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Allergy Safety Policy

Aims

This policy aims to:

- Set out our approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how the school supports students with allergies to ensure their safety, wellbeing, inclusion and full participation in education wherever reasonably practicable.
- Promote and maintain allergy awareness among the school community.
- Set out clear arrangements for identifying students with allergies, assessing and managing allergy-related risks, maintaining Individual Healthcare Plans and Allergy Action Plans, providing appropriate staff training and responding effectively to allergic reactions and anaphylaxis.
- Ensure that serious allergy incidents and significant near misses are recorded and reported to the Trust Allergy Lead using the online Anthem Incident Report Form. These will be reviewed and used to identify learning and improve practice.
- Ensure that allergy-related concerns, including bullying, harassment, discrimination or deliberate exposure to allergens, are responded to appropriately in accordance with the school's Behaviour & Ethos Policy, Anti-Bullying Policy and, where appropriate, Child Protection & Safeguarding Policy.

This policy is published on the school's website and can be made available in hard copy on request.

Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance Allergy safety in schools (July 2026) 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 and statutory guidance:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- Children's Wellbeing and Schools Act 2026
- The Children and Families Act 2014
- Keeping Children Safe in Education 2026, where relevant to safeguarding arrangements.
- Equality Act 2010

Terminology

Allergy: A condition in which the body's immune system reacts to a substance that is normally harmless.

Allergic reaction: A reaction that occurs following exposure to an allergen.

Anaphylaxis: A severe, potentially life-threatening allergic reaction requiring immediate emergency treatment.

Adrenaline auto-injector (AAI): A medical device used to administer adrenaline in the emergency treatment of anaphylaxis.

Individual Healthcare Plan (IHP): A school document setting out the arrangements and support that will be provided to an individual student whose allergy requires arrangements which are additional to or different from those made generally.

Allergy Action Plan: A clinical action plan provided by an appropriate healthcare professional setting out how an individual's allergy should be managed, including emergency treatment where applicable.

Kitt Medical: The Trust's managed provider of spare emergency adrenaline auto-injectors, wall-mounted emergency AAI units, allergy and anaphylaxis training and associated medication management and incident reporting arrangements.

Roles and responsibilities

We take a whole-school approach to allergy awareness.

The school will make reasonable adjustments and undertake risk management measures to enable students with allergies to participate fully in educational activities, clubs, visits, residentials and enrichment opportunities wherever it is safe to do so.

The school will maintain proportionate emergency response arrangements that align with the Trust's critical incident, safeguarding, health and safety, business continuity and security procedures. Staff responsible for students with severe allergies will be familiar with evacuation, invacuation, lockdown and emergency communication procedures to ensure that allergy medication and emergency response arrangements remain effective during any critical incident.

Records of allergy incidents, near misses, training and AAI checks will be retained in accordance with the Trust's records management arrangements.

Anthem Allergy Lead

The Anthem nominated Trust-level Allergy Lead is Owen Walters, Anthem Head of Safeguarding.

The Trust Allergy Lead will oversee Trust-wide implementation of this policy, provide advice and challenge to School Allergy Leads and monitor Trust-wide assurance information relating to allergy safety.

The Trust Allergy Lead will use information from school assurance processes, Kitt Medical, incident reporting, audits, training information, serious incidents and significant near misses to identify themes, promote organisational learning and recommend improvements to Trust policy and practice.

School Allergy Lead

The Headteacher shall nominate a School Allergy Lead. Wherever reasonably practicable, this role shall be undertaken by a member of the Senior Leadership Team or a suitably senior member of staff with sufficient authority to oversee implementation of this policy.

The school nominated allergy lead is [insert staff member's name here].

They are responsible for:

- Promoting and maintaining allergy awareness across our school community.
- Recording and collating allergy and special dietary information for all relevant students and co-ordinating medication with families (although the allergy lead has ultimate responsibility, the information collection itself and the coordination of medicines with families may be delegated to the medical officer / the school nurse / administrative staff).

Ensuring:

- Allergy information is recorded and maintained in Bromcom (Medical Needs & First Aid) and is readily available to relevant staff on a need-to-know basis. Allergy information is formally reviewed at least annually and updated promptly whenever the school is notified of a change to a student's allergy status, medication, healthcare plan or emergency contact details.
- All students with allergies have an allergy action plan.
- All staff receive an appropriate level of allergy 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.
- Supply staff, temporary cover staff, contractors, visitors and volunteers are made aware of students with significant allergies, who the School Allergy Lead is, emergency procedures and the location of emergency medication as required.
- Keeping stock of the school's adrenaline auto-injectors (AAIs) and ensure the AAIs are in date.
- Maintaining evidence of compliance, training records, AAI checks, incident logs and healthcare plans to support Trust assurance and audit requirements.
- Overseeing the school's Kitt Medical arrangements, including ensuring that Kitt units are appropriately located, accessible and maintained, required checks are completed, the Kitt Medical Portal is kept up to date and any issues affecting the availability of emergency AAIs are addressed promptly.
- Monitoring staff completion of required allergy and anaphylaxis training through the Kitt Medical Portal and ensuring that identified gaps are followed up.
- Ensuring that any Kitt Medical incident reporting and replenishment requirements are completed following the use of a spare AAI.
- Ensuring that any allergy-related safeguarding concern, including concerns relating to bullying, harassment, deliberate exposure to an allergen, neglect of a student's medical needs or concerns about an adult's conduct, is referred through the school's safeguarding procedures where appropriate.
- Communicating relevant information with National Team colleagues.
- Overseeing the completion of a Managing Allergies risk assessment, and other allergy risk assessments as required, in line with the protocols set out below.
- Provide feedback to the Anthem Allergy Lead about the Allergy Safety Policy and procedures as required, including any suggestions for further improvement.

