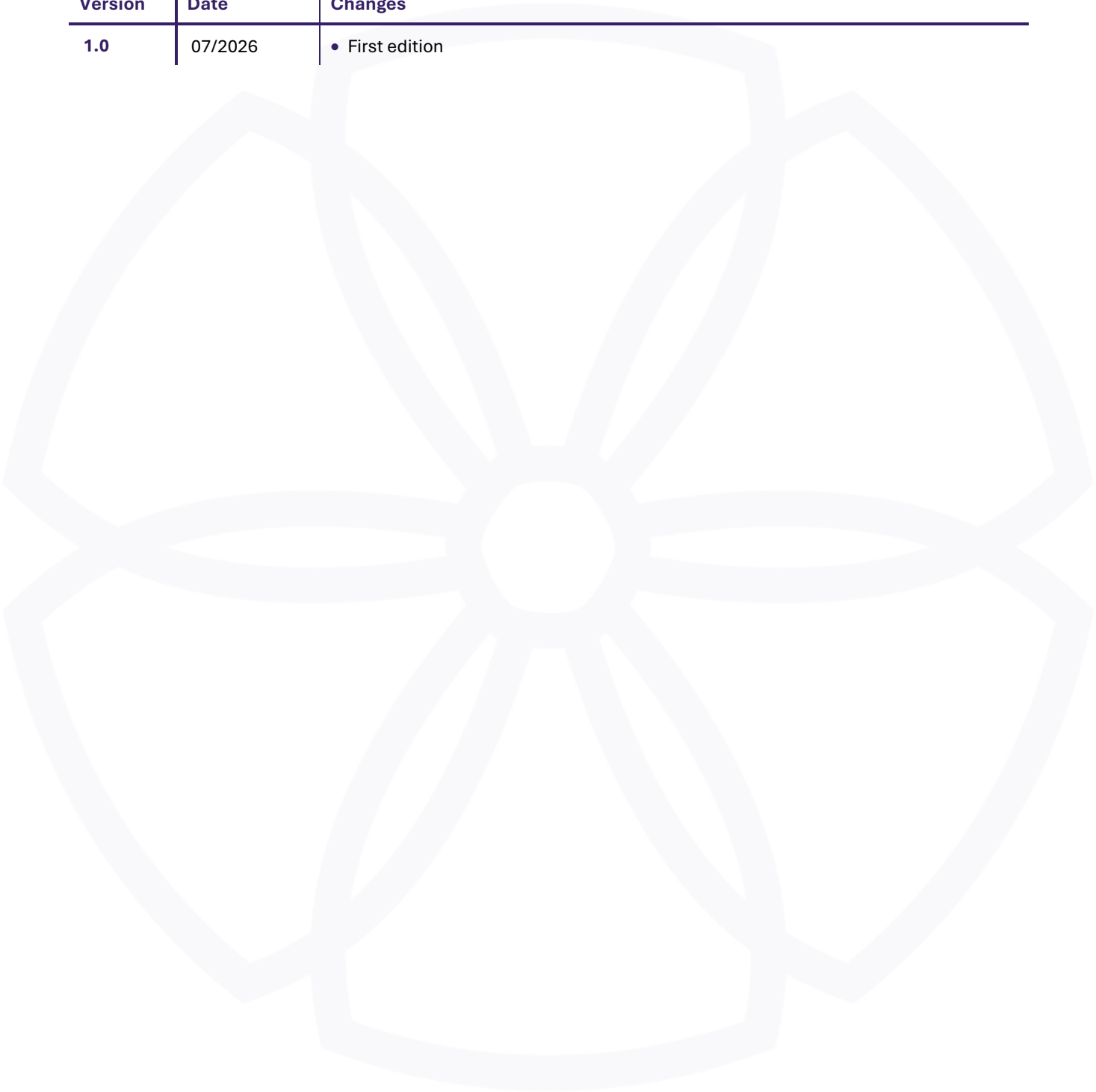
Allergy Safety Policy

Author	Trust HR Team
Date of issue	09/2026
Date ratified	16/09/2026
Date for review	09/2027

DOCUMENT CONTROL

Unless there are legislative or regulatory changes in the interim, this policy will be reviewed annually. Should no substantive changes be required at that point, the policy will move to the next review cycle.

