# The Rutland Learning Trust

Providing outstanding education for all pupils

*First-class education and care that allows every child to achieve their potential, regardless of location, prior attainment or background.*

**By……**
**Working Together**
**Sustaining Excellence**
**Transforming Lives**

# Allergies and Anaphylaxis Safety Policy

**WHY IS THIS POLICY REQUIRED:**
Statutory requirement under section 34 of the Children's Wellbeing and Schools Act 2026, which amends section 100 of the Children and Families Act 2014. Compliance with Benedict's Law.

**WHAT CHANGES HAVE BEEN MADE:**
New policy (Key)

**WHAT IS THE IMPACT OF THIS POLICY:**
Clear guidance for staff to maintain safety in relation to allergies and anaphylaxis.

**DATE: Term 1 2026**

**REVIEW DATE: Term 1 2027**

Data will be processed to be in line with our requirements and protections set out in the UK General Data Protection Regulation, Data Protection Act as amended by the Data (Use and Access) Act 2025.

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# 1. Aims

This policy aims to:

- Set out our Trust's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our Trust supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school communities.

# 2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

This policy is a statutory requirement under section 34 of the Children's Wellbeing and Schools Act 2026, which amends section 100 of the Children and Families Act 2014.

# 3. Roles and responsibilities

### 3.1 The Local Governing Board (LGB)

The LGB is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- Their school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The LGB delegates the day-to-day implementation of this policy to the Headteacher and allergy safety lead.

### 3.2 Allergy safety lead

The nominated allergy safety lead is Vicki Otway

They are responsible for:

- Implementing this allergy safety policy

- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published (done at Trust level)
- Promoting and maintaining allergy awareness across the school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP
- Ensuring that Appendix 1 is displayed clearly in school for all staff to access as necessary.

### 3.3 Headteacher

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

### 3.4 Allergy Safety Lead, Office Manager + 1 other named volunteer among school staff

Vicki Otway, Amy-Holloway Smith and Holly Bosworth are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

### 3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures

- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

### 3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- 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
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

## 4. Identifying individuals at risk

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:

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

### 4.1 Identifying pupils at risk

Schools will:

- For new starters, 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

- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us by either phone call or visit to the school if their child's medical needs change during the school year.

### 4.2 Identifying staff and visitors at risk

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

### 4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

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.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

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.

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.

The school will consider the following principles:

- 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
- 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

IHPs will be reviewed at least annually. A serious incident, near miss, change in allergy, change in medication or updated clinical advice will trigger an earlier review of the IHP. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

A template IHP can be found here and also in Appendix 2.

### 4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.
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.
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.

### 4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed ADs (and if so, what type and dose)
    - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each pupil to allow a visual check to be made - this will require parental consent
- The register is kept in the staffroom in the red folder by the entrance door to the staffroom and can be checked quickly by any member of staff as part of initiating an emergency response

## 5. Assessing risk

Schools will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

## 6. Minimising risk

### 6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Food brought into school by other outside sources, including birthday treats, celebrations, breakfast clubs, fairs and other events is checked by the class teacher before distribution
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

### 6.2 Catering

Our schools are committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- 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
- 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)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

### 6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

### 6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

### 6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

## 7. Emergency Anaphylaxis Procedure

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire
- If there is no improvement five minutes after the first adrenaline device has been administered, or if the child deteriorates following initial improvement, a second device should be administered while awaiting emergency services, in accordance with the child's Allergy Action Plan and emergency guidance.




# 8. Adrenaline devices (ADs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for ADs, covering these areas:

### 8.1 Prescribed ADs

Pupils who are prescribed ADs will have their medication kept near them at all times in the care of a responsible adult. 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.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

- In the school office that is unlocked and accessible at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- The AD will be taken to the school field by the class teacher during PE.
- A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

### 8.2 Spare ADs and inhalers

The allergy safety lead is responsible for working with the Trust Central Team to source spare ADs and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

- The ADs will be sourced from a reputable supplier for the whole Trust.
- Every school will have at least:

  2 × 150 microgram AAIs
  2 × 300 microgram AAIs

- The dosage required (based on Resuscitation Council UK's age-based criteria, can be found on page 11 of the AAI guidance)
- Spare ADs will be stored:

  In an appropriate central location that is unlocked and accessible to **staff only** at all times. They will always be stored in pairs.
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

- In the foyer outside the school office
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near

### 8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

### 8.4 Using spare ADs in an emergency situation without prior consent

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

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

### 8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

For pupils unable to carry their own AAI, the school will ensure that a spare AAI is available and accessible throughout all trips and off-site activities.

- Before the trip, parents/carers will provide a clearly labelled, in-date AAI in accordance with the school's medication procedures.
- The trip leader will nominate a member of staff to carry and safeguard the AAI.
- The AAI must remain readily accessible and travel with the group at all times, including during transport and activities.
- Staff accompanying the pupil will know where the AAI is kept and be familiar with the pupil's individual healthcare plan and emergency procedures.
- If the AAI is required, staff will follow the pupil's healthcare plan and seek emergency medical assistance.
- After the trip, the AAI will be returned to its agreed storage location. Any use, loss or damage will be reported to parents/carers and the appropriate school staff.

## 9. Serious incidents , safeguarding and 'near misses'

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.

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.

### 9.1 Incident recording

The school 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:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

### 9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

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.

Staff will always share the incident report with Vicki Otway. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]
- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

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 be notified.

- An allergy-related incident or failure to manage an allergy safely does not, in itself, constitute a **safeguarding concern**.

  However, staff should remain alert to situations where a pupil's medical needs may be persistently unmet or deliberately neglected, for example where essential medication is repeatedly not provided or made available.

