



ALLERGENS POLICY

(BENEDICT'S LAW)

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1. PURPOSE

The Girls' Learning Trust ("the Trust") is committed to ensuring that all pupils, staff and visitors with allergies are safe, included and able to participate fully in school life. Allergies can present serious and, in some circumstances, life-threatening risks. This policy sets out the Trust's approach to identifying, managing and reducing allergy and allergen-related risks across all Trust schools.

This policy has been developed in response to the strengthened expectations arising from Benedict's Law and the Department for Education's updated approach to supporting children and young people with medical conditions and allergies. It establishes a clear, auditable and whole-school framework for allergy safety, including leadership, training, communication, catering, emergency preparedness, individual planning and incident review.

Through this policy, the Trust aims to:

- Protect students, staff and visitors with allergies from avoidable exposure to known allergens.
- Enable students and staff to participate in all aspects of school life.
- Ensure that allergy safety is treated as a whole-school responsibility, not solely a catering, first aid or parental responsibility.
- Ensure that every school has named senior leadership and governance oversight for allergy safety.
- Maintain accurate and up-to-date information about pupils with allergies and relevant medical conditions.
- Ensure that Individual Healthcare Plans and Allergy Action Plans are in place, reviewed and understood.
- Provide appropriate allergy awareness training for all staff.
- Ensure that emergency adrenaline devices are accessible, in date and supported by clear procedures.
- Ensure that catering, food technology, trips, events and other activities are planned safely and inclusively.
- Ensure that incidents and near misses are recorded, reviewed and used to improve practice.
- Publish clear allergy safety arrangements so that parents, pupils, staff and stakeholders understand the Trust's approach.

2. SCOPE

This policy applies to all Trust schools and Shared Professional Services. It applies to all activities where pupils, staff or visitors may be exposed to allergens, including:

- School meals and dining arrangements.
- Breakfast clubs, lunchtime provision and after-school clubs.
- Food technology and curriculum-based food preparation.
- Science, art, design and technology, textiles and other practical subjects where allergen exposure may arise.
- Educational visits, residential trips, sporting fixtures and off-site activities.
- School events, open evenings, fundraising activities, performances and community events.
- Food brought into school by pupils, parents, staff, volunteers or external providers.
- Staff rooms, meeting refreshments and visitor hospitality.
- Medication and emergency response arrangements for pupils at risk of anaphylaxis.
- Contracted catering services and any other regular food provision on school premises.

This policy applies to all staff, volunteers, contractors, catering providers, visitors and other adults working with or supervising students.

3. APPLICATION OF THIS POLICY

Allergy safety is a shared responsibility. However, schools remain accountable for ensuring that effective systems are in place.

Where catering is provided by an external contractor, the contractor is responsible for preparing and serving food safely. However, the school must still ensure that catering arrangements are linked properly to whole-school allergy safety procedures. This means that schools must make sure:

- Relevant allergy information is shared appropriately.
- Students with allergies can be identified safely at the point of service.
- Catering teams understand school procedures.
- Concerns are reported quickly.
- Incidents and near misses are reviewed.

At Trust level, oversight of the catering contract is led by the Chief Financial Officer and Chief Infrastructure Officer. At school level, the Headteacher is responsible for ensuring that this policy is implemented.

Each school must have local allergy safety procedures which explain how this policy works in practice.

4. LEGISLATION AND GUIDANCE

This policy is informed by the following statutory requirements and sector guidance:

- Children and Families Act 2014.
- Equality Act 2010.
- Health and Safety at Work etc. Act 1974.
- Management of Health and Safety at Work Regulations 1999.
- Food Safety Act 1990.
- Food Information Regulations 2014.
- Food Hygiene Regulations.
- DfE guidance on supporting students with medical conditions.
- DfE allergy statutory guidance for schools.
- Guidance on the use of emergency adrenaline auto-injectors in schools.
- Food Standards Agency allergen guidance.
- Keeping Children Safe in Education.
- School Food Standards.

It should be read alongside the following school and Trust policies and procedures:

- Health and Safety Policy
- First Aid Policies and Procedures
- Risk Assessment Policy and Procedures
- Critical Incident Management Policy and Procedure

- School Educational Visits Policy

5. DEFINITIONS

Allergy: an allergy is a reaction by the immune system to something that is usually harmless to most people. Allergic reactions can be mild, moderate or severe.

Allergen: an allergen is something that can trigger an allergic reaction. Allergens may be found in food, medicines, insect stings, latex, animals, plants, cleaning products or other materials.

Food Allergy: a food allergy is an allergic reaction to a food or ingredient. It can cause symptoms ranging from mild itching to anaphylaxis.

