Allergy Safety Policy

Document Title:	Allergy Safety Policy
Version number	1.0
Policy Status	Draft
Date of Issue:	September 2026
Date to be revised	September 2027

This policy sets out Leigh Academies Trust's specific arrangements for supporting children, young people, staff, and visitors with allergies. It acts as a standalone allergy framework under the Children's Wellbeing and Schools Act 2026 and the DfE's "Allergy safety in schools" statutory guidance (July 2026), and must be read in conjunction with the overarching LAT *Supporting pupils with Medical Needs Policy.* This policy will be published on the academy's website and made available in hard copy on request.

In line with Benedict's Law, Leigh Academies Trust is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Allergy is a spectrum of different allergic diseases, including food allergy, asthma, eczema, and seasonal rhinitis. Reactions occur when a susceptible person is exposed to an allergen.

Anaphylactic reactions involve difficulty in breathing, affect the heart rhythm, and usually begin within minutes of exposure to the allergen. Once started, anaphylaxis progresses quickly, leaving only a 20-30 minute window of opportunity to prevent death. Therefore, giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. Anaphylaxis always requires an emergency response.

The Trust understands that severe allergies are included in the Equality Act 2010, which considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities.

1. Roles and responsibilities

1.1. **The Academy Board is responsible for:**

1.1.1 determining the general policy, ensuring that arrangements are in place to support pupils with medical conditions, and includes allergy risks on the school's risk register.

1.2 **The Principal will:**

1.2.1 have overall responsibility to oversee the management and provision of support for pupils with medical conditions, ensuring sufficient, appropriately trained staff are available.

1.2.2 serve as the named allergy safety lead for the academy and is responsible for driving the implementation of the allergy safety policy. This includes ensuring allergy information is collected and shared, overseeing spare adrenaline devices (including determining their local storage locations, ensuring these locations are clearly signposted, and confirming that all staff are explicitly informed of where spare adrenaline devices are kept on site) and ensuring Individual Healthcare Plans (IHCPs) are created.

1.2.3 gather feedback from individuals with allergies (whether children, young people, or staff) at the academy level—for example, through informal check-ins when reviewing Individual Healthcare Plans—to inform local safety arrangements and feed into the Trust's annual review of this policy.

1.3 **Teachers and support staff are responsible for:**
1.3.1 the day-to-day management of medical conditions of pupils they work with, in line with training received and as set out in IHCPS;
1.3.2 working with the named person, ensuring that risk assessments are carried out for academy visits and other activities outside the normal timetable and provide this information to supply staff who will be covering their role when this is known in advance;
1.3.3 act swiftly in an emergency situation.

NB: While any member of staff may be asked to provide support, including administering medicines, no member of staff can be required or compelled to administer medication. In a medical emergency, "acting swiftly" means all staff must immediately raise the alarm, call 999, remain with the pupil, and ensure that a trained staff member is alerted to bring and administer adrenaline within the critical five-minute window.

1.4 **The designated health care professional** or school nurse designated by the local CCG is responsible for:
1.4.1 Notifying the academy when a pupil has been identified as having a medical condition which will require support in the academy. Wherever possible, this should be done before the pupil starts at the academy.
1.4.2 Providing clinical advice, issuing clinical documents such as Allergy Action Plans and Asthma Action Plans, prescribing necessary medication, and collaborating with the school and parents to inform the development of IHCPs
1.4.3 Ensuring that staff are aware of the need to communicate necessary information about medical conditions and where appropriate, taking the lead in communicating this information to other staff members for example catering staff may need to be notified of specific food allergies and the need for labeling of food likely to be high risk such as nuts and related allergies.

1.5 **Parents/Carers** are expected to provide the school with sufficient and up-to-date information about their child's medical needs. Be involved in the development and review of their child's IHCP and may be involved in its drafting. Carry out any action they have agreed to as part of the implementation of the IHCP e.g. ensuring that the student always has in-date medication with them at school.

1.6 **Pupils** with medical conditions are often best placed to provide information about how their condition affects them, and they should be fully involved in discussions about their medical support needs and contribute to the development of their IHCPs. They are expected to comply with their IHCPs. Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for managing their own allergy, which includes carrying their own medicines and two adrenaline devices with them at all times.

1.7 **Staff with allergies** are encouraged to declare their condition upon commencement of employment. Academies will maintain confidential records of staff allergies and any prescribed emergency medication to ensure appropriate workplace support and emergency response plans are in place, reflecting the safety measures provided to pupils.

