

Allergy & Anaphylaxis Policy

Policy Group	A	Education/Students
Title	A18p	Allergy & Anaphylaxis Policy
Trust sub-committee	Standards	
Last reviewed	April 2026	
Next scheduled review	April 2027	
Co-ordinated by	COO	

1 Policy Statement

- 1.1 Ambition Education Trust is committed to ensuring that pupils with allergies are safe, supported and able to participate fully in school life.
- 1.2 Allergies are increasingly common in childhood and in some cases can lead to anaphylaxis, a severe and potentially life-threatening reaction requiring immediate treatment.
- 1.3 This policy sets out:
 - 1.3.1 The Trust's expectations for allergy management
 - 1.3.2 Minimum standards all schools must meet
 - 1.3.3 Responsibilities for Trust leaders and individual schools
 - 1.3.4 Emergency response procedures
- 1.4 The Trust adopts a whole school allergy awareness approach, recognising that risk cannot be completely eliminated but must be actively managed.
- 1.5 This policy reflects the requirements of:
 - 1.5.1 DfE – Supporting Pupils with Medical Conditions at School
 - 1.5.2 Department of Health, Guidance on the use of Adrenaline Auto-Injectors in Schools
 - 1.5.3 Food Information Regulations 2014
 - 1.5.4 Equality Act 2010
 - 1.5.5 The Schools Allergy Code
- 1.6 This policy should be read alongside the Trust Supporting Pupils with Medical Conditions Policy

2 Definitions

- 2.1 Allergen – a substance capable of causing an allergic reaction.
- 2.2 Anaphylaxis – a severe, potentially life-threatening allergic reaction.
- 2.3 AAI – Adrenaline Auto-Injector (e.g. EpiPen or Jext).
- 2.4 Individual Healthcare Plan (IHP) a plan detailing a pupil's allergy and required treatment.
- 2.5 A near miss is an unplanned event that had the potential to result in allergic reaction, exposure or harm, but where harm was avoided either by chance or timely intervention.

3 Roles and Responsibilities

- 3.1 The Trust is responsible for establishing a consistent framework for allergy management across all schools.
- 3.2 The Trust will:
 - 3.2.1 Maintain and review this policy
 - 3.2.2 Ensure schools have appropriate guidance and templates
 - 3.2.3 Monitor compliance through safeguarding and health & safety assurance processes
 - 3.2.4 Provide oversight through Trust leadership and governance structures
- 3.3 The Director of Estates and Operations will oversee Trust compliance with this policy.

4 Responsibilities of Headteachers

- 4.1 Headteachers are responsible for implementing this policy within their school.
- 4.2 Each Headteacher must ensure that:
 - 4.2.1 Appropriate procedures are in place to manage pupils with allergies
 - 4.2.2 Staff receive appropriate training
 - 4.2.3 Individual healthcare plans are in place where required

- 4.2.4 Emergency medication is accessible
- 4.2.5 Risk assessments consider allergy risks
- 4.2.6 All staff are aware of their responsibilities
- 4.2.7 Parents are reminded that it is their responsibility to keep allergy information up to date and supplying in date medications etc.

5 School Implementation Requirements

Each school must implement the following arrangements.

5.1 **Named Allergy Lead**

- 5.1.1 Each school must appoint a Designated Allergy Lead.
- 5.1.2 This role must sit with a member of the Senior Leadership team responsible for safeguarding or student wellbeing
- 5.1.3 Responsibilities include:
 - 5.1.3.1 Driving a proactive culture of safety and inclusion across the school
 - Creating, maintaining and implementing the allergy and anaphylaxis policy
 - Ensuring all staff are trained in allergy awareness and anaphylaxis
 - Ensuring risk assessments are co-ordinated and maintained for all food-related activities, including trips
 - Keep informed about allergy management guidelines and best practises and amend policies and procedures as appropriate
 - Maintaining the allergy register
 - 5.1.3.2 Coordinating Individual Healthcare Plans with allergy action plans
 - 5.1.3.3 Monitoring medication expiry dates
 - 5.1.3.4 Ensuring all staff are trained in allergy awareness and anaphylaxis
 - 5.1.3.5 Recording incidents and near misses

5.2 **Named Allergy School Governor**

- 5.2.1 Each Schools Local Governing Board must have a Designated Allergy Representative

5.2 **Allergy Register**

- 5.2.1 Each school must maintain a central register of pupils, staff and, where reasonably practicable, regular visitors with known severe allergies or anaphylaxis risks which includes:
 - 5.2.1.1 Known allergens
 - 5.2.1.2 Severity of allergy
 - 5.2.1.3 Prescribed medication
 - 5.2.1.4 Emergency contact details
 - 5.2.1.5 Whether an Individual Healthcare Plan (IHP) and/or Allergy Action Plan is in place
 - 5.2.1.6 Whether prescribed medication or adrenaline auto-injectors are carried or stored onsite
- 5.2.2 This information must be available to staff who supervise pupils.