Food Intolerance: a food intolerance is not the same as an allergy. It can still cause illness or discomfort and may need support in school, but it does not usually cause anaphylaxis.

Coeliac Disease: coeliac disease is an autoimmune condition triggered by gluten. It is not an allergy, but it requires careful dietary management.

Anaphylaxis: anaphylaxis is a severe allergic reaction which can be life-threatening. It needs immediate treatment with adrenaline and a 999 call.

Adrenaline Auto-Injector: an adrenaline auto-injector, often called an AAI, is an emergency device used to give adrenaline during anaphylaxis.

Individual Healthcare Plan: an Individual Healthcare Plan, or IHP, sets out the support a student needs in school because of a medical condition, including an allergy.

Allergy Action Plan: an Allergy Action Plan gives specific information about a student's allergy, symptoms, medication and emergency response.

Cross-Contact: cross-contact happens when an allergen is accidentally transferred from one food, surface, person or object to another.

6. ROLES AND RESPONSIBILITIES

Trust Board

Trust Board sets Trust-wide expectations for allergy safety and ensures that arrangements are implemented consistently across all schools. It reviews Trust-level assurance information, identifies emerging risks and ensures that schools are supported to meet statutory, contractual and policy requirements.

Chief Executive Officer

The Chief Executive Officer holds overall executive accountability for ensuring that the Trust has effective allergy safety arrangements. The CEO ensures that serious incidents, significant near misses, regulatory concerns or material failures in allergy safety are escalated appropriately to the Trust Board.

Chief Financial Officer and Chief Infrastructure Officer

The Chief Financial Officer and Chief Infrastructure Officer share responsibility for oversight of the Trust's outsourced catering contract. The CFO acts as the primary contract lead and ensures that contractual standards, service performance, escalation routes and financial arrangements support safe food provision.

The Chief Infrastructure Officer supports this work by overseeing facilities, infrastructure and site-related matters connected to safe food provision. This includes kitchen and dining facilities, equipment, site compliance, maintenance issues and relevant audit findings.

Together, the CFO and CIO ensure that the catering provider maintains accurate allergen information, robust allergen management systems, safe arrangements to prevent cross-contact, appropriate staff training and effective escalation procedures. They also ensure that the provider works with schools to identify students with allergies at the point of service and cooperates with audits, incident reviews and policy implementation.

Headteachers

Headteachers are responsible for implementing this policy in their school. They must ensure that a named SLT Allergy Safety Lead is appointed and local allergy safety procedures are published and reviewed annually. They must also ensure that accurate records are maintained for students with allergies, that Individual Healthcare Plans and Allergy Action Plans are completed and shared appropriately. Headteachers must ensure that spare adrenaline devices are provided, stored and checked in line with guidance, and that catering, curriculum activities, trips, events and food brought onto site are managed safely. Incidents and near misses must be reported, reviewed and used to improve practice, with parents, carers and students involved in planning safe and inclusive support.

SLT Allergy Safety Lead

Each school must appoint a named SLT Allergy Safety Lead, held by a member of the senior leadership team. The SLT Allergy Safety Lead leads the school's allergy safety arrangements, embeds this policy across departments and activities, coordinates the annual audit of students with allergies and medical conditions, and ensures that Individual Healthcare Plans and Allergy Action Plans are in place and reviewed. They must ensure that allergy information is available to relevant staff, training and induction are monitored, work with the catering provider on student identification and allergen controls, and report incidents, near misses and assurance information to the Headteacher and Local Governing Body.

First Aid Lead / Medical Needs Lead

The First Aid Lead or Medical Needs Lead supports the practical management of medical information, medication records, Individual Healthcare Plans, Allergy Action Plans and emergency response procedures. They must work closely with the SLT Allergy Safety Lead and ensure that students at risk of anaphylaxis are identified and supported.

Catering Managers and Catering Provider

The catering provider is responsible for safe food preparation and service under food safety legislation and the catering contract. The provider must maintain accurate allergen information for all food served, ensure catering staff are trained in allergen management, prevent cross-contact during storage, preparation and service, and manage menus, recipes and substitutions safely. Allergen information must not be changed without appropriate checking and communication. The provider must work with the school to identify students with allergies at the point of service, escalate any food

safety concerns immediately, and cooperate with school and Trust audits, investigations and incident reviews.

Line Managers and Activity Leads

Any staff member planning or leading an activity involving food, animals, plants, craft materials, latex, chemicals or other potential allergens must ensure that allergen risks are considered and controlled. This applies to activities including Food Technology, Science, Art, Design and Technology, drama productions, trips, clubs, rewards events and fundraising activities. Activity leads must ensure that students with allergies are not excluded unnecessarily from school life. Reasonable adjustments must be made to support safe and inclusive participation.