1.8 **Visitors** will be asked if they have an allergy which the academy should be aware of, especially if they are likely to be served food.

2. Emergency treatment and management of Anaphylaxis

2.1 Anaphylaxis can occur without any other signs, such as a skin rash, being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.

2.2 Serious symptoms (ABC symptoms) include:

- **AIRWAY:** Swelling in the throat, tongue, or upper airways, hoarse voice, or difficulty swallowing.
- **BREATHING:** Sudden onset wheezing, breathing difficulty, noisy breathing, or persistent cough.
- **CIRCULATION:** Dizziness, feeling faint, sudden sleepiness, pale/clammy skin, or loss of consciousness.

2.3 Emergency Action Protocol:

- Keep the individual where they are, call for help, and do not leave them unattended.
- Lie the individual flat with their legs raised.

- Use the adrenaline device without delay and note the time given.
- Call 999 and state "ANAPHYLAXIS".
- If there is no improvement after 5 minutes, administer a second adrenaline device.
- Call the parent/carer as soon as possible.
- Do not stand them up or sit them in a chair, as this could lower their blood pressure drastically and cause their heart to stop.

3. Minimising risk and exposure to allergens

3.1 Blanket bans, especially regarding nuts, create a false sense of security; any food can cause a reaction with serious consequences. LAT academies are "allergy aware" and take active steps to minimise exposure risks.

3.2 School wide risk assessments will identify non-food allergens (e.g., therapy dogs requiring enhanced cleaning), curriculum risks (e.g., modifying recipes in cooking), and external trip risks.

3.3. Contracts with catering companies will comply with Food Standards Agency (FSA) allergen management regulations. Caterers must provide allergen information to parents and students.

3.4 Academies will use at least two robust methods (e.g., staff checks, coloured lanyards) to identify children with allergies at the point of service to ensure the correct, safe meals are provided by the contracted caterers. Children with food allergies must not be segregated from their peers.

3.5 Unlabelled food poses a high risk and must be avoided; students will be taught not to share or trade food, utensils, or containers.

3.6 Where parents provide daily packed lunches or snacks, these must strictly adhere to the academy's 'nut-aware' guidelines. While we actively discourage bringing known allergens onto the premises to minimise exposure risks, we rely on robust hygiene, identification, and emergency response plans rather than blanket bans, which can create a false sense of security.

3.7 Poor air quality worsens asthma and increases asthma attacks; therefore, clean indoor air and good ventilation will be systematically integrated into health and safety duties, policies, and practices as a core asthma control measure.

3.8 Reasonable adjustments will be made to enable pupils with allergy to access their free school meal entitlement, ensuring their needs and safety are fully met.

4. Medication and Adrenaline Devices (ADs)

4.1 Anaphylaxis is a time-critical emergency where adrenaline must be administered within five minutes. Academies will ensure that children and young people have rapid access to their prescribed devices at all times, including in the lunch area, playground, sports fields, and when on visits or trips. If a pupil cannot carry their devices, they must be close enough to hand that

they can be reached and used within the five-minute window.

4.2 Academies will establish arrangements for children, young people, and parents to take individually prescribed adrenaline devices home at the end of the day, ensuring they have them for the journey home. The academy will also implement procedures for checking that these individually prescribed devices remain in date.

4.3 The academy will keep clear records identifying which children and young people have been provided with prescribed adrenaline devices and ensure they have a corresponding clinical Allergy Action Plan on file.

4.4 In line with DfE statutory guidance, which outlines the Government's intent to introduce future requirements, the Trust expects academies to stock 'spare' adrenaline devices for emergency use. The Human Medicines (Amendment) Regulations 2017 legally permit schools to purchase and use these spare devices for the purpose of saving a life. .

4.5 Academies will stock 'spare' adrenaline devices in pairs according to their phase. :

- **Nursery settings:** One pair of 150 microgram devices.
- **Primary schools:** One pair of 150 microgram and one pair of 300 microgram devices.
- **Secondary schools:** One pair of 300 microgram devices (larger sites may hold two pairs to ensure a 5-minute response time).
- **Special schools:** One pair of 150 microgram and one pair of 300 microgram devices.

Principals are responsible for purchasing any supplementary AAIs needed to ensure an AAI can be accessed and administered within **5 minutes** from any location on the academy site. As well as covering the annual cost of these devices.

4.6 Used adrenaline devices will be disposed of in a sharps box or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy for disposal.