Version	Date	Changes
1.0	07/2026	• First edition



Contents

1.	Introduction	4
2.	Legislation and Statutory Guidance.....	5
3.	Definitions	5
4.	Roles and Responsibilities.....	6
5.	Identifying Individuals at Risk.....	8
6.	Individual healthcare plans (IHP)	8
7.	Assessing Risk.....	9
8.	Minimising Risk.....	10
9.	Procedures for handling an allergic reaction	12
10.	Adrenaline Devices (ADs)	13
11.	Serious Incidents and 'Near Misses'	15
12.	Allergy Awareness.....	16
13.	Wellbeing.....	17
14.	Information Sharing	17
15.	Monitoring Arrangements	17

1. Introduction

- 1.1. Mercia Learning Trust (“our trust”) is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. We recognise that allergic reactions can be unpredictable and, in some circumstances, life-threatening. Our approach is therefore based on taking all allergies seriously and managing them proactively, consistently and appropriately.
- 1.2. The purpose of this policy is to:
 - 1.2.1. set out our approach to allergy safety, including identifying and reducing the risk of exposure to known allergens and the arrangements for responding to allergic reactions and anaphylaxis.
 - 1.2.2. ensure that pupils with allergies are appropriately supported so that they can participate fully in school life and are not necessarily disadvantaged or excluded.
 - 1.2.3. promote allergy awareness across our school communities, including understanding allergies, recognising signs and symptoms of an allergic reaction, knowing how to respond in an emergency and understanding how risks can be reduced.
 - 1.2.4. promote, where appropriate to the age and development of the pupil, confidence, self-management and avoidance strategies.
- 1.3. Our trust adopts a whole school approach to allergy safety. We will work proactively to minimise the risk of exposure to known allergens while recognising that it is not possible to guarantee that our schools are an entirely allergen free environment. Our schools will have robust arrangements for identifying and managing allergy-related risks and for responding effectively to allergic reactions and anaphylaxis, including appropriate emergency procedures.
- 1.4. We recognise the importance of supporting our pupils with allergies to develop self-management skills and understand how to avoid their known allergens. The level of responsibility expected of an individual pupil will reflect their age, understanding, maturity and individual circumstances. Schools will provide appropriate support and supervision in accordance with the pupil’s Individual Healthcare Plan (IHP) and any relevant clinical advice.
- 1.5. Our trust is committed to the wellbeing, inclusion and equality of pupils with allergies. We recognise that severe allergy can constitute a disability under the Equality Act 2010 where the statutory definition of disability is met. Our schools will make reasonable adjustments where required and will consider allergy-related needs when planning activities, visits, trips, catering, the curriculum and other aspects of school life. Risk assessments will be undertaken where appropriate, and pupils, their parents or carers and relevant healthcare professionals will be consulted when determining the support and adjustments required.
- 1.6. Our trust is committed to ensuring that pupils with allergies are able to participate fully in school life wherever this can be achieved safely. Allergy should not, in itself, be a reason to unnecessarily restrict a pupil's participation in education, activities, trips, visits or wider school life, or to require a parent/carers to accompany them. Schools will consider reasonable and proportionate adjustments and individual arrangements to manage allergy-related risks while promoting inclusion.
- 1.7. Our schools will not routinely:
 - 1.7.1. send a pupil home, or prevent them from attending school, solely because they have an allergy.
 - 1.7.2. prevent a pupil from participating in activities, trips or visits solely because they have an allergy, where appropriate arrangements can be made to manage the identified risks.
 - 1.7.3. require a parent/carers to attend school or accompany a pupil on an activity, trip or visit solely because of the pupil's allergy, unless this is agreed as necessary following individual consideration of the pupil's needs and circumstances.
 - 1.7.4. require a pupil to be separated from their peers unnecessarily because of their allergy.
- 1.8. Our trust recognises that allergy safety is a shared responsibility. We will promote a culture in which allergies are understood and taken seriously, and in which staff, pupils and other members of the school community understand their role in reducing risk and responding appropriately to allergic reactions. All staff will receive appropriate allergy awareness and emergency response training in accordance with statutory requirements and Trust arrangements.
- 1.9. Coeliac disease and food intolerance are different from allergy. Coeliac disease is an autoimmune condition and does not cause anaphylaxis. Food intolerance is not an immune-mediated allergic reaction and does not cause anaphylaxis. These conditions are therefore outside the scope of this policy and will be managed through our

trust's Supporting Pupils with Medical Conditions Policy and appropriate individual arrangements. Where a pupil has both coeliac disease or food intolerance and a clinically diagnosed allergy, the allergy will be managed in accordance with this policy.

- 1.10. Asthma, eczema and other associated conditions may coexist and may require additional support or reasonable adjustments. These conditions are managed through our supporting pupils with medical needs policy where appropriate, while allergy-related risks and emergency arrangements remain within the scope of this policy.
- 1.11. This policy does not seek to eliminate all allergens from our schools. Instead, our Trust is committed to taking proportionate and effective measures to reduce avoidable risks, support pupils to manage their allergies, promote inclusion and ensure that staff are prepared to respond promptly and appropriately to an allergic reaction or anaphylaxis.

2. Legislation and Statutory Guidance

- 2.1. This policy is issued in line with:

- 2.1.1. Children's Wellbeing and Schools Act 2026.
- 2.1.2. Department for Education (DfE)'s statutory guidance on allergy safety in schools.
- 2.1.3. Department of Health and Social Care (DHSC)'s guidance on using emergency adrenaline auto-injectors in schools.
- 2.1.4. The Food Information Regulations 2014.
- 2.1.5. The Food Information (Amendment) (England) Regulations 2019.
- 2.1.6. Children and Families Act 2014.
- 2.1.7. Equality Act 2010.
- 2.1.8. Human Medicines (Amendment) Regulations 2017.
- 2.1.9. School Food Standards / Requirements for School Food Regulations 2014, where relevant.