All Staff

All staff must complete required allergy awareness training and understand how to access allergy information relevant to their role. They must know the signs of allergic reaction and anaphylaxis, how to summon help, how to respond in an emergency, and where emergency medication is stored. Staff must follow procedures for food, trips, activities and events, and report allergic reactions, suspected exposures, medication issues and near misses. Staff must not make informal assurances that food or environments are “safe” unless this has been verified through approved procedures.

Parents and Carers

Parents and carers are expected to inform the school promptly of any allergy, suspected allergy, intolerance or relevant medical condition, and to provide medical information, Allergy Action Plans and medication as required. They are responsible for ensuring that prescribed medication is in date and replaced when needed, and for working with the school to develop and review Individual Healthcare Plans. Parents and carers must inform the school of any changes in diagnosis, symptoms, medication or risk, and should support safe arrangements for packed lunches, Food Technology ingredients, trips and events.

Students

Students with allergies are expected, in an age-appropriate way, to take responsibility for avoiding foods or products that they know, or reasonably suspect, may contain their allergen. This includes not purchasing food from the canteen, vending provision, school events or external providers where they are unsure whether it is suitable for them, and asking a member of staff or catering staff for advice before eating or buying food where there is any doubt. This does not remove the school’s responsibility to maintain safe systems, provide appropriate information and support students with allergies, but recognises that students’ own understanding and choices are an important part of managing allergy risk.

Visitors

Visitors are expected to follow the Trust’s and school’s allergy safety arrangements while on school premises or taking part in school activities. Where visitors attend a planned activity, event, meeting, lesson, visit or service, relevant allergy safety expectations should be communicated in advance or on arrival. Visitors must not bring, prepare, serve or distribute food to students unless agreed through school procedures, and food must not be described as safe for a student with allergies unless properly checked. Contractors and external providers whose work may introduce allergen risks must cooperate with school risk assessment and site arrangements. Visitors with allergies or medical needs are encouraged to inform the school in advance where this is relevant to their safety.

7. STAFF WITH ALLERGIES

6.1 General Principles

The Trust recognises that staff, as well as students and visitors, may have allergies, food hypersensitivities, coeliac disease, intolerances or other medical conditions that require support in the workplace. Allergy safety for staff forms part of the Trust's wider responsibilities for health and safety, equality, wellbeing, employment practice and risk management.

Staff allergy management will not normally be managed through the student Individual Healthcare Plan process. Instead, arrangements for staff will be considered through appropriate workplace processes, including line management discussion, HR advice, occupational health input where required, reasonable adjustments, risk assessment and first aid or emergency response planning.

6.2 Disclosure and Confidentiality

Staff are encouraged to inform their line manager, Headteacher, HR or another appropriate senior colleague if they have an allergy or medical condition that may affect them at work, require reasonable adjustments, or need to be known in an emergency. This may include allergies to food, medication, insect stings, latex, animals, plants, cleaning products, chemicals or other workplace materials.

Staff are not expected to disclose private medical information unnecessarily. However, where an allergy may create a risk in the workplace, limit participation in particular duties, require emergency medication, or affect health and safety arrangements, the Trust may need sufficient information to understand the risk and identify appropriate controls.

Information about a staff member's allergy must be handled sensitively and confidentially. It should only be shared with colleagues who need to know in order to protect the staff member's safety, make reasonable adjustments, manage risk, or respond in an emergency. The level of information shared should be proportionate and agreed with the staff member wherever possible.

6.3 Reasonable Adjustments and Workplace Support

Where a staff member's allergy affects their ability to carry out their role safely or comfortably, the Trust will consider whether workplace adjustments are required. This may include adjustments under the Equality Act 2010 where the allergy or related condition amounts to a disability, and wider health and safety measures where this is needed to manage risk. Possible adjustments may include:

- Changes to work activities, duties or supervision arrangements where exposure to an allergen can reasonably be avoided.
- Adjustments to the use of particular materials, equipment, ingredients, chemicals or cleaning products.
- Alternative arrangements for staff meetings, training, events or hospitality where food or other allergens are present.
- Agreed arrangements for staff rooms, shared kitchens, departmental spaces or offices.
- Additional controls in practical teaching areas, laboratories, workshops, food rooms, art rooms, technology rooms or premises areas.
- Arrangements for off-site duties, trips, residential visits, sporting fixtures or Trust-wide events.
- Access to first aid support or emergency response information where required.
- Occupational health advice where the risk or adjustment required is complex.

Any adjustments should be proportionate, practical and reviewed where circumstances change. The Trust will seek to balance the needs of the staff member with the safe and effective operation of the school or service.