4.7 In an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given for spare device usage.

5. Staff training and emergency response

5.1 Academies will ensure arrangements are in place for whole-school allergy awareness training, so that staff receive regular (at least annual) training. First aid training is not sufficient to meet this requirement.

5.2 All staff present during times when pupils are scheduled to be on site must receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff, and those who may oversee children at breakfast or after-school clubs. It is not intended to include contractors carrying out work with no

pupil-facing role, such as builders or maintenance personnel.

5.3 The academy will establish clear induction arrangements for new staff, as well as specific arrangements to ensure supply and cover staff have received allergy awareness training before commencing work.

5.4 Allergy awareness training will ensure 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, informing parents, and locating and administering emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
- Receive training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices).
- Understand the impact allergy can have on a child or young person's wellbeing.
- Understand the academy'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").

5.5 Training under this guidance is for allergy awareness and emergency response. It does not replace any separate clinical governance, competency, or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

5.6 Academies must ensure arrangements are in place so that children and young people have rapid access to their prescribed adrenaline devices at all times. Staff should consider how access to this medication is maintained during emergencies, evacuations, and the journey home.

6. Identification, information sharing and IHCPs

6.1 Comprehensive medical data relating to identified allergies and required interventions will be

obtained from families and prior educational settings before the student's enrollment.

6.2 The Trust acknowledges that pertinent health records constitute special category data as defined by UK GDPR; such information will be disseminated securely among teaching, support, and catering personnel (including temporary and agency staff) to ensure all staff are explicitly informed of pupils with known allergies.

6.3 Allergy Action Plans serve as formal clinical records developed by healthcare practitioners and require a parent or carer's signature to permit the dispensing of medication.

6.4 Individual Healthcare Plans (IHCPs) will be created if a pupil:

- Has an allergy which has a functional impact on them at school;
- They are at risk of harm as a result of their allergy; and
- They require arrangements which are additional to or different from those made generally.

It is not necessary for a child or young person to have a formal diagnosis of allergy for them to have an IHCP. Healthcare professionals may decide that it is more appropriate to accept that the individual shows symptoms, rather than proceeding to a formal diagnosis. Academies should be therefore guided by the functional impact and risk of harm, whether allergy is diagnosed or suspected.

6.5 As educational professionals, academy staff do not possess clinical expertise and are not responsible for making clinical assessments. Therefore, Individual Healthcare Plans (IHCPs) are not clinical documents; rather, they are academy-led collaborative instruments detailing how the academy will implement medical advice. IHCPs must always be informed by the instructions, advice, or formal care plans provided by a relevant healthcare professional, and all clinical documents (such as Allergy or Asthma Action Plans) must be attached and incorporated into the IHCP. The IHCP should also set out any actions staff may need to undertake in supporting its delivery and identify which staff are involved.

6.6 In some cases, pupils will have or be suspected of having allergy where no clinical advice is available. This may be the case where symptoms have newly emerged or where the process of diagnosis is still under way. In such cases, academies should put arrangements in place to support them based on the best assessment that can be made of the likely risk to the child or young person’s health, education and wellbeing. Academies are not responsible for making clinical judgements, so where support cannot be safely determined without health care advice, they should still seek advice from healthcare professionals.

6.7 A review of each IHCP will occur annually at minimum, or immediately following any significant medical update, emergency event, or "near miss" situation. The IHCP should always refer to the most recent clinical advice, noting when it was provided and by whom.

7. School trips, external visits and sporting fixtures

7.1 The Trust is committed to the full participation of pupils with allergies in all educational excursions, competitive sports, and enrichment activities.

7.2 For any activity conducted beyond the standard timetable, a dedicated risk assessment must be performed to evaluate potential allergen triggers, the availability of life-saving medication, and the distance to the nearest medical facility.

7.3 It is the responsibility of the trip leader to verify that students possess their prescribed medical devices prior to leaving the site. If a pupil does not have their essential medication, trip leaders must take immediate and reasonable steps to locate it, obtain it from parents, or ensure an appropriate 'spare' device is available, so that the pupil can participate safely.

7.4 As part of the risk assessment for external visits and away sporting fixtures, staff should consider the risk of exposure to allergens. Where refreshments are offered, staff are expected to liaise with host schools regarding specific dietary requirements to ensure safe food is available for the student.

