# Allergy Safety Policy

This policy is effective for all schools within The Mead Educational Trust, the Teaching School, the SCITT and all other activities under the control of the Trust and reporting to the Trust Board.

| | |
|---|---|
| **Version:** | 1.0 |
| **Ratified by:** | Executive Team |
| **Date ratified:** | 27th August 2026 |
| **Next review:** | August 2027 (annual or when an incident is experienced, whichever is soonest) |

**Revision History:**

| Version | Date | Author | Summary of Changes: |
|---|---|---|---|
| 1.0 | Aug 26 | TMET | New standalone policy following introduction of Allergy Safety in Schools statutory guidance July 2026. |

1. Introduction and core principles ..... 2
2. Scope ..... 4
3. Aims ..... 4
4. Statutory and Regulatory Framework ..... 4
5. Roles and Responsibilities ..... 4
6. Emergency Treatment and Management of Anaphylaxis ..... 7
7. Minimising Risk and Exposure to Allergens ..... 8
8. Food Provision and Catering ..... 9
9. Prescribed Medication and Adrenaline Devices (ADs) ..... 9
10. Spare Adrenaline Devices ..... 10
11. Staff Training and Emergency Preparedness ..... 11
12. Identification, Information Sharing and Individual Healthcare Plans (IHPs) ..... 12
13. Incidents and Near Misses ..... 13
14. Wellbeing, Inclusion and Safeguarding ..... 14
15. Unacceptable Practice ..... 14
16. Policy Review and Publication ..... 15
17. APPENDIX A Individual Healthcare Plan (IHP) Template ..... 16
18. APPENDIX B Allergy Register Template ..... 17

# Allergy Safety Policy

## 1. Introduction and core principles

1.1. In accordance with our statutory duties and the Department for Education's *Allergy safety in schools* statutory guidance, developed following the campaign for Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising that anaphylaxis is a serious and potentially life-threatening allergic reaction, this policy sets out robust measures to reduce the risk of allergen exposure and ensure an effective emergency response.

1.2. Allergy is a spectrum of different allergic diseases. Allergic reactions occur when a susceptible person is exposed to something (an 'allergen') to which they are allergic. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

1.3. Anaphylaxis is a severe allergic reaction involving the Airway, Breathing and/or Circulation (ABC). Signs may include swelling of the throat or tongue, difficulty breathing, wheezing, persistent coughing, dizziness, confusion, faintness, collapse or loss of consciousness. Anaphylaxis can occur without other signs, such as a skin rash, being present.

1.4. Anaphylactic reactions can develop rapidly following exposure to an allergen. Reactions to food usually begin within 30 minutes of eating the trigger food, although some reactions can occur several hours later, for example in mammalian meat allergy. Once anaphylaxis begins, it can progress quickly

and there may be only a 20–30 minute window in which prompt treatment can prevent the reaction from becoming life-threatening. Anaphylaxis therefore always requires an immediate emergency response: administer adrenaline without delay and call the emergency services on 999.

1.5. Sudden difficulty in breathing in a person with a known food allergy should always raise the possibility of anaphylaxis, even when no skin symptoms are present. If anaphylaxis is suspected, adrenaline should be given without delay. Giving adrenaline in these circumstances is very safe, while delaying treatment can increase the risk of a serious outcome.

1.6. The most common causes of serious, whole-body allergic reactions, including anaphylaxis, are:

- foods, including peanuts, tree nuts, cow's milk/dairy products, egg, wheat, fish, shellfish and sesame;
- insect stings, including bee and wasp stings;
- medicines, including some antibiotics and pain-relieving medicines such as ibuprofen; and
- latex, which may be found in products such as rubber gloves, balloons and swimming caps.

1.7. In food allergy, most anaphylactic reactions occur after the allergen has been eaten. Less severe allergic reactions can occur following skin or other contact, but anaphylaxis caused by skin contact is very rare. Anyone experiencing an allergic reaction should be monitored for at least 60 minutes, as a mild or moderate reaction can progress to anaphylaxis.

1.8. Each TMET school adopts a whole-school approach to allergy safety. All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually, with appropriate arrangements in place for new, temporary, supply and agency staff, regular volunteers and catering staff. This will support staff to understand allergies, recognise the signs and symptoms of an allergic reaction and anaphylaxis, understand the importance of avoiding an individual pupil's known allergens, and respond appropriately in an emergency. Pupils will also be supported to develop an age-appropriate understanding of allergies and the importance of allergy safety.

1.9. Coeliac disease and food intolerances are not allergies and cannot themselves cause anaphylaxis. However, they can cause significant symptoms and require appropriate management, usually through dietary avoidance. These conditions will be supported through the school's wider arrangements for supporting pupils with medical conditions and therefore fall outside the scope of this Allergy Safety Policy.

1.10. Eczema, asthma and allergies can occur together, sometimes referred to as the atopic triad. Effective management of these conditions is important in supporting an individual's health and wellbeing.

1.11. Each TMET school recognises that, under the Equality Act 2010, a severe allergy may constitute a disability where it has a substantial and long-term negative effect on a person's ability to carry out normal day-to-day activities. Case law has established that severe allergy can fall within this definition. Seasonal rhinitis, such as hay fever, is specifically excluded from the definition of disability unless it aggravates the effects of another health condition. We will therefore have due regard to our duties under the Equality Act 2010, including making reasonable adjustments where required, preventing discrimination and promoting equality for pupils with severe allergies who meet the definition of disability.

## 2. Scope

2.1 This policy is effective for all schools within The Mead Educational Trust, the Teaching School, the SCITT and all other activities under the control of the Trust and reporting to the Trust Board, including apprenticeships.

## 3. Aims

3.1 This policy aims to ensure that:

- Pupils, staff, visitors and trainees with allergies can participate fully and safely in all aspects of school life.
- Allergy risks are identified, assessed and reduced through appropriate and proportionate measures.
- Individual allergy needs are understood, communicated and effectively managed.
- Staff are equipped to recognise and respond promptly to allergic reactions, including anaphylaxis.
- Staff, pupils and parents/carers understand their respective responsibilities for allergy safety.
- A whole-school culture of allergy awareness, inclusion and shared responsibility is promoted.

## 4. Statutory and Regulatory Framework

4.1 This policy reflects relevant legislation and statutory guidance, including:

- **Children's Wellbeing and Schools Act 2026, Section 34** – requiring maintained schools, academies and pupil referral units to have an allergy safety policy, publish it and keep it under review.
- **Department for Education, *Allergy safety in schools* statutory guidance (2026)** – setting out the arrangements schools should have in place to manage allergy safely and respond to allergic reactions.
- **Children Act 1989** – including the duty of care to safeguard and promote the welfare of children.
- **Education Act 2002** – including duties to safeguard and promote the welfare of pupils.
- **Health and Safety at Work etc. Act 1974** – including the employer's duties in relation to the health and safety of employees.
- **Equality Act 2010** – including duties relating to disability, equality of opportunity and reasonable adjustments.
- **Supporting pupils at school with