5.3 **Individual Healthcare Plans (IHPs) and Allergy Action Plans**

- 5.3.1 Each pupil with diagnosed allergies must have:

- an Individual Healthcare Plan (IHP), where required under the Trust Medical Conditions Policy; and/or
- an Allergy Action Plan provided by a medical professional.

- 5.3.2 Each pupil with diagnosed allergies must have an Individual Healthcare Plan (IHP) with an allergy action plan.
- 5.3.4 Schools should ensure arrangements are aligned with the Trust Medical Conditions Policy where applicable.
- 5.3.5 Individual Healthcare Plans and/or Allergy Action Plans should include, where appropriate:
- 5.3.5.1 Known allergens
 - 5.3.5.2 Symptoms of reaction
 - 5.3.5.3 Emergency treatment procedures
 - 5.3.5.4 Medication details
 - 5.3.5.5 Parental consent to administer medication

NOTE: A template has been provided in the pack, but schools can retain current version or one provided by the student's doctors. But schools must ensure the information retained is in line with the template.

- 5.3.3 Schools should use recognised national templates such as BSACI Allergy Action Plans.

5.4 **Medication Management**

- 5.4.1 Where pupils are prescribed adrenaline auto-injectors (AIs):
- 5.4.1.1 Two devices must be available at all times
 - 5.4.1.2 Medication must be clearly labelled
 - 5.4.1.3 Medication must be easily accessible and never locked away
- 5.4.2 Where pupils are capable, they should be encouraged to carry their own medication.

5.5 **Spare Adrenaline Auto-Injectors**

- 5.5.1 Schools must hold spare adrenaline auto-injectors (AIs) in line with Department of Health guidance.
- 5.5.2 Spare adrenaline auto-injectors must not be stored more than five minutes away from locations where they may reasonably be required.
- 5.5.3 Where held, schools must ensure:
- 5.5.3.1 AIs are stored at room temperature in pairs in accessible locations
 - 5.5.3.2 staff know their location
 - 5.5.3.3 devices are checked regularly for expiry
 - 5.5.3.4 parental consent for use is recorded in healthcare plans
 - 5.5.3.5 Used or expired AIs are disposed of securely as sharps

6 **Catering and Food Management**

- 6.1 Schools must ensure that catering providers comply with Food Information Regulations.
- 6.2 This includes:
- 6.2.1 Allergen information being available for food served
 - 6.2.3 Staff understanding allergen management procedures
 - 6.2.4 Steps being taken to reduce cross-contamination
- 6.3 The School will inform the Catering team of pupils with food allergies and provide a list with photographs to ensure the catering staff can identify the pupils. The catering team are expected to be able to identify these students via individual cards (primary school) or online (dependant on the catering provider) or alternative means within the catering areas with known food allergies and intolerances. Primary schools may use a card system that pupils

collect on their way in to pick up their lunches. All children with known allergies or intolerances have been offered a pre-plating service to prevent cross contamination.

- 6.4 Schools should promote allergy awareness rather than blanket allergen bans, recognising that it is not possible to guarantee a completely allergen-free environment.

7 Curriculum Activities and Events

- 7.1 Staff must consider allergy risks (including airborne allergies) when planning activities such as:
- 7.1.1 Food technology
 - 7.1.2 Science experiments involving food
 - 7.1.3 Cultural events involving food
 - 7.1.4 Craft activities using food materials
- 7.2 Where required, appropriate risk assessments must be undertaken.