Designated AAI Checkers

The School Allergy Lead will identify **two members of staff** who are responsible for undertaking the monthly checks of the school's adrenaline auto-injectors (AAIs), including those held within Kitt Medical units.

The designated AAI Checkers are responsible for:

- completing a monthly check of all school-held spare AAIs
- checking that AAIs are present, in date, appropriately stored and readily accessible
- checking that Kitt Medical units are accessible, unobstructed and clearly identifiable
- checking that the emergency instructions and relevant information are present and legible
- recording the outcome of each monthly check through the Kitt Medical Portal, where available, and retaining appropriate evidence of the check
- immediately reporting any missing, expired, damaged or otherwise unsuitable AAI to the School Allergy Lead, and
- ensuring that any identified issue is followed up promptly and that replacement AAIs are obtained where required.

The School Allergy Lead will ensure that the two designated AAI Checkers are appropriately briefed on their responsibilities and that alternative arrangements are in place where either designated checker is absent.

Headteacher/Head of School

The Headteacher is responsible for ensuring that this policy is implemented effectively within the school and that appropriate arrangements are in place to support students with allergies.

The Headteacher is responsible for:

- ensuring that a suitably senior School Allergy Lead is appointed
- ensuring that sufficient resources, staffing and arrangements are in place to implement this policy effectively
- ensuring that allergy-related risks are identified, assessed and appropriately managed
- ensuring that Individual Healthcare Plans and relevant Allergy Action Plans are in place and reviewed as required
- ensuring that staff receive appropriate allergy awareness and emergency response training
- ensuring that prescribed and spare adrenaline auto-injectors are appropriately stored, accessible, checked and maintained, including through the school's Kitt Medical arrangements
- ensuring that Kitt Medical provision is sufficient and that issues relating to the availability, accessibility or replenishment of emergency AAIs are addressed promptly
- ensuring that significant allergy incidents and near misses are recorded and reported to the Trust Allergy Lead in accordance with the Trust's escalation arrangements via the online Anthem Incident Report Form. These will also be investigated and reviewed.
- reviewing the annual allergy assurance report prepared by the School Allergy Lead and providing assurance to the Trust Allergy Lead
- ensuring that allergy-related concerns which may also constitute safeguarding concerns are managed in accordance with the Child Protection & Safeguarding Policy, and
- ensuring that concerns about staff conduct are managed in accordance with the Trust's Allegations against the staff Policy, as appropriate.

Teaching and support staff

All teaching and support staff are responsible for:

- promoting and maintaining allergy awareness among students
- maintaining awareness of this Allergy Safety Policy and the school's allergy procedures
- being able to recognise the signs of severe allergic reactions and anaphylaxis
- completing required allergy and anaphylaxis training

- being aware of specific students with allergies in their care
- carefully considering the use of food or other potential allergens in lesson and activity planning
- taking reasonable steps to reduce the risk of students being exposed to known allergens
- knowing where to access relevant allergy information, Individual Healthcare Plans and Allergy Action Plans
- knowing how to access and use emergency medication in accordance with their training and the school's procedures
- ensuring the wellbeing, inclusion and participation of students with allergies, and
- reporting allergy incidents and significant near misses in accordance with school procedures.

Visitors, contractors, agency staff, peripatetic staff, temporary staff and volunteers who have supervisory responsibility for students must be informed of relevant allergy risks, emergency procedures and the location of emergency medication before undertaking activities or supervision, where reasonably practicable.

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
- Where prescribed, providing the school with the student's prescribed adrenaline auto-injectors and any other medication required to manage their allergy, in accordance with the arrangements agreed in the student's Individual Healthcare Plan, and ensuring medication is replaced before it expires
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Students with allergies

Where capacity and maturity allow, these students are expected to:

- Being aware of their allergens and the risks they pose
- Follow the arrangements agreed in their Individual Healthcare Plan and/or Allergy Action Plan
- Understanding how and when to use their adrenaline auto-injector where they have been prescribed one and have been assessed as able to self-administer
- Carry their prescribed adrenaline auto-injector on their person where this has been agreed as appropriate and is consistent with their age, maturity and Individual Healthcare Plan
- Tell a member of staff if they feel unwell or believe they may have been exposed to an allergen
- Seek help immediately if they believe they are experiencing an allergic reaction.