6.4 Workplace Risk Assessment

Where a staff member's allergy creates a foreseeable workplace risk, the school or Trust should complete an appropriate risk assessment. This should be done in discussion with the staff member and, where appropriate, HR, occupational health, the School Health and Safety Coordinator or other relevant colleagues. A staff allergy risk assessment may consider:

- The known allergen or trigger.
- The nature and severity of previous reactions.
- The likelihood of exposure in the staff member's normal role.
- Whether the staff member works in higher-risk areas, such as Food Technology, Science, Art, Design and Technology, catering, cleaning, premises, outdoor learning or animal-related activities.
- Whether the staff member supervises trips, residential visits, clubs, events or practical activities.
- Medication arrangements, including whether the staff member carries emergency medication.
- First aid and emergency response arrangements.
- Reasonable adjustments or control measures required.
- Any information that needs to be shared with colleagues.
- Review arrangements.

Risk assessments should be reviewed when the staff member's condition changes, their role changes, their working environment changes, following an allergic reaction or near miss, or before a higher-risk activity such as a residential trip or major event.

6.5 Emergency Medication and First Aid

Staff who have been prescribed emergency medication, including adrenaline auto-injectors, are responsible for ensuring that their medication is available, in date and stored appropriately. Where a staff member wishes the school to be aware of medication arrangements, this should be agreed locally and recorded in a proportionate way. Staff may choose to carry their own emergency medication. Where a different arrangement is needed, the school should agree how medication will be stored so that it remains secure but accessible in an emergency. Emergency medication should not be stored in a way that prevents timely access.

Where a staff member is at risk of anaphylaxis and has disclosed this to the school, relevant colleagues should know how to summon help and respond in an emergency. The staff member may agree that limited information is shared with first aiders, reception staff, line managers or colleagues working nearby.

In the event of suspected anaphylaxis, staff must treat this as a medical emergency. They must call 999, state "anaphylaxis", follow first aid procedures and use emergency medication in line with the staff member's own arrangements and available guidance.

6.6 Staff Rooms, Shared Food and Hospitality

Schools and Shared Professional Services must take a sensible and proportionate approach to allergen risks in staff rooms, offices, shared kitchens, meeting spaces and hospitality areas. These areas are not normally controlled in the same way as student catering, but they can still present risks for staff with

serious allergies. Where a specific staff allergy risk is known, local arrangements should be considered. These may include:

- Clear expectations about food storage, labelling and cleaning in shared spaces.
- Requests not to bring particular allergens into specific staff areas where there is a serious known risk.
- Alternative arrangements for staff refreshments, buffets or shared food events.
- Information for staff involved in preparing or serving refreshments.
- Controls for cross-contact on shared surfaces, equipment, fridges, microwaves, kettles, utensils or crockery.
- Specific arrangements for staff training days, Trust-wide events, meetings, celebrations or social events.

Schools should avoid describing staff areas or events as “allergen-free”, as this may create a false sense of security. The Trust’s approach is to be allergy-aware, risk-aware and well prepared.

6.7 Staff Leading Activities Involving Allergens

Staff with allergies should not be placed at avoidable risk when leading, supervising or supporting activities that may involve allergens. This includes curriculum activities, practical lessons, trips, events, clubs, fundraising activities, hospitality, open evenings and residential visits.

Where a staff member is expected to work with food, animals, plants, latex, chemicals, cleaning products, craft materials or other potential allergens, any known allergy risk should be considered as part of planning and risk assessment. This may be particularly relevant for staff working in Food Technology, Science, Art, Design and Technology, PE, premises, cleaning, catering, first aid, outdoor learning or educational visits.

Where needed, reasonable adjustments should be considered so that the staff member can continue to contribute safely. This may include alternative materials, amended duties, additional supervision, revised rooming or catering arrangements on trips, or another member of staff taking responsibility for a specific higher-risk task.

6.8 Incidents, Near Misses and Review

All allergy-related incidents or near misses involving staff must be reported and reviewed in line with the Trust’s normal health and safety, first aid, accident reporting and HR procedures. This includes allergic reactions, suspected exposures, use of emergency medication, concerns about workplace adjustments, unsafe food practices, cross-contact, or failure to follow an agreed risk assessment.

8. IDENTIFYING STUDENTS WITH ALLERGIES

Each school must keep an up-to-date register of students with allergies, food hypersensitivities, coeliac disease, intolerances or related medical conditions. Information should be collected:

- When a student joins the school.
- At the start of each academic year.
- When parents provide an update.
- After a significant medical incident.
- Before trips or residential visits.

- When catering or school arrangements change.

The allergy register should include:

- Student name, year group and photograph.
- Known allergen or trigger.
- Type and severity of previous reactions.
- Medication required.
- Whether the student has been prescribed adrenaline devices.
- Where medication is stored.
- Whether the student self-carries medication.
- Whether an IHP or Allergy Action Plan is in place.
- Relevant catering or lunchtime arrangements.
- Emergency contact details.