8 Educational Visits and Sporting Fixtures

Trip leaders must ensure that:

- 8.1 Pupils carry required medication
- 8.2 Staff understand emergency procedures
- 8.3 Allergy risks are included in trip risk assessments
- 8.4 Catering providers are informed of dietary requirements where appropriate

9 Staff Training

- 9.1 Each school must ensure all contracted staff receive annual allergy awareness and anaphylaxis training.
- 9.2 Training should cover:
- 9.2.1 Understanding allergies and anaphylaxis
 - 9.2.2 Recognising symptoms
 - 9.2.3 Administering adrenaline auto-injectors
 - 9.2.4 School procedures and emergency response
- 9.3 New staff must receive training as part of induction where relevant.
- 9.4 Understanding the reporting of incidents and near misses

10 Emergency Response

- 10.1 If an allergic reaction is suspected, the students Health Care plan should be reviewed, but not at the detriment of the student's health:
- 10.1.1 Stay with the pupil and call for help
 - 10.1.2 Lay the pupil flat with legs raised
 - 10.1.3 Administer adrenaline immediately if anaphylaxis is suspected – ensure clear a clear timeline of medication administered is kept
 - 10.1.4 Call 999 and state ANAPHYLAXIS
 - 10.1.5 Administer second adrenaline dose after 5 minutes if required
 - 10.1.6 Inform parents/carers
- 10.2 Any pupil receiving adrenaline must be taken to hospital for observation.

11 Unacceptable Practice

The following practices are not acceptable:

- 11.1 Preventing pupils from accessing prescribed emergency medication
- 11.2 Leaving pupils with suspected anaphylaxis unattended

- 11.3 Allowing medication to expire without appropriate monitoring arrangements
- 11.4 Failing to share relevant allergy information with staff responsible for supervising pupils
- 11.5 Excluding pupils from activities without appropriate risk assessment and consideration of reasonable adjustments
- 11.6 Delaying administration of adrenaline where anaphylaxis is suspected
- 11.7 Storing emergency medication in inaccessible locations

12 Recording and Reporting

- 12.1 Schools must record by its approved means
 - 12.1.1 Allergic reactions
 - 12.1.2 Use of emergency medication
 - 12.1.3 Near misses
 - 12.1.4 Near misses involving allergen exposure or failures in control measures
- 12.2 Incident and near miss reports should, where appropriate, be shared with:
 - 12.2.1 Parents/carers
 - 12.2.2 The pupil, where appropriate to their age and understanding
 - 12.2.3 Relevant governance representatives
- 12.3 Schools must record allergic reactions within their incident reporting system and review events to identify learning.
- 12.4 Serious incidents may require reporting under RIDDOR where appropriate.
- 12.5 Incidents should be reviewed to identify learning and improve procedures.

13 Inclusion and Safeguarding

- 13.1 The Trust is committed to ensuring pupils with allergies are not excluded from school activities.
- 13.2 Where risks exist, activities should be adapted rather than avoided wherever possible.
- 13.3 Any bullying or discrimination relating to allergies will be treated as a safeguarding concern.

14 Monitoring and Review

- 14.1 Headteachers are responsible for ensuring the policy is implemented within their school.
- 14.2 The Trust will monitor compliance through:
 - 14.2.1 Safeguarding reviews
 - 14.2.2 Health and safety audits
 - 14.2.3 Review school allergy registers
 - 14.2.4 Annual policy assurance from Headteachers
- 14.3 This policy will be reviewed annually.

APPENDIX – Guidance on the use of AAls in schools (PAGE 4)

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, swollen tongue

BREATHING:

- Difficult or noisy breathing
- Wheeze or persistent cough

CONSCIOUSNESS:

- Persistent dizziness
- Becoming pale or floppy
- Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS



*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a **further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Ambition Education Trust
Allergy Management Assurance Statement

School: Verulam School

Headteacher Signature:



Date: 13/07/2026

The school confirms that the following arrangements are in place in accordance with the AET Allergy & Anaphylaxis Policy.

Requirement	Confirmed	Evidence
Designated Allergy Lead appointed	☒	Name recorded – Kate Thackray
Allergy register maintained	☒	Register available
Individual Healthcare Plans completed	☒	Signed plans
Medication available and in date	☒	Spot check
Spare adrenaline auto-injectors available	☒	Location confirmed
Staff training delivered	☒	Annual Training log
Emergency procedure known by staff	☒	Poster / induction
Allergy risks included in trip risk assessments	☒	Sample check
Total Number of students with Allergies	17	
Total pupils prescribed AAIs	17	
Total spare AAI's on site	4	
Named Allergy School Governor – Sarah Brandt		

Completed statement to be returned to the COO