Students will not be expected to take responsibility for the emergency management of another student's allergy.

Students without allergies

Where capacity and maturity allow, students will be supported to understand that some members of their school community have allergies and that exposure to an allergen can cause a serious or life-threatening reaction.

Students will be expected to follow reasonable school arrangements designed to reduce allergy-related risks, including arrangements concerning food sharing, hygiene and the use of allergens in school activities.

Students will be encouraged to seek immediate help from a member of staff if they become aware that another student may be experiencing an allergic reaction.

Individual Healthcare Plans

An Individual Healthcare Plan (IHP) will be developed where a student:

- has an allergy which has a functional impact on them in their school
- is at risk of harm as a result of their allergy, and
- requires arrangements which are additional to or different from those made generally

A template is provided in Appendix 1 of this policy.

The IHP will be developed with the student and their parent/carer, taking account of relevant advice from healthcare professionals. An IHP is not a clinical document and should not replace a clinical care or action plan.

Where an Allergy Action Plan or Asthma Action Plan has been provided by a healthcare professional, this will be referred to or attached to the IHP, including the healthcare provider, healthcare professional and relevant review date.

The IHP will set out the additional and/or different arrangements that will be in place in the school or early years setting for supporting the student with their allergy, including in emergency situations.

The IHP will be reviewed at least annually and sooner where there is a significant change in the student's condition, medication, circumstances, level of independence or healthcare advice, or following an allergy incident or significant near miss.

Assessing risk

A Managing Allergies risk assessment will be completed based on the Anthem's template (see Appendix 2 of the policy), making local changes relevant to specific context as required. This risk assessment will be reviewed at least annually.

The school will conduct further risk assessments required for any student 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 student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

The Managing Allergies risk assessment will be overseen by the School Allergy Lead and reviewed at least annually, following any serious allergy incident or significant near miss, and whenever there is a significant change to the school's circumstances or relevant guidance.

Allergy-related risks will also be considered within the school's wider risk management arrangements where appropriate.

Managing risk

[Schools must adapt the following arrangements to reflect their local context. The arrangements must set out how the school will reduce allergy-related risks while maintaining the inclusion and participation of students with allergies. Use the suggestions below to help you get started. Please change the green text to black once completed and remove any instructions in brackets before publishing this policy document].

Hygiene procedures

[Set out what measures you'll take to prevent contamination in your school, such as]:

- Students are reminded to wash their hands before and after eating
- Food must not be shared between students unless this has been specifically authorised by the school as part of an activity and appropriate allergy risk controls are in place.
- Students have their own named water bottles

Catering

The school is committed to providing safe food options to meet the dietary needs of students with allergies.

- Catering staff receive appropriate training and are able to identify students with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where menu substitutions or product changes are required, allergen information will be reviewed before use and any significant changes affecting students with allergies will be communicated to relevant staff and parents/carers.
- Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing students 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)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

The school adopts an allergy-aware approach. The school does not claim to be allergen-free and recognises that risk reduction, awareness and effective emergency response provide a safer and more realistic approach than attempting to eliminate all allergens from the environment.

Food restrictions

[Set out your school’s procedure on allowing food being brought in. It’s almost impossible to ban all allergens (for example, milk and egg), so think carefully about whether you want to put restrictions in place].

The school will adopt an allergy-aware approach and will not describe the school as allergen-free.

The school will assess the risks associated with food brought into school and will determine proportionate local arrangements for reducing the risk of exposure to known allergens.

Any restrictions on food brought into school must be proportionate, clearly communicated to students, staff and parents/carers, and kept under review.

The school will not rely solely on food restrictions to manage allergy risk. Risk reduction will also include appropriate hygiene, supervision, information sharing, staff awareness and emergency arrangements.

These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a student brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

The school tuck shop/vending machine will not sell food containing nuts or sesame seeds.

Insect bites/stings

[Insert procedures for preventing and dealing with insect bites/sting. For example]:

When outdoors:

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

Animals

[Insert hygiene procedures for managing allergies to animals such as dogs, if relevant for your school context. For example]:

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

Students who have a known allergy to airborne or contact allergens

Explain how the school will put reasonable measures in place to manage the risk of students being exposed to such allergens.

Support for mental health

The school recognises that living with an allergy can affect a student's emotional wellbeing and may contribute to anxiety, reduced confidence, social isolation or distress.

Students with allergies will be supported through the school's existing pastoral and wellbeing arrangements, with additional support provided where an allergy has a significant impact on the student's emotional wellbeing.

Allergy-related bullying, harassment, teasing, intimidation, deliberate exposure to allergens or other harmful behaviour will not be tolerated and will be addressed in accordance with the Behaviour & Ethos Policy and Anti-Bullying Policy.

Where behaviour relating to a student's allergy raises a safeguarding concern, the school's Child Protection & Safeguarding Policy and safeguarding procedures will be followed.

Students will not be unnecessarily isolated, excluded from activities or treated less favourably because they have an allergy.

Events and school trips

Students with allergies will not be excluded from events, trips or enrichment activities solely because of their allergy. The school will make reasonable adjustments and implement proportionate risk management measures to enable participation wherever reasonably practicable and safe to do so.