  Any concerns about possible neglect or deliberate failure to meet a pupil's medical needs should be reported to the Designated Safeguarding Lead in accordance with the school's safeguarding and child protection procedures.

# 10. Allergy awareness

### 10.1 Staff training

The Trust ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

Schools will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- 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
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens

- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

### 10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

## 11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- 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

The school will respond to any instance of bullying in line with its behavior policy.

### 11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.
The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

## 12. Information sharing

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.

## 13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by Trust and the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

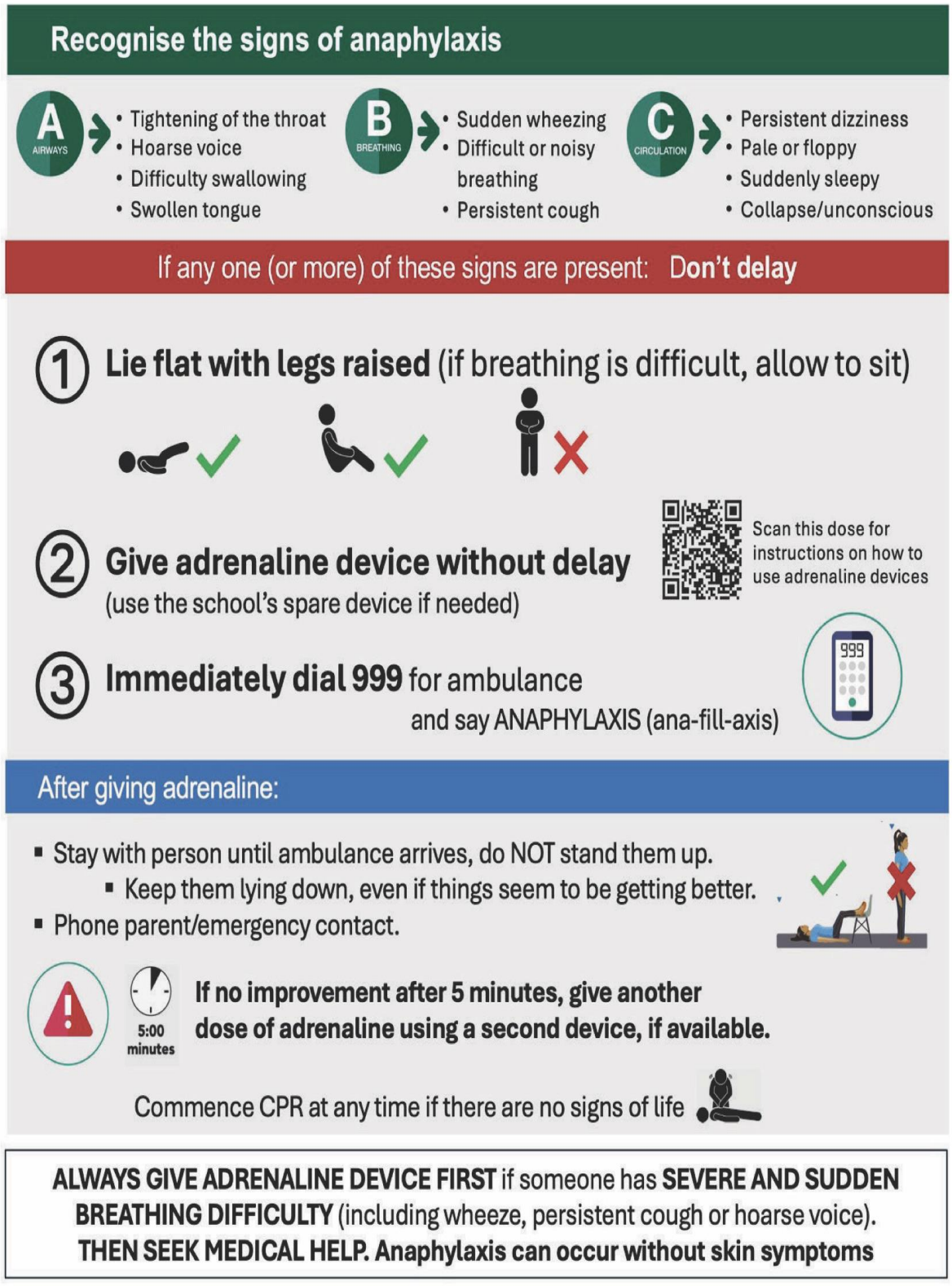
## 14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy

- Supporting pupils with medical conditions policy
- Data protection policy
- Behaviour policy

## 15. Appendix 1



## 16. Appendix 2

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:<br>Note what allergy the child or young person has.<br>Note any known allergens.<br>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:<br>Note any care or action plans or prescribed medication issued by healthcare professionals.<br>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.<br>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:<br>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.<br>Indicate how the allergy may impact on the child or young person’s learning.<br>Indicate how the allergy may impact on the child or young person’s emotional wellbeing.<br>If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:<br>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.<br>Outline measures to reduce the risk of contact with known allergens.<br>Give details of the specific support or adaptations to manage food allergy at meal and snack times.<br>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
</table>

| | |
|---|---|
| **Visits and trips**:<br>*Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.*<br>*Note any requirement for a risk assessment and prompts for specific issues which should be considered.* | |
| **Emergency response**:<br>*Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.*<br>*Otherwise summarise the signs or symptoms which would indicate an emergency.*<br>*Set out what to do in an emergency, including whom to contact.*<br>*If relevant, note where "spare" adrenaline devices are located.* | |
| **Last discussed with parents:** | **Date** |
| **Issued by**: | **Date**: |
| **Next planned review**: | **Date**: |