3. Definitions

- 3.1. The following definitions apply throughout this policy:

Term	Definition
AAI	Adrenaline Auto Injectors
AD	Adrenaline
Allergy	A condition in which the body has an exaggerated response to a substance. Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.
Allergen	An allergen is a normally harmless substance that triggers an allergic reaction for a susceptible person.
Allergic reaction	Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include but are not limited to: • a red raised rash (known as hives or urticaria) anywhere on the body • generalised flushing of the skin • Itching and tingling of the skin • a tingling or itchy feeling in the mouth • burning sensation in the mouth

	• swelling of lips, throat, face or eyes • stomach pain or vomiting • mild throat tightness or feeling wheezy • sudden change in behaviour • rising anxiety • nausea and vomiting • Alterations in heart rate • Feeling of weakness Mild to moderate allergic reactions which do not involve the airway, breathing or circulation may be treated with an appropriate oral antihistamine in accordance with the pupil's arrangements.
Anaphylaxis	Potentially life-threatening allergic reaction affecting the airway, breathing or circulation. More serious symptoms are often referred to as the ABC symptoms and can include: • AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing, lips turning blue). • BREATHING - sudden onset wheezing (whistling noise due to a narrowed airway), breathing difficulty, noisy breathing, persistent cough. • CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness. In EYFS and primary schools - infants and younger pupils can become pale or floppy. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

4. Roles and Responsibilities

4.1. Trustees

4.1.1. Trustees are responsible for ensuring:

4.1.1.1. risks relating to pupils with allergies are included in the risk register and actively managed.

4.1.1.2. our trust has an allergy safety policy which sets out:

4.1.1.2.1. arrangements to reduce the risk of individuals coming into contact with their known allergens.

4.1.1.2.2. emergency response plans for cases of anaphylaxis.

4.1.1.3. regular review of the allergy safety policy, updating it when needed, and making sure it is published.

4.1.1.4. all staff receive regular allergy awareness training.

4.1.2. Trustees delegate overall responsibility for ensuring our schools comply to Headteachers. Responsibility for implementation and day-to-day oversight is delegated to Allergy Safety Leads.

4.2. Headteacher

4.2.1. Our Headteachers are responsible for:

4.2.1.1. 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.

4.2.1.2. reporting any allergic reaction or case of anaphylaxis to the CEO.

4.3. Allergy Safety Lead

4.3.1. Our allergy safety leads are responsible for:

- 4.3.1.1. Implementing this allergy safety policy in their school.
- 4.3.1.2. promoting and maintaining allergy awareness across the school community.
- 4.3.1.3. developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD).

4.3.2. Our allergy safety leads also must ensure:

- 4.3.2.1. all allergy information is up to date and readily available to relevant members of staff.
- 4.3.2.2. all pupils who require support with allergies have an up-to-date individual healthcare plan (IHP).
- 4.3.2.3. all pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional.
- 4.3.2.4. all staff complete regular allergy awareness training.
- 4.3.2.5. all staff are aware of our trust's policy and procedures regarding allergies.
- 4.3.2.6. relevant staff are aware of what activities need an allergy risk assessment.
- 4.3.2.7. serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
- 4.3.2.8. what lessons there are to learn.
- 4.3.2.9. any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP.

4.4. See Appendix 1 for our allergy safety leads.

4.5. Teaching and Associate Staff

4.5.1. All teaching and associate staff are responsible for:

- 4.5.1.1. promoting and maintaining allergy awareness among pupils.
- 4.5.1.2. maintaining awareness of our allergy safety policy and procedures.
- 4.5.1.3. being able to recognise the signs of severe allergic reactions and anaphylaxis.
- 4.5.1.4. being aware of specific pupils with allergies in their care.
- 4.5.1.5. reducing the risk to pupils with known allergies coming into contact with known allergens.
- 4.5.1.6. ensuring the wellbeing and inclusion of pupils with allergies.
- 4.5.1.7. reporting any allergic reaction or case of anaphylaxis to the school's allergy safety lead.

4.6. Parents/carers

4.6.1. Parents/carers are responsible for:

- 4.6.1.1. being aware of our trust's allergy safety policy.
- 4.6.1.2. providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- 4.6.1.3. 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.
- 4.6.1.4. following the school's guidance on food brought in to be shared.
- 4.6.1.5. updating the school on any changes to their child's condition.

4.7. Pupils with allergies

4.7.1. If age-appropriate, these pupils are responsible for:

- 4.7.1.1. being aware of their allergens and the risks they pose.
- 4.7.1.2. carrying their AD on their person and only using it for its intended purpose.
- 4.7.1.3. understanding how and when to use their AD

4.8. Pupils without allergies

4.8.1. These pupils are responsible for:

- 4.8.1.1. being aware of allergens and the risk they pose to their peers.
- 4.8.1.2. older pupils might also be expected to support their peers and staff in the case of an emergency.