The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of students' allergies and to have received adequate training.

The student's Individual Healthcare Plan, Allergy Action Plan, prescribed medication and any relevant risk assessment will be reviewed before the activity takes place. Staff accompanying the student will know how to access emergency medication and respond to an allergic reaction.

Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips.

Risk assessments will be conducted for any student at risk of anaphylaxis taking part in a trip off the premises.

Students at risk of anaphylaxis should have their own adrenaline device with them, and staff will be trained to administer adrenaline in an emergency.

Procedures for handling an allergic reaction

Register of students with Adrenaline auto-injectors (AAIs)

The school maintains an up-to-date register of students who have been prescribed AAIs or whose healthcare professional has provided a written plan recommending AAI use in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed AAI(s) (and if so, what type and dose)
- Where a student has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the student
- Where proportionate and with appropriate consent, a current photograph may be included to support identification during an emergency.

The register will be accessible to staff who need the information to respond to an emergency and will be managed in accordance with the school's data protection and information-sharing arrangements. Checking the register must never delay the administration of adrenaline where anaphylaxis is suspected.

The school will ensure that students who are prescribed adrenaline devices have rapid access to their devices at all times, noting that in a case of anaphylaxis, adrenaline should be administered **within five minutes**. This includes in the lunch area, playground, sports fields and when on visits or trips, taking account of the school's arrangements for prescribed AAIs and the availability of Kitt Medical emergency AAIs.

Where a student has an individually prescribed AAI, arrangements will be agreed with the parent/carer and, where appropriate, the student for the AAI to be taken home at the end of the school day or for journeys to and from school. The school will ensure that prescribed AAIs remaining on school premises are stored appropriately and that parents/carers are reminded to replace any device before it expires.

Where students are considered sufficiently mature and responsible, they may carry their prescribed AAI on their person during the school day, in accordance with their Individual Healthcare Plan and the school's arrangements.

Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff will be trained to recognise the signs of an allergic reaction and anaphylaxis and to respond appropriately.

If a student has symptoms of an allergic reaction, the member of staff will respond immediately in accordance with the student's Allergy Action Plan and/or the school's emergency allergy procedure.

If anaphylaxis is suspected, adrenaline should be administered without delay in accordance with the relevant emergency procedure. Emergency services should be contacted immediately and the parent/carer informed.

If an AAI needs to be administered, a member of staff will use the student's own prescribed AAI where it is immediately available. If the student's prescribed AAI is not immediately available or is not usable, an appropriate spare AAI from the school's Kitt Medical unit will be used in accordance with the school's emergency procedure.

Where an individual experiences suspected anaphylaxis and does not have a prescribed AAI, an appropriate spare AAI from the school's Kitt Medical unit may be used in accordance with current statutory guidance and emergency procedures.

If student also has asthma and is experiencing breathing difficulties, staff should follow the student's Asthma Action Plan alongside their Allergy Action Plan as appropriate. Adrenaline should not be delayed where anaphylaxis is suspected.

Where symptoms do not appear to indicate anaphylaxis, the student will nevertheless be monitored closely and the student's Allergy Action Plan followed. Parents/Carers will be informed in accordance with the school's procedures. If symptoms progress or anaphylaxis is suspected, the emergency procedure will be initiated immediately.

If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives or accompany the student to hospital by ambulance in accordance with the school's emergency procedures. If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored and the parents/carers informed.

If the student has no Allergy Action Plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures [insert your procedures here – you can use the NHS advice on treatment of anaphylaxis and Anaphylaxis UK's advice on what to do in an emergency to formulate your response]

Adrenaline auto-injectors

Anthem Schools Trust uses Kitt Medical as its managed service for the provision and management of spare emergency adrenaline auto-injectors. Schools must follow the arrangements set out below alongside current statutory guidance and the Kitt Medical operating arrangements.

Kitt Medical emergency AAI provision

The school will maintain Kitt Medical emergency AAI units for use in accordance with this policy and current statutory guidance.

Kitt Medical provides the school with wall-mounted emergency AAI units, spare adrenaline auto-injectors, associated emergency information, online allergy and anaphylaxis training and access to an online portal for medication management, Kitt checks, training monitoring and incident reporting.

Kitt Medical units will be located in visible, accessible and suitably central locations identified through the school's risk assessment. The location of each Kitt will be communicated to staff and included within relevant emergency procedures and staff induction.

The school will ensure that Kitt Medical units are accessible at all times and that emergency AAIs can be accessed rapidly. Kitt Medical states that units should be located so that emergency AAIs are accessible within five minutes and recommends visible locations such as reception and dining areas.

The use of Kitt Medical does not transfer responsibility for allergy safety from the school or Trust to Kitt Medical. The school remains responsible for ensuring that emergency AAIs are available, accessible and suitable for use.

Provision and replenishment of spare AAIs

Anthem Schools Trust uses Kitt Medical as its managed provider for spare emergency AAIs.