8. Serious incidents, near misses and Safeguarding

8.1 Serious medical events involving actual harm and "near misses" where harm was narrowly avoided will be managed within a constructive "no blame" culture. The primary objective is to extract vital learning to enhance future student safety protocols.

8.2 Every instance of an allergic reaction or near miss, including accidental exposure that did not result in symptoms, must be documented on BromCom without delay stating what happened and consider what lessons can be learned.

8.3 A formal incident report shall be compiled and communicated to the pupil’s parent. The report should set out:

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

The academy will outline any systemic improvements and revise the IHCP and relevant risk assessments as required by the situation.

8.4 Should hazardous food be provided by the academy in its capacity as a food business, incidents and near-misses will be recorded and reviewed. Formal notification to the local

authority’s environmental health department is legally required if there is reason to believe that unsafe food has left the academy's immediate control and poses an ongoing risk to consumers. Isolated, contained issues do not require formal notification. Incidents arising directly out of a work activity that result in a fatality or an individual being taken directly to hospital for treatment must be reported to the HSE under RIDDOR (precautionary hospital visits where no injury is apparent do not require RIDDOR reporting).

8.5 A safeguarding referral may be triggered if a medical episode suggests a child is suffering from neglect, such as persistent failure to provide necessary prescribed medication for use during school hours.

8.6 In the wake of a significant event, the academy will evaluate and implement appropriate wellbeing support for students and personnel, which includes providing staff with dedicated time for professional reflection.

8.7 The Academy Board shall ensure that the established complaints procedure is accessible for raising and examining concerns following a major incident or near-miss event.

8.8 In the devastating circumstance of an unexplained fatality, academies are advised that items like food remnants or liquid samples may be required as evidence and must be secured and preserved for investigation.

9. Wellbeing and support

9.1 Allergy safety actions are embedded into the academy's culture to ensure students feel included, safe, and supported. The academy will actively provide support and reassurance to anxious pupils and their families, compounding the fact that clear risk-mitigation steps are taken daily and that robust emergency response measures are firmly in place.

9.2 Academies will consider how to best raise awareness of allergy safety among children and young people to foster understanding of the potential risks.

9.3 Academies actively monitor, prevent, and strictly address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints. Staff will be trained to recognise and immediately intervene in allergy-related bullying, which can range from:

- Excluding peers from activities by deliberately using known allergens;
- Denigrating or making fun of the need to avoid allergens; or
- Threats to force-feed known allergens.

9.4 School celebrations, rewards, and communal events will be planned inclusively from the outset to eliminate the social isolation of children with allergies.

10. **Unacceptable practice**

10.1 Staff must be clear about what constitutes unacceptable practice. The following actions are strictly prohibited:

- Preventing children from easily accessing and administering their medication when necessary.
- Assuming every child with the same condition requires the exact same support.
- Assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while a medical investigation is under way.
- Ignoring the views of the child, their parents, or medical professionals.
- Sending a child who becomes unwell to a school office or medical room unaccompanied; help must come to the child.
- Penalising children for their attendance record if absences are related to their medical condition.
- Discriminating against children or young people with allergy by sending them home frequently for reasons associated with their allergy or preventing them from staying for normal school activities or extracurricular activities, including lunch.
- Requiring parents to attend the school to administer medication or provide medical support.
- Impacting parents' and carers' work or other responsibilities because the school, college or setting is failing to support their child's allergy.
- Preventing children from participating in any aspect of school life, such as external trips, by requiring parents to accompany them.

11. Liability and indemnity

11.1 LAT insurers advise that the employers' and public liability covering all Academies meets the needs of the Trust in relation to the matters covered by this policy. It is incumbent upon the Trust and its Academies to ensure that all staff undertaking work with pupils who have medical needs are fully trained and qualified for the role that they discharge, and that limitations in training and qualifications are respected. Where necessary, risk assessments must be in place.

12. Complaints

12.1 An individual wishing to make a complaint about actions regarding the Academy's actions in supporting pupils with allergies should discuss this with the academy in the first instance.

12.2 If the issue is not resolved, then a formal complaint may be made, following the Trust's complaints procedure.

13. Equality impact statement

13.1 LAT will do all it can to ensure that this policy does not discriminate against any individual, directly or indirectly. LAT will do this through regular monitoring and evaluation of policies. On review, the Trust shall assess and consult relevant stakeholders on the likely impact of policies

on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but will not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. LAT will use an appropriate equality impact assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

APPENDIX A

PROCESS FOR DEVELOPING INDIVIDUAL HEALTH CARE PLANS