5. Identifying Individuals at Risk

5.1. 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:

- 5.1.1. Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould.
- 5.1.2. 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.
- 5.1.3. Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis.
- 5.1.4. Asthma, which may be triggered by airborne allergens.
- 5.1.5. Allergy to insect stings and medicines

5.2. Identifying pupils at risk

- 5.2.1. For new starters, our schools will 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 within 2 weeks.
- 5.2.2. Send a reminder to parents/carers at the start of each year via Bromcom/MCAS asking them to update their child's medical information as necessary.
- 5.2.3. We ask that parents/carers proactively inform us by either phone call to the school or an email to the school (see Appendix 1) if their child's medical needs change during the school year.

5.3. Identifying staff and visitors at risk

- 5.3.1. During our onboarding process, we will ask new staff to provide details of any allergies in advance of their start date.
- 5.3.2. We will ask visitors to provide details of their allergies in advance of their visit.

6. Individual healthcare plans (IHP)

6.1. Pupils should have an IHP if they:

- 6.1.1. have an allergy which has a functional impact on them in the school environment.
- 6.1.2. are at risk of harm because of their allergy.
- 6.1.3. require arrangements which are additional to or different from those made generally.

6.2. 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. Our schools will therefore put appropriate arrangements in place based on a risk assessment and seek clinical advice where necessary.

6.3. The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. Our schools will make every effort to make sure that arrangements are put in place by the beginning of the relevant term, or within two weeks for mid-year arrivals or changes in circumstances.

6.4. 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.

6.5. The headteacher 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.

6.6. The school will consider the following principles:

- 6.6.1. 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.
- 6.6.2. 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.

6.7. 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.

6.8. Allergy and asthma action plans

- 6.9. All pupils who have a known allergy to a food or insect sting should be issued with an appropriate allergy action plan by their healthcare professional.
- 6.10. All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.
- 6.11. 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.
- 6.12. The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

6.13. Register of pupils with known allergies

6.14. Our schools maintain a register of pupils who have a known allergy. The register includes:

- 6.14.1. known allergens and risk factors for anaphylaxis.
- 6.14.2. whether a pupil has been prescribed ADs (and if so, what type and dose).
- 6.14.3. where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication.
- 6.14.4. a photograph of each pupil to allow a visual check to be made (where parental consent has been given).

6.15. The register is kept in the school office/student services and any areas where food is served or handled including Food Technology classrooms and cafeterias and can be checked quickly by any member of staff as part of initiating an emergency response.

6.16. Our schools allow all pupils to keep their ADs with them to reduce delays and allow for confirmation of consent without the need to check the register.

7. Assessing Risk

7.1. Our schools will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- 7.1.1. lessons such as food technology.
- 7.1.2. science experiments involving foods.
- 7.1.3. crafts using food packaging.
- 7.1.4. examinations and assessments.
- 7.1.5. off-site events and school trips.
- 7.1.6. any other activities involving animals or food, such as animal handling experiences or baking.
- 7.1.7. situations where animals are present or may be present, including animal handling experiences, school therapy dogs and visitors accompanied by guide dogs.

7.2. The following are examples of what will be considered when assessing risk:

- 7.2.1. The risks at break and lunch time ie. food brought in from home/school, fruit orders, cognitive ability of pupil, sharing of food, airborne allergies etc.
- 7.2.2. The risks in food technology or any other activities using food ie. hand hygiene, cross contamination, may contain/handle in a factory statements, cognitive ability of pupil, airborne allergies etc.
- 7.2.3. The risks in afterschool clubs.
- 7.2.4. The risks in science experiments involving foods.
- 7.2.5. The risks when doing crafts using food packaging.

- 7.2.6. The risks when doing examinations and assessments including exam access arrangements.
 - 7.2.7. The risks during off-site events and school trips (individually risk assessed).
 - 7.2.8. The risks with any activities involving food such as baking.
- 7.3. All the items above should be considered and risk assessed as part of the pupil's health care plan, this is not an exhaustive list.

8. Minimising Risk

8.1. Hygiene procedures

- 8.1.1. Our schools will implement appropriate hygiene measures to reduce the risk of accidental exposure to allergens and cross-contamination.
- 8.1.2. Pupils will be reminded and encouraged to wash their hands thoroughly before and after eating, cooking and using the toilet.
- 8.1.3. Pupils will not be permitted to share food, food containers, eating utensils or drinks.
- 8.1.4. Pupils will be encouraged to have their own named water bottles.
- 8.1.5. Lunches provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended.
- 8.1.6. Where food is not provided directly by the school, parents or carers will be engaged in advance to agree appropriate arrangements and, where required by the school, provide consent for the pupil to participate.
- 8.1.7. Our schools will ensure that appropriate cleaning and hygiene arrangements are in place for areas and equipment used for food preparation, consumption and food-related activities, with particular consideration given to the risk of cross-contamination.
- 8.1.8. Our schools will ensure that staff and pupils are appropriately informed of the importance of these measures and understand their role in reducing the risk of accidental exposure to allergens.