Each school will maintain an appropriate number of Kitt Medical emergency AAI units based on its size, layout, student population and risk assessment.

Kitt Medical provides spare AAIs through its managed service and provides replacement devices before expiry and following reported use in accordance with the school's subscription arrangements.

The School Allergy Lead is responsible for overseeing the school's Kitt Medical provision and ensuring that any missing, used, damaged or expired emergency AAI is addressed promptly.

Schools must not rely solely on Kitt Medical's automated replenishment arrangements. Physical checks must continue to be undertaken by the school to ensure that emergency AAIs are present, accessible and in date.

Storage (of both spare and prescribed AAIs)

The School Allergy Lead will make sure all Kitt Medical Emergency AAI units are:

- securely wall-mounted in visible and accessible locations identified through the school's allergy risk assessment
- accessible to staff at all times
- located so that emergency AAIs can be accessed rapidly and, wherever reasonably practicable, within five minutes of where they may be required
- protected from direct sunlight and extremes of temperature
- stored at room temperature in accordance with manufacturer requirements
- clearly identifiable as spare emergency AAIs
- kept separate from students' individually prescribed AAIs, and
- included within the school's regular AAI checking arrangements.

Kitt Medical units must not be located in a locked room or cupboard where access could be delayed during an emergency.

Maintenance (of spare AAIs)

The School Allergy Lead will nominate at least two members of staff to undertake monthly checks of all Kitt Medical units and spare AAIs. The nominated staff responsible for checking monthly are [Insert name of 2 staff members]. They will check and record that:

- the Kitt unit is present and securely located
- the unit is accessible and has not been obstructed
- the spare AAIs are present
- the AAIs are in date and appear suitable for use
- the correct number and dosage of AAIs are present
- the emergency instructions remain available and legible, and
- any issue identified has been reported and addressed promptly.

Checks will be recorded through the Kitt Medical Portal where this functionality is available, with appropriate local records retained to demonstrate compliance.

Disposal

AAIs can only be used once. Used and expired AAIs will be disposed of safely in accordance with the manufacturer's instructions and current statutory guidance. Used AAIs may be handed to ambulance staff, returned to a pharmacy or disposed of using an appropriate sharps disposal arrangement.

Where a Kitt Medical AAI has been used, the incident will be reported through the Kitt Medical Portal so that replacement can be arranged.

Use of AAIs off school premises

Students at risk of anaphylaxis who are able to administer their own prescribed AAIs should carry their prescribed AAI with them on school trips and off-site events, in accordance with their Individual Healthcare Plan.

Kitt Medical emergency AAI units are not designed for outdoor environments or travel. Where a spare AAI is required for a school trip or off-site activity, the school will make separate arrangements to take an appropriate spare AAI in accordance with current statutory guidance, the manufacturer's storage requirements and the relevant risk assessment.

[Insert your arrangements for taking spare AAIs for emergency use on school trips and off-site events]

Serious incidents and “near misses”

Any incident involving the use of an AAI, emergency services attendance, hospital treatment or a significant near miss will be reviewed by the Headteacher and School Allergy Lead. Significant incidents will be reported to the Trust Allergy Lead using the online Anthem Incident Report Form to support organisational learning.

All allergy incidents and significant near misses will be recorded and reported as soon as practicable and within 24 hours. Existing first aid and incident reporting procedures should be followed as outlined in the First Aid and Health & Safety Policies.

A significant allergy incident includes:

- administration of adrenaline
- attendance by emergency services
- hospital treatment or admission
- significant exposure to a known allergen which could reasonably have resulted in serious harm
- failure or significant delay in accessing or administering emergency medication
- an incident involving a student or other individual with no previously known allergy who experiences suspected anaphylaxis, or
- any other incident which the Headteacher or School Allergy Lead considers having significant implications for allergy safety.

A significant near miss is an event where an allergy-related error, omission or failure in control measures could reasonably have resulted in serious harm but did not.

Incidents and significant near misses will be reviewed by the Headteacher and School Allergy Lead to identify contributory factors, lessons learned and any additional control measures required.

Significant allergy incidents and significant near misses will be reported to the Trust Allergy Lead in accordance with the Trust's escalation arrangements using the online Anthem Incident Report Form. The outcome of the review, including any actions identified, will be shared with relevant staff and incorporated into relevant risk assessments, procedures and training where appropriate.

Where a spare AAI has been administered, the incident will also be reported through the Kitt Medical Portal to support replenishment and maintain an accurate record of emergency AAI provision.

Where an incident or concern also raises a safeguarding issue, the school's Child Protection & Safeguarding Policy and safeguarding procedures will be followed.

Where an incident involves concerns about the conduct of an adult, the Allegations against the staff Policy will be followed as appropriate.

Learning from incidents and near misses will be shared with relevant staff and incorporated into risk assessments, training and policy or procedure reviews where appropriate.

Safeguarding

Allergy safety is part of the school's wider safeguarding arrangements. Staff must remain alert to circumstances in which a student's allergy may indicate a wider safeguarding concern, including neglect of medical needs, deliberate exposure to an allergen, bullying or harassment, coercion or inappropriate conduct by an adult.