Information must be shared with staff who need it to keep students safe. Schools must balance safety with confidentiality and data protection.

8.1 Safeguarding Concerns

Where the process of identifying or reviewing a student's allergy raises concerns about the student's safety or welfare, staff must consider whether safeguarding action is required. This may include repeated failure by parents or carers to provide prescribed medication, failure to replace expired medication, refusal or persistent failure to engage with necessary allergy planning, concerns that agreed medical arrangements are not being followed, suspected medical neglect, deliberate exposure of a student to a known allergen, or allergy-related behaviour that may indicate self-harm or risk-taking. In such cases, the concern must be discussed with the Designated Safeguarding Lead, who will consider the matter in line with the school's Child Protection and Safeguarding Policy and determine whether advice, early help or referral to children's social care is required.

9. INDIVIDUAL HEALTHCARE PLANS AND ALLERGY ACTION PLANS

Students with allergies or related medical conditions may need an Individual Healthcare Plan. This is particularly important where an allergy could affect the student's safety, access to school meals, participation in lessons, attendance on trips, or ability to respond in an emergency.

The need for an Individual Healthcare Plan should be determined by the seriousness of the allergy, the likelihood of exposure in school, the student's age and independence, and the potential consequences if a reaction occurs. Not every mild allergy will require a full plan, but schools should take a cautious approach where the allergy could reasonably create a safeguarding, medical or access risk. Where there is uncertainty, the school should seek further information from parents or carers and, where appropriate, healthcare professionals, while putting proportionate interim arrangements in place.

Any student who is at risk of anaphylaxis, or who has been prescribed an adrenaline device, must have an Individual Healthcare Plan and an Allergy Action Plan. These documents should be practical, clear and accessible to the staff who need them.

Plans should be developed with the student, parents or carers, relevant school staff and, where appropriate, healthcare professionals. The purpose of the plan is to make sure that everyone understands the allergy, the risks, the medication arrangements and the emergency response.

An Individual Healthcare Plan should include:

- The student's allergy or medical condition.
- The known allergen or trigger.
- The symptoms the student may experience.
- The medication required and where it is kept.
- Whether the student carries their own medication.
- What staff should do in an emergency.
- Whether spare adrenaline devices may be used.
- Catering and dining arrangements.
- Arrangements for trips, PE, Food Technology and practical lessons.
- Any reasonable adjustments needed.
- Review dates and named staff responsibilities.

Plans must be reviewed at least annually by the student, parent and appropriate individual in the school. They must also be reviewed when the student's condition changes, after an allergic reaction or near miss, before a residential trip or higher-risk activity, and at key transition points.

Where there is a credible concern about allergy risk, schools should not wait for every piece of formal medical information before taking action. Interim arrangements should be put in place while further information is gathered.

10. MANAGING ALLERGY AND ALLERGEN RISKS

Each school must manage allergy risks as part of its wider approach to safeguarding, health and safety, medical needs and risk assessment. Allergy safety should not sit separately from normal school planning. It should be built into daily routines, lessons, catering, trips, events and emergency procedures. Schools should assess allergy risks in all relevant areas of school life, including:

- School meals and dining areas.
- Food Technology and practical lessons.
- Breakfast clubs and after-school clubs.
- Packed lunches and food brought from home.
- Staff rooms and visitor refreshments.
- Educational visits and residential trips.
- School events, performances and fundraisers.
- Science, Art, Design and Technology and other practical subjects.
- Emergency response arrangements.

The aim is to reduce risk as far as reasonably possible, while still ensuring that students with allergies are included in school life. Schools should avoid arrangements that unnecessarily isolate students or prevent them from taking part in normal activities. Control measures should include:

- Clear systems for identifying students with allergies.

- Appropriate sharing of allergy information with staff.
- Safe food storage, labelling and handling.
- Checks on ingredients and allergen information.
- Steps to reduce cross-contact.
- Clear procedures for staff to escalate concerns.
- Ready access to emergency medication.
- Arrangements for reviewing incidents and near misses.

Schools may discourage particular foods, such as nuts, where this is appropriate. However, schools should avoid describing themselves as “allergen-free”, as this can create a false sense of security. The Trust’s approach is to be allergy-aware, risk-aware and well prepared.

Bullying related to allergies is strictly prohibited. Staff will be trained to identify, address, and report any such incidents, ensuring all students feel safe and supported.

11. CATERING, CANTEENS AND FOOD SERVICE

Schools must work closely with their catering provider to make school meals as safe and inclusive as possible for students with allergies. Catering teams play a central role in managing allergen risk, but allergy safety cannot be left to the catering provider alone. It requires clear communication between the school, catering staff, parents and students.