8.2. Catering

- 8.2.1. Our trust is committed to providing safe food options to meet the dietary needs of pupils with allergies.
- 8.2.2. Catering staff receive appropriate training and can identify pupils with allergies.
- 8.2.3. Menus are created in line with pupil allergy needs.
- 8.2.4. Our schools will engage with external catering providers to understand the controls in place to ensure that our food service complies with relevant requirements.
- 8.2.5. School menus are available from our schools for parents/carers and pupils to view. Our schools, and our contractors, will label their food with ingredients where applicable under current legislation, and catering staff are available to discuss the provision of allergy safe meals with parents/carers.
- 8.2.6. 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.
- 8.2.7. 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).
- 8.2.8. Where food is provided by our schools, staff will understand how to read labels for food allergens.
- 8.2.9. Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

8.3. Insect bites/stings

8.3.1. Prevention

- 8.3.1.1. To prevent insect bites/stings, when outdoors:
 - 8.3.1.1.1. shoes should always be worn.
 - 8.3.1.1.2. food and drink should be covered when not being consumed.
- 8.3.1.2. Where appropriate, pupils should be encouraged to avoid disturbing insects, particularly bees and wasps, and should report any nests to a member of staff.

8.3.1.3. Our schools will take reasonable steps to identify and arrange the safe removal of insect nests such as bee or wasp nests, from school premises.

8.3.1.4. When inside:

8.3.1.4.1. where possible, windows and doors should be opened to allow a wasp, bee or insect to exit.

8.3.1.4.2. pupils should be encouraged to remain calm.

8.3.1.4.3. if a pupil has an allergy to stings, they should calmly leave the room with an adult until the insect has been removed.

8.4. Management of insect bites/stings

8.4.1. If a pupil is bitten or stung, they should be assessed for any signs or symptoms of an allergic reaction.

8.4.2. Where a stinger is visible, it should be removed promptly and safely.

8.4.3. Where a pupil has a known allergy to insect bites or stings, staff must follow the pupil's Individual Healthcare Plan (IHP) and Allergy Action Plan, including the administration of prescribed medication where required.

8.4.4. If a pupil develops symptoms of anaphylaxis or a severe allergic reaction, their adrenaline auto-injector (AAI) must be administered without delay in accordance with their Allergy Action Plan/IHP. Emergency services must be contacted without delay.

8.4.5. A pupil experiencing a suspected anaphylactic reaction must remain with a member of staff and must not be left unattended.

8.4.6. The pupil's parent/carer must be informed of the incident in accordance with the school's procedures.

8.4.7. Any significant allergic reaction or suspected anaphylactic reaction must be recorded and reported in accordance with our trust incident reporting procedures. The incident should be reviewed to identify any appropriate changes to the pupil's individual arrangements, risk assessment or school procedures.

8.5. Animals

8.5.1. Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

8.5.2. In the event of an animal on one of our school sites, staff members will be made aware of any pupils who this may pose a risk to and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

8.5.3. All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.

8.6. Examinations and assessments

8.6.1. Our schools will consider allergy-related risks when planning and conducting examinations and formal assessments, including the arrangements for pupils with known allergies and access to prescribed or emergency medication.

8.6.2. Where a pupil with a known allergy is undertaking an examination or assessment, appropriate arrangements will be made to ensure that their IHP, Allergy Action Plan and any relevant risk assessment are followed.

8.6.3. Prescribed AAI's and any other emergency medication required by the pupil must remain readily available throughout the examination or assessment and must not be stored in a location that could cause an avoidable delay in an emergency.

8.6.4. Examination staff and invigilators will be made aware, as appropriate, of pupils with known allergies and the arrangements in place for them. They will be alert to signs and symptoms of an allergic reaction and know how to respond to a suspected anaphylactic reaction in accordance with this policy.

8.6.5. Where an invigilator becomes concerned that a pupil may be experiencing an allergic reaction during an examination or assessment, they must act promptly in accordance with the pupil's Allergy Action Plan and this policy. Examination procedures must not delay necessary emergency treatment.

8.6.6. Schools will ensure that appropriate arrangements are in place for emergency services to be contacted and for a member of staff to remain with the pupil if an allergic reaction or suspected anaphylaxis occurs during an examination or assessment.

8.7. Trips and visits

- 8.7.1. Our headteachers will ensure a risk assessment is conducted for each school trip that will address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies.
- 8.7.2. The school will work with the parents/carers of pupils with allergies, where appropriate, to discuss and agree any special arrangements required to support the pupil's safety and inclusion during the trip.
- 8.7.3. The school will plan accordingly for all trips and visits and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training.
- 8.7.4. Pupils at risk of anaphylaxis should have their own ADs with them.
- 8.7.5. Staff trained to administer adrenaline in an emergency will be present on the school trip.
- 8.7.6. Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 10).