Any safeguarding concern must be reported immediately in accordance with the school's Child Protection & Safeguarding Policy.

Concerns about an adult working in or on behalf of the school must be reported and managed in accordance with the Allegations against the staff Policy.

Staff must not attempt to investigate safeguarding concerns themselves.

Training

The school is committed to ensuring that all staff who work with or have responsibility for students receive appropriate allergy awareness and emergency response training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and others who may supervise students.

Allergy awareness training should 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
- Understand the relationship between asthma and anaphylaxis, recognise when symptoms may indicate either condition or both, and know when emergency asthma medication and/or adrenaline may be required
- 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 (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - 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 student or young person'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").

Anthem Schools Trust will use Kitt Medical's CPD-accredited online allergy and anaphylaxis training as the Trust's standard allergy awareness and anaphylaxis training resource, supplemented by additional training where required by individual student needs or local circumstances.

The Kitt Medical training is available to staff through the Kitt Medical Portal and via Flick Learning and completion will be monitored by the School Allergy Lead and Headteacher.

Staff who may be required to administer adrenaline will also be provided with practical familiarisation with the AAI devices used by the school, including trainer devices where appropriate.

All staff will complete allergy awareness and anaphylaxis training at induction and at least annually thereafter. Additional training will be provided where required following an incident, significant near miss, change in a student's needs, change in guidance or identified training need.

New staff, agency staff, long-term supply staff, peripatetic staff and regular volunteers will receive allergy awareness information and emergency response procedures as part of their induction before assuming responsibility for students, wherever practicable.

Allergy Emergency Exercises

The school will periodically test its allergy emergency response arrangements through tabletop exercises, scenario discussions or practical drills. Findings and lessons learned will be reviewed and, where necessary, reflected within procedures, training and risk assessments.

The School Allergy Lead will record the outcome of each exercise and any actions identified. Actions will be incorporated into relevant risk assessments, procedures and training and monitored through the school's assurance arrangements.

Monitoring and Assurance

The School Allergy Lead, reporting into the Headteacher, will monitor compliance with this policy through:

Monthly

- Check all Kitt Medical units and spare AAIs are present, accessible, appropriately stored and in date.
- Check that Kitt Medical units have not been obstructed or otherwise made inaccessible.
- Record checks through the Kitt Medical Portal where available and retain appropriate local evidence.
- Address any deficiencies immediately.

Termly

- Review allergy incidents and significant near misses and identify recurring themes or required actions.
- Review staff allergy training completion and identify any gaps.
- Review changes to the school's allergy register and ensure relevant information is available to staff.
- Review upcoming trips and activities involving students at risk of anaphylaxis.
- Review Kitt Medical incident and replenishment records.

Annually

- Audit allergy information recorded in Bromcom.
- Audit Individual Healthcare Plans.
- Review the Managing Allergies risk assessment.
- Review the school's emergency response arrangements.
- Review the effectiveness of staff allergy and anaphylaxis training.
- Review the storage, accessibility and maintenance of prescribed and spare AAIs.
- Review the number and location of Kitt Medical units and whether these remain appropriate.
- Review the school's local allergy risk controls.
- Complete an annual allergy assurance report for the Headteacher.

The Headteacher will review the annual assurance report and provide assurance to the Trust Allergy Lead regarding implementation of this policy.

The Trust Allergy Lead will use school assurance information, Kitt Medical information, incidents, near misses and thematic findings to identify Trust-wide learning, provide challenge and support, and recommend improvements to policy and practice.

Any serious incident or significant near miss will be reviewed immediately rather than waiting for the next scheduled monitoring cycle.

Links to other policies

This policy links to the following policies:

- Child Protection & Safeguarding Policy
- Health & Safety Policy
- Administration of Medicines and Supporting Students with Medical Conditions Policy
- First Aid Policy
- Food Safety Policy
- Asthma Policy
- Behaviour & Ethos Policy
- Anti-Bullying Policy
- Educational Visits Policy
- Staff Code of Conduct
- Data Protection Policy
- Allegations against the staff Policy

Review

This policy will be reviewed annually by the Trust Allergy Lead, with input from School Allergy Leads and relevant Trust colleagues and will be approved by the Executive Team.

The policy will also be reviewed following:

- any serious allergy incident
- any significant near miss
- a significant change in legislation or statutory guidance
- significant changes to Trust or school procedures, or
- any other event which identifies a need to review the effectiveness of the policy.

Reviews will take account of allergy incidents, significant near misses, audit findings, training outcomes, student and parent/carer feedback and other relevant sources of learning.