The catering provider is responsible for safe food preparation and service. This includes checking ingredients, managing menu changes, preventing cross-contact and ensuring that allergen information is accurate. The catering provider must:

- Provide accurate and up-to-date allergen information.
- Check recipes, ingredients and substitutions.
- Manage menu changes safely.
- Prevent cross-contact during storage, preparation and service.
- Train catering staff in allergen management.
- Follow agreed procedures for identifying students with allergies.
- Report concerns quickly to the school.
- Support audits, reviews and investigations where needed.

Each school must have clear systems to identify students with food allergies. These systems should be agreed locally with the catering provider and reviewed regularly. Point-of-service controls may include:

- Till alerts or meal account flags.
- Confidential allergy lists for catering staff.
- Photographic information for authorised staff.
- Pre-order systems for students with allergies.
- Named staff checks during service.
- Agreed student self-identification procedures.

Students with allergies should be reminded that they must not purchase or eat food where they are unsure whether it is suitable for them and should seek advice from catering staff or another member of staff before making a purchase where there is any uncertainty.

Students with allergies should not be routinely separated from other students at mealtimes. Where an individual arrangement is needed, it must be proportionate, agreed through the student's plan and handled sensitively. Students who are entitled to free school meals must be supported to access this entitlement safely wherever possible.

Schools should never describe themselves as "allergen free", instead they should promote an allergy aware culture supported by robust risk management and effective communication

12. TRIPS, EVENTS AND CURRICULUM ACTIVITIES

Allergy safety must be considered when planning lessons, trips, events and activities. This includes both food and non-food allergens. Staff should think carefully about whether an activity could expose a student to a known allergen and what reasonable steps are needed to reduce the risk.

12.1 Food Technology and lessons involving food

Food Technology and other lessons involving food must be planned with allergy safety in mind. Staff should check allergy information before practical lessons and consider whether ingredients, food brought from home, equipment or shared surfaces create a risk. Staff must ensure that:

- Allergy information is checked before practical activities.
- Ingredients brought from home are considered as part of the risk assessment.
- Ingredients are stored and labelled safely.
- Food sharing is avoided where this creates risk.
- Students with allergies are given reasonable adjustments where needed.
- Work areas and equipment are cleaned appropriately.
- Cross-contact is reduced through supervision and clear routines.

Students with allergies should be included in practical lessons wherever this can be done safely. Alternative ingredients, adjusted tasks or separate preparation arrangements should be considered before any student is excluded from an activity.

12.2 Practical subjects and non-food allergens

Allergen risks are not limited to food. Staff in practical subjects should also consider materials and activities that may involve non-food allergens. This may include:

- Latex gloves, balloons or equipment.
- Animal fur, feathers or bedding.
- Seeds, nuts or grains used in activities.
- Food packaging used for displays, craft or modelling.
- Play dough or materials containing wheat.
- Glues, paints or craft materials.
- Plants, pollen or outdoor learning materials.

Where a risk is identified, staff should adapt the activity, use alternative materials or put additional controls in place.

12.3 Educational visits and residential trips

Trip leaders must review allergy and medical information before visits. This is especially important for residential trips, overseas visits, sporting fixtures and activities where food is provided by an external venue. Trip planning must ensure that:

- IHPs and Allergy Action Plans are considered.
- Medication is available throughout the visit.
- Staff know what to do in an emergency.
- Food arrangements are checked in advance.
- Venues, caterers or transport providers are informed where appropriate.
- Reasonable adjustments are considered so students can participate safely.

A student with an allergy should not be excluded from a trip unless all reasonable adjustments have been considered and the Headteacher has reviewed the position.

12.4 PE, sport and outdoor activities

PE, sport and outdoor activities must be planned with allergy safety in mind. This includes PE lessons, sports clubs, fixtures, outdoor learning, Duke of Edinburgh activities, fieldwork, enrichment and other activities outside the normal classroom environment. Staff should consider whether the activity, location, weather, equipment, food arrangements or level of physical exertion could increase risk. This may include exposure to grass, pollen, insect stings, animal allergens, latex, shared equipment, snacks at fixtures, or delayed access to medication during off-site activities.

Staff responsible for PE, sport and outdoor activities must ensure that:

- Relevant allergy and medical information is checked before the activity.
- IHPs and Allergy Action Plans are available to staff who need them.
- Medication, including adrenaline devices where prescribed, is accessible during the activity.
- Staff know how to respond in an emergency and summon first aid or emergency medical assistance.
- Reasonable adjustments are made where needed, including to location, supervision, equipment, food arrangements or participation.
- External coaches, instructors or activity providers are given relevant allergy safety information where appropriate.