9. Procedures for handling an allergic reaction

9.1. Recognising and responding to an allergic reaction

- 9.1.1. All staff will receive allergy awareness training so that they can recognise the signs and symptoms of an allergic reaction and anaphylaxis and respond appropriately.
- 9.1.2. Where a pupil has an Allergy Action Plan issued by a healthcare professional, staff **must** follow that plan.
- 9.1.3. A pupil experiencing an allergic reaction must not be left unattended. Mild or moderate allergic reactions can worsen and develop into anaphylaxis so the pupil should be monitored closely.

9.2. Suspected anaphylaxis - immediate response

- 9.2.1. Keep the pupil where they are, call for help and do not leave them unattended.
- 9.2.2. Lie the pupil flat with their legs raised. If they are struggling to breathe, they may sit up, but they should not stand or walk and should lie down again as soon as possible.
- 9.2.3. Give adrenaline without delay. If the pupil has a prescribed adrenaline device, use it in accordance with their Allergy Action Plan and the manufacturer's instructions. If their prescribed device is unavailable, cannot be administered or has misfired, use a spare school adrenaline auto-injector.
- 9.2.4. Call 999 immediately and state that the pupil is experiencing anaphylaxis.
- 9.2.5. Note the time adrenaline was administered.
- 9.2.6. If there is no improvement after 5 minutes, administer a second adrenaline device if one is available.
- 9.2.7. If there are no signs of life, commence CPR and follow the instructions of the emergency services.
- 9.2.8. The pupil should stay with a member of staff. Do not allow them to stand or walk, even if they begin to feel better, until advised otherwise by the emergency services.
- 9.2.9. Contact the parent/carer as soon as possible.
- 9.2.10. Send all used adrenaline devices with the pupil to hospital or hand them to the ambulance crew where appropriate.

9.3. Suspected anaphylaxis where there is no prescribed adrenaline device or Allergy Action Plan:

- 9.3.1. A pupil does not need to have a confirmed diagnosis of allergy for staff to respond to a suspected anaphylactic reaction.
- 9.3.2. Where anaphylaxis is suspected and the pupil does not have a prescribed adrenaline device, the school's spare emergency adrenaline auto-injector should be used without delay, in accordance with this policy and the manufacturer's instructions.
- 9.3.3. Staff must not delay administration of adrenaline while seeking parental consent or waiting for advice from the emergency services.
- 9.3.4. The emergency services must be called immediately and the steps in section 9.2 followed.

9.4. Mild or moderate allergic reaction

- 9.4.1. Where a pupil has symptoms of a mild or moderate allergic reaction which does not involve the airway, breathing or circulation:
 - 9.4.1.1. Staff will follow the pupil's Allergy Action Plan, where one is available.
 - 9.4.1.2. Prescribed or otherwise authorised medication will be administered in accordance with the pupil's individual arrangements and the school's Supporting Pupils with Medical Conditions Policy.
 - 9.4.1.3. The pupil will not be left unattended.
 - 9.4.1.4. The pupil will be observed in a safe place for at least 60 minutes, as symptoms can worsen and develop into anaphylaxis.
 - 9.4.1.5. The parent/carer or emergency contact will be informed of the reaction.
- 9.4.2. Pupils who experience a mild/moderate allergic reaction will be observed by a member of staff for at least 60 minutes.
- 9.4.3. If the pupil develops any signs of anaphylaxis, staff must immediately follow section 9.2.

9.5. Emergency treatment and hospital attendance

- 9.5.1. Any pupil who has experienced anaphylaxis and received adrenaline must be assessed by the emergency services and taken to hospital for further observation and treatment, even if their symptoms appear to have improved.
- 9.5.2. A member of staff will remain with the pupil until the parent/carer arrives or, where necessary, accompany the pupil to hospital in the ambulance.
- 9.5.3. All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.
- 9.5.4. Where a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.
- 9.5.5. If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed.

10. Adrenaline Devices (ADs)

10.1. Prescribed ADs

- 10.1.1. Pupils who are prescribed ADs should have immediate access to their prescribed adrenaline device at all times. This includes the journey to and from:
 - 10.1.1.1. School.
 - 10.1.1.2. Classrooms.
 - 10.1.1.3. Lunch/break areas.
 - 10.1.1.4. Outdoor spaces such as playgrounds or sports fields.
 - 10.1.1.5. When on trips and visits.
- 10.1.2. 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.
- 10.1.3. If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:
 - 10.1.3.1. In an appropriate central location, which is unlocked and accessible at all times (including during wraparound care). Please check your child's individual school for details of where ADs are stored.
 - 10.1.3.2. No more than 5 minutes away from where they may be needed.
 - 10.1.3.3. Kept at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extremes of temperature.
- 10.1.4. A copy of the pupil's allergy action plan will be kept alongside their medication, as it includes instructions on how it should be used in an emergency.