Appendix 1: Individual Healthcare Plan for Allergy template

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

Visits and trips: *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.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents/carers:	**Date**
Issued by:	**Date:**
Next planned review:	**Date:**

Annex: Medication needed while in school	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date:**
Parental consent:	**Date:**
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date:**
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date:**

Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date:**
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date:**

Appendix 2: Managing Allergies - School Risk Assessment Template 2026-2027

[This template must be completed by the school. The prompts and headings establish the Trust baseline; schools must record their own local hazards, existing controls, further actions, risk ratings, responsible persons and completion dates]

School		**School Allergy Lead**	
Headteacher / Head of School		**Date completed**	
Review date		**Version**	1.0 – September 2026
Assessment owner		**Approval status**	
Local arrangements / activities covered		**Related Trust policy**	Allergy Safety Policy

1. Purpose and scope

Use this whole-school assessment to identify foreseeable allergy-related hazards and document the arrangements the school has in place to manage them. It applies to students, staff, visitors, volunteers and contractors.

Complete this assessment alongside individual Healthcare Plans, clinically issued Allergy Action Plans, medication arrangements, activity-specific risk assessments and relevant Trust policies. Do not use this assessment as a substitute for those documents.

2. School completion requirements

- Record the school's actual local arrangements rather than copying generic statements.
- Complete the risk rating for each relevant hazard and add any local hazards not listed.
- Identify what is already in place, what further action is required, who is responsible and when the action will be completed.
- Do not describe the school as allergen-free. Record proportionate measures to reduce exposure to known allergens.

- Demonstrate that prescribed/spare adrenaline can be accessed and brought to a person experiencing anaphylaxis within five minutes in relevant areas and activities.
- Review the assessment at least annually and sooner following a serious allergy incident, significant near miss, significant change in a student's needs/medication, significant change to school circumstances or relevant statutory guidance.

3. Persons who may be affected

School to identify relevant groups, including:

- Students with known food, insect sting, contact or airborne allergies, including students at risk of anaphylaxis.
- Students with no previously known allergy who may experience an allergic reaction or anaphylaxis.
- Staff, volunteers, visitors and contractors with allergies or who may need to respond to an allergic reaction.
- Catering staff and others involved in food preparation, serving or supervision.
- Temporary, supply, agency, peripatetic and extracurricular staff.

4. Risk rating methodology

Use the school's existing risk-rating methodology where this is mandated by the school's risk management framework. If using the Trust 5 × 5 matrix, record likelihood and severity separately and multiply them. For anaphylaxis, severity should normally reflect the potential consequence of 5 (fatal); controls should primarily reduce likelihood.

Severity	1 – Insignificant	2 – Minor	3 – Notable	4 – Major	5 – Fatal
1 – Near impossible	1	2	3	4	5
2 – Unlikely	2	4	6	8	10
3 – Notable chance	3	6	9	12	15
4 – Likely	4	8	12	16	20
5 – Almost certain	5	10	15	20	25

School to record the risk-rating thresholds used for acceptance, further action and escalation:

Acceptable / controlled	Further action required	Activity or arrangement must be reconsidered
TO BE COMPLETED BY SCHOOL	TO BE COMPLETED BY SCHOOL	TO BE COMPLETED BY SCHOOL

5. Whole-school risk assessment

The hazards below are provided as prompts for schools. Schools must complete the blank columns using their own local arrangements, add further hazards where relevant, and remove any prompts that genuinely do not apply.

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
Identification and information sharing	TO BE COMPLETED BY SCHOOL Consider: allergy register; Bromcom/recording; IHPs; Allergy Action Plans; information sharing; new admissions; changes in medication; staff who need to know.					
Food allergens and cross-contact	TO BE COMPLETED BY SCHOOL Consider: food preparation; shared food; hands; utensils; surfaces; equipment; cleaning; handwashing; food brought from home; proportionate allergy-aware arrangements.					

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
Catering and meal identification	TO BE COMPLETED BY SCHOOL Consider: allergen information; allergen matrix; two reliable identification methods; menu changes; substitutions; cross-contact; catering staff training; staff absence/cover.					
Food brought into school, celebrations and events	TO BE COMPLETED BY SCHOOL Consider: packed lunches; snacks; birthday food; cake sales; parties; rewards; PTA/events; ingredients; safe alternatives; communication with parents/carers.					
Emergency medication – access	TO BE COMPLETED BY SCHOOL Consider: prescribed AAIs; spare AAIs; Kitt Medical units; storage; accessibility; five-minute access; lessons; break/lunch; PE; clubs; before/after school; trips.					
Emergency medication – expiry, damage, dosage and replenishment	TO BE COMPLETED BY SCHOOL Consider: monthly checks; two designated checkers; expiry dates; quantity; dosage; device condition; replenishment after use; contingency arrangements.					
Recognition and response to anaphylaxis	TO BE COMPLETED BY SCHOOL Consider: staff training; recognition of symptoms; immediate adrenaline; 999; emergency procedure; access to Allergy Action Plans; practical AAI familiarisation; scenario/drill testing.					