Students with allergies should be able to participate wherever this can be done safely. Where there is concern about participation, staff should review the student's IHP or Allergy Action Plan and consider reasonable adjustments before limiting participation.

12.5 Events and food brought into school

Schools must have clear expectations for food brought into school by staff, students, parents, volunteers or visitors. This includes food provided at fundraisers, performances, open evenings, celebrations, PTA events and staff meetings. Where food is provided, schools should make allergen information available where reasonably possible. Informal or unlabelled food should not be presented as safe for students with allergies unless this has been properly checked.

12.6 Alternative Provision

Where a student attends alternative provision, off-site education, outreach provision, vocational learning, therapeutic provision or another external setting, allergy safety must be considered as part

of placement planning and review. Before a placement begins, the school should confirm whether the student has an allergy, IHP, Allergy Action Plan or prescribed medication. Where relevant, appropriate information should be shared with the provider so they can plan safely and respond effectively in an emergency. Information should be shared lawfully, proportionately and only with staff who need to know.

Placement planning should ensure that:

- The provider is aware of the student's allergy and emergency response arrangements.
- The student's IHP and Allergy Action Plan are shared where appropriate.
- Medication arrangements are clear, including who holds medication and how it can be accessed quickly.
- Catering, snacks, practical activities, transport and off-site activities are considered in the risk assessment.
- The provider knows how and when to contact the school, parents or carers, and emergency services.
- Allergy-related incidents, near misses or concerns are reported back to the school promptly.

The school remains responsible for ensuring that appropriate safeguarding, welfare and medical information is shared with alternative provision settings. A student with allergies should not attend alternative provision unless the school is satisfied that the provider understands the risks and has suitable arrangements in place.

13. STAFF TRAINING

All staff must receive allergy awareness training at least annually. This will normally be provided through the start of term INSET programme and reinforced through the school's annual Health and Safety briefing. Allergy safety is a whole-school responsibility, as students with allergies may come into contact with many different adults during the school day, not only first aiders or catering staff.

Training must be completed by all staff who may supervise, support or come into contact with students. This includes:

- Teachers, support staff, pastoral staff and reception staff.
- First aiders, medical needs staff and lunchtime supervisors.
- Catering staff, caretakers, minibuss drivers and club staff.
- Cover staff, supply staff and other staff who may supervise students.

Training should be practical and relevant to the school setting. It should help staff understand how to reduce risk, recognise symptoms and respond quickly in an emergency. Training should cover:

- Common food and non-food allergens, including the difference between allergy, intolerance and coeliac disease.
- The signs of allergic reaction and anaphylaxis.
- How to reduce the risk of allergen exposure during the school day.
- How to access and use allergy information, Individual Healthcare Plans and Allergy Action Plans.
- How to respond in an emergency, including where medication is stored.
- How to report incidents, suspected exposures, medication issues and near misses.

- The school's local allergy safety procedures.
- How to safely operate adrenaline devices.

New staff must receive allergy safety information as part of induction if they join after the annual INSET and Health and Safety briefing has taken place. Supply staff, agency staff, contractors and visitors should receive proportionate information where their role involves contact with students or food provision.

Staff with specific responsibilities may need additional training. This includes the SLT Allergy Safety Lead, first aid staff, catering staff, trip leaders, Food Technology staff and staff leading higher-risk activities.

Training records must be kept and monitored by the school. This should include attendance at annual INSET, completion of Health and Safety briefing requirements and any additional role-specific training.

Schools should undertake periodic checks to ensure emergency medication can be located and accessed quickly by staff likely to respond.

14. ADRENALINE DEVICES AND EMERGENCY MEDICATION

Schools must have clear procedures for storing, checking and using adrenaline auto-injectors and other emergency medication. Students prescribed adrenaline devices must be able to access them quickly at all times. Some students may self-carry their medication, where this is appropriate and agreed. Where a student does not self-carry, their medication must be stored in a safe, central and accessible location.

Emergency medication must not be locked away in a place that prevents staff from accessing it quickly. Staff who may need to respond in an emergency must know where medication is stored and how to summon help.

Each school must hold spare adrenaline auto-injectors in line with current guidance. Spare devices are an additional safety measure and do not replace a student's own prescribed medication.

Adrenaline devices must be:

- Stored safely and in line with manufacturer instructions.
- Kept at room temperature.
- Accessible in an emergency.
- Checked regularly and kept in date.
- Recorded properly.
- Disposed of safely after use or expiry.

Spare adrenaline devices will be strategically placed so that no child is more than five minutes away from one. Locations will be reviewed regularly to ensure rapid access in any emergency.

Schools must keep accurate records of:

- Students at risk of anaphylaxis.