- 10.1.5. Parents/carers are responsible for ensuring that individually prescribed ADs are replaced before they expire and that the school is provided with replacement devices where required.

10.2. Spare ADs and inhalers

- 10.2.1. The Human Medicines (Amendment) Regulations 2017 permit “spare” adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.
- 10.2.2. 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 by schools. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school’s spare AAIs may be used in an emergency.
- 10.2.3. 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.
- 10.2.4. Our schools hold spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil’s own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.
- 10.2.5. The allergy safety lead is responsible for ordering spare ADs (and an emergency asthma reliever inhaler) and ensuring they are stored according to the guidance.
- 10.2.6. Spare ADs will only be sourced from reputable retailers, and we will aim to buy a single brand to avoid confusion.
- 10.2.7. Our trust will stock the appropriate dose(s) in accordance with current Department of Health and Social Care (DHSC) guidance and the needs of pupils attending the school.
- 10.2.8. This dosage is based on Resuscitation Council UK’s age-based criteria as outlined in [Using emergency adrenaline auto-injectors in schools - GOV.UK](#).
- 10.2.9. Our schools have multiple sets of ADs to ensure that they are not further than 5 minutes away from where they may be needed.
- 10.2.10. Spare ADs will be stored:
- 10.2.10.1. in an appropriate central location, which is unlocked and accessible at all times (including during wraparound care). Please check your child’s individual school for details of where ADs are stored.
 - 10.2.10.2. no more than 5 minutes away from where they may be needed. Our schools have multiple sets of spare ADs which are stored in multiple locations such as near the dining room, food technology classrooms and PE/sports facilities.
 - 10.2.10.3. at room temperature in line with manufacturer’s guidelines, protected from direct sunlight and extremes of temperature.
- 10.2.11. Spare AAIs will be kept:
- 10.2.11.1. in pairs, in case a second one is necessary.
 - 10.2.11.2. separate from any pupils’ prescribed ADs and clearly labelled 'Emergency Anaphylaxis Kit' to avoid confusion.
- 10.2.12. Our allergy safety leads are responsible for:
- 10.2.12.1. checking monthly that spare ADs (and the emergency asthma reliever inhalers) are present and in date.
 - 10.2.12.2. obtaining replacement ADs when the expiry date is near.

10.3. Disposal

- 10.3.1. ADs can only be used once. Used and expired adrenaline auto-injectors will be disposed of safely in accordance with the manufacturer’s instructions and applicable arrangements for the disposal of medicines and sharps.

10.4. Using spare ADs in an emergency situation without prior consent

- 10.4.1. The Human Medicines (Amendment) Regulations 2017 does not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

- 10.4.2. Our schools will obtain advance consent from parents/carers where possible, but lack of advance consent will not delay life-saving treatment. Our staff will take reasonable action to save a life without checking whether prior consent has been given to avoid potentially fatal delays in treatment.

10.5. Records

- 10.5.1. Our allergy safety leads will maintain oversight of pupils who have been prescribed ADs and will ensure that a register is maintained for pupils with an AD.
- 10.5.2. Our allergy safety leads will check that prescribed ADs held by the school are in date and that a current allergy action plan is held alongside the medication. These checks will be undertaken at least termly and the outcome recorded.
- 10.5.3. Where an AD or allergy action plan is due to expire or requires updating, our managing medicines leads will contact the parent/carer and request a replacement or updated plan as appropriate.
- 10.5.4. The register of pupils who have been prescribed an AD and have an allergy action plan will be shared with our managing medicines lead and will record, as a minimum:
- 10.5.4.1. the pupil's name, class/year group.
 - 10.5.4.2. confirmation that an AD has been prescribed.
 - 10.5.4.3. the date the AD was provided to the school and its expiry date.
 - 10.5.4.4. confirmation that an allergy action plan has been received.
 - 10.5.4.5. the date the allergy action plan was received or last reviewed.
 - 10.5.4.6. any relevant changes to the pupil's medication or allergy arrangements.
- 10.5.5. The allergy safety lead will review and update the register when there are changes to a pupil's prescription or allergy action plan and as part of the school's regular medication checks.

11. Serious Incidents and Near Misses

- 11.1. 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.
- 11.2. 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.

11.3. Incident recording

- 11.3.1. Our schools 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, including the following information:
- 11.3.1.1. Who was affected.
 - 11.3.1.2. What happened, when and where.
 - 11.3.1.3. Why the incident occurred (as far as is known).
 - 11.3.1.4. How staff and pupils responded and what was done to support the individual.
 - 11.3.1.5. Whether emergency services were called.
 - 11.3.1.6. How the incident concluded.
- 11.3.2. Our schools will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

11.4. Incident reporting

- 11.4.1. The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible. In the case of a pupil aged 16 and over, our schools will confirm that the pupil agrees that their parents/carers should be informed.
- 11.4.2. Our schools will share the report with the pupil's parents, the pupil or the individual involved.