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
Curriculum activities – food technology, science, craft and practical work	TO BE COMPLETED BY SCHOOL Consider: ingredients; materials; food packaging; residues; airborne/contact exposure; substitutions; cleaning; equipment; supervision; activity-specific risk assessment.					
Animals, guide dogs and environmental/contact allergens	TO BE COMPLETED BY SCHOOL Consider: animal hair/dander/saliva/bedding; contact allergens; airborne exposure; ventilation; cleaning; seating/location; guide-dog visits; reasonable adjustments.					
PE, sport and outdoor activities	TO BE COMPLETED BY SCHOOL Consider: outdoor/environmental allergens; insect stings; medication access away from the main building; fixtures; sports clubs; emergency communication.					
Breaktimes and lunchtimes	TO BE COMPLETED BY SCHOOL Consider: food sharing; peer contact; supervision; dining arrangements; playgrounds; medication access; staffing changes; unnecessary restriction of students.					

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
Trips, visits and residentials	TO BE COMPLETED BY SCHOOL Consider: prescribed/spare AAIs; IHP/Allergy Action Plan; trained staff; food; transport; venue arrangements; phone signal; emergency services; nearest hospital; group separation; overnight medication.					
Temporary staff, visitors, contractors and volunteers	TO BE COMPLETED BY SCHOOL Consider: supply/agency staff; peripatetic staff; sports coaches; visitors; briefing before supervision; emergency procedure; medication location.					
Insect stings	TO BE COMPLETED BY SCHOOL Consider: known venom allergy; outdoor activities; food/drink outdoors; site maintenance; immediate AAI access; individual emergency plan.					
Bullying, deliberate allergen exposure and safeguarding	TO BE COMPLETED BY SCHOOL Consider: bullying; harassment; coercion; deliberate exposure; interference with medication; neglect of medical needs; safeguarding referral; behaviour/anti-bullying procedures.					

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
Incidents, near misses and organisational learning	TO BE COMPLETED BY SCHOOL Consider: recording; reporting; 24-hour reporting expectation; Headteacher/School Allergy Lead review; Trust escalation where required; Kitt reporting; contributory factors; action tracking; review of IHP/RA/training.					

6. Mandatory local checks before approval

School to confirm and evidence the following:

- The allergy register is current and matches relevant IHPs and Allergy Action Plans.
- All students at risk of anaphylaxis have an agreed emergency medication arrangement.
- The school can demonstrate five-minute access to prescribed/spare adrenaline in relevant areas.
- Kitt Medical units and spare AAIs have been physically checked and the checking process is documented.
- Relevant staff have completed required allergy awareness/anaphylaxis training.
- Catering arrangements reliably identify students with allergies and control substitutions and cross-contact.
- Food brought into school, celebrations and events are covered by proportionate local arrangements.
- Activity-specific allergy risk assessments are in place where required.
- Temporary, supply, agency, peripatetic and regular volunteer staff receive appropriate allergy information before supervising students.
- Emergency response arrangements have been tested where appropriate.
- The school has a process for recording, reporting and reviewing allergy incidents and significant near misses.
- Safeguarding procedures address deliberate allergen exposure, bullying, harassment, neglect of medical needs and inappropriate adult conduct.

Evidence / action required:

7. Additional activity-specific risk assessments

School to identify which additional allergy risk assessments are required and where they are stored. Consider:

- Food technology / cooking / baking
- Science involving food or known allergens
- Craft / art involving food packaging or allergenic materials
- Animal handling / animal-related activities
- Guide-dog or other animal visits
- PE / outdoor learning / sports / fixtures
- Day trips and visits
- Residential visits
- School events involving food
- Any other activity identified through an IHP, Allergy Action Plan or local assessment

Local activity-specific assessment reference(s):

8. Emergency response – local arrangements

School to record the location of the emergency procedure, the arrangements for contacting 999, where prescribed/spare AAIs are located, who is responsible for accessing them, and how the school will ensure rapid response.

- Emergency procedure location:
- Prescribed AAI arrangements:
- Spare AAI / Kitt Medical locations:
- Five-minute access validation completed by:
- Emergency response lead / nominated staff:
- Parent/carer notification arrangements:

- Emergency response exercise / scenario date:

9. Monitoring and assurance

Frequency	What will be checked?	Who is responsible?	Evidence / action
Monthly	Kitt Medical units and spare AAIs: presence, access, expiry, suitability, quantity and condition.		
Termly	Allergy register; IHPs/Allergy Action Plans; training; incidents/near misses; upcoming activities/visits; catering arrangements.		
Annually	Whole-school allergy risk assessment; emergency arrangements; staff competence; medication arrangements; catering; activity-specific assessments; local controls.		
After incident / significant near miss	Immediate review of contributory factors and effectiveness of controls.		

10. Related documents and guidance

- Anthem Schools Trust Allergy Safety Policy.
- Anthem Schools Trust Administration of Medicines and Supporting Students with Medical Conditions Policy.
- Anthem Schools Trust First Aid Policy.
- Anthem Schools Trust Food Safety Policy.
- Anthem Schools Trust Asthma Policy.
- Anthem Schools Trust Educational Visits Policy.
- Department for Education: Allergy safety in schools statutory guidance.
- Department for Education: Allergy guidance for schools.

11. Approval and review

Responsible person		**Date**	
School Allergy Lead		**Date**	
Headteacher / Head of School		**Date**	
Next review date		**Version**	
Review triggers	Annual / incident / significant change	**Local approval route**	