- Medication held by the school.
- Medication self-carried by students.
- Spare adrenaline devices held by the school.
- Expiry date checks.
- Consent and medical authorisation.
- Any use of emergency medication.

Records must be reviewed regularly so that expired medication, missing devices or changes in a student's needs are identified and addressed promptly.

15. RESPONDING TO ALLERGIC REACTIONS

All staff must know how to respond to an allergic reaction. A quick response can be life-saving.

For mild symptoms, staff should follow the student's Allergy Action Plan and seek support from first aid or medical staff. The student must be monitored and must not be left alone, as symptoms can worsen.

Anaphylaxis is a medical emergency. Symptoms may include:

- Difficulty breathing.
- Wheezing or persistent coughing.
- Swelling of the tongue or throat.
- Difficulty swallowing.
- Hoarse voice.
- Dizziness or collapse.
- Confusion or extreme sleepiness.
- Pale, floppy or unconscious presentation.

If anaphylaxis is suspected, staff must act immediately. They must not wait to see whether the student improves. Staff must:

- Give adrenaline without delay.
- Call 999 and say "anaphylaxis".
- Keep the student lying flat with legs raised, unless breathing is difficult.
- Stay with the student.
- Contact parents or carers.
- Give a second dose after five minutes if there is no improvement and a second device is available.
- Start CPR if there are no signs of life.

If in doubt, staff should treat the reaction as anaphylaxis and give adrenaline.

A student experiencing anaphylaxis must not be asked to stand, walk to the medical room or move to find help. Help and medication must be brought to the student.

16. INCIDENTS AND NEAR MISSES

All allergy-related incidents and near misses must be reported, recorded and reviewed. This is essential because near misses can reveal weaknesses in systems before serious harm occurs. The purpose of

review is not to apportion blame, but to understand what happened, identify learning and make any changes needed to strengthen practice.

An allergy-related incident or near miss may include:

- An allergic reaction or suspected exposure to an allergen.
- Use of adrenaline or other emergency medication.
- Incorrect food being offered or served.
- Failure to identify a student safely at the point of service.
- Medication being unavailable, out of date or inaccessible.
- Failure to follow an Individual Healthcare Plan or Allergy Action Plan.
- Cross-contact involving an allergen.
- A communication failure.
- A concern arising during a trip, event, lesson or school activity.

The SLT Allergy Safety Lead must ensure that the incident or near miss is reviewed promptly. The review should consider whether procedures were followed, whether staff had the right information, whether training was sufficient, and whether catering, supervision or communication arrangements contributed to the incident.

The review should also consider whether the student's plan needs to be updated, whether wider school procedures need to change, and whether learning should be shared with staff, parents, carers, students, catering teams or governors.

Serious incidents must be escalated to the Headteacher and, where appropriate, to the CEO and Trust Board. Statutory reporting requirements must be followed where they apply.

17. REPORTING AND MONITORING

The Headteacher must report to the Local Governing Body at least termly on allergy safety as part of wider safeguarding, health and safety or risk reporting. This reporting should be proportionate, but should include any key risks, incidents, near misses, training compliance issues or actions arising from audits.

The Local Governing Body should use this reporting to seek assurance that allergy safety arrangements are being implemented effectively and that any identified weaknesses are being addressed.

At Trust level, allergy safety will be reported annually to the Trust Board as part of the wider Health and Safety update. This report should provide assurance on implementation across Trust schools and identify any significant Trust-wide risks, themes or actions.

Serious incidents, significant near misses, repeated failures, regulatory concerns or material weaknesses in allergy safety must be escalated promptly to the Headteacher and, where appropriate, to the Chief Executive Officer. The CEO will determine whether further escalation to the Trust Board is required.

Where an incident meets external reporting thresholds, the school must ensure that statutory reporting requirements are followed. This may include reporting to relevant regulators, insurers, local authority teams or health and safety bodies, depending on the nature and seriousness of the incident.

APPENDIX ONE: GOVERNMENT GUIDANCE AND TEMPLATE DOCUMENTATION

Staff should refer to the Department for Education's statutory guidance "*Allergy Safety in Schools*" when developing, reviewing or implementing arrangements for students with allergies or related medical conditions.

The guidance sets out the expectations on schools and academy trusts for supporting students with medical conditions, including the use of Individual Healthcare Plans, safe access to medication, staff awareness, parental engagement and record keeping. It should be used alongside this policy, the school's local medical needs procedures and any specific clinical advice provided for the student.

The Department for Education also provides template documents which schools should use, including templates for Individual Healthcare Plans, parental agreement for administering medicine, records of medicine administered to students, and records of staff training.

<https://www.gov.uk/government/publications/allergy-safety-in-schools>