- 11.4.3. Parents/carers will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Our schools will then confirm what we have learnt from the incident and outline any actions we are taking as a result.
- 11.4.4. 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.
- 11.4.5. Staff will always share the incident report with the Headteacher and Allergy Safety Lead. The Allergy Safety Lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to the pupil's IHP. Where it is considered that changes are needed to this policy, these will be reported to our Director of Estates and Director of HR for an immediate policy review. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident recurring.
- 11.4.6. Where an incident meets the criteria for statutory reporting, it will be reported to the relevant authority in accordance with our trust's health and safety policy.
- 11.4.7. 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 also be notified.

12. Allergy Awareness

12.1. Staff Training

- 12.1.1. Our trust will ensure that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training annually. New employees will complete this training as part of their induction during their first week of employment. Agency workers will receive this training on their first day with us.
- 12.1.2. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, exam invigilators, 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.
- 12.1.3. Allergy awareness training will ensure that all staff:
 - 12.1.3.1. have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it.
 - 12.1.3.2. understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist.
 - 12.1.3.3. understand the difference between food allergy, coeliac disease and food intolerance.
 - 12.1.3.4. know where to find information on allergy triggers.
 - 12.1.3.5. can identify the range of symptoms of allergic reactions.
 - 12.1.3.6. understand and can recognise anaphylaxis.
 - 12.1.3.7. know how to respond in an emergency, including:
 - 12.1.3.7.1. calling emergency services and informing parents/carers.
 - 12.1.3.7.2. how to locate and administer emergency medication.
 - 12.1.3.7.3. how to use the medication/device in an emergency.
 - 12.1.3.8. understand the impact allergy can have on a pupil's wellbeing.
 - 12.1.3.9. understand the school's allergy safety policy.
 - 12.1.3.10. 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.
 - 12.1.3.11. understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
 - 12.1.3.12. understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss').

- 12.2. Staff who have specific responsibility for responding to medical emergencies, administering emergency medication or supporting pupils with known allergies will receive additional training appropriate to their role. This may include first aid, more in-depth allergy and anaphylaxis training, including practical training in the use of AAls, and the school's emergency procedures.
- 12.3. The level of training provided will reflect the responsibilities of the individual member of staff and the needs of the pupils within the school. Our schools will ensure that appropriately trained staff available to respond to an allergic reaction or suspected anaphylaxis whenever pupils are on site, including during extended school day activities, trips and visits.
- 12.4. Awareness of allergy safety policy**
- 12.5. This allergy safety policy will be published on our websites.
- 12.6. All staff should be aware of and understand the policy as part of annual allergy awareness training and briefings.
- 12.7. Our pupils will be taught about allergies in assemblies and form time.

13. Wellbeing

- 13.1. We recognise that pupils with allergies can sometimes experience bullying and may also suffer from anxiety or other mental illnesses relating to their allergy.
- 13.2. Our schools will respond to any instance of bullying in line with their behaviour policies.
- 13.3. Pupils with allergies will have additional support through:
- 13.3.1. pastoral care.
 - 13.3.2. regular check-ins with their class teacher/form tutor or mastery tutor.
 - 13.3.3. 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.
- 13.4. Support following an incident or 'near miss'**
- 13.4.1. We understand that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, staff and any witnesses. Our schools will provide support to those involved.
- 13.4.2. See section 11 of the policy for more detail on incidents and 'near misses'.

14. Information Sharing

- 14.1. 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.

15. Monitoring Arrangements

- 15.1. This policy will be monitored by our trust board. It will be reviewed and approved annually, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

Appendix 1

Our Allergy Safety Leads

School	Email Address
Anns Grove Primary School	Adam Hayden, Deputy Headteacher
King Ecgbert School	Sian Stockham, Head of School
Mercia School	Jodi Green, Headteacher
Mercia Northridge School	Jon Dimler, Deputy Headteacher
Nether Edge Primary School	Sara Marshall, Assistant Headteacher
Newfield School	Kathryn Knowles, Deputy Headteacher
Totley Primary School	Ben Paxman, Headteacher
Woodlands Primary School	Rebecca Morton, SENDCo

Our school contact details

School	Telephone Number	Email Address
Anns Grove Primary School	0114 255 0398	enquiries@annsgrove.school
King Ecgbert School	0114 235 3855	enquiries@kingecgbert.school
Mercia School	0114 553 9080	enquiries@merciaschool
Mercia Northridge School	0114 232 2338	enquiries@mercianorthridge.school
Nether Edge Primary School	0114 255 0926	enquiries@netheredge.school
Newfield School	0114 255 7331	enquiries@newfield.school
Totley Primary School	0114 236 4482	enquiries@totley.school
Woodlands Primary School	0114 239 6464	enquiries@woodlands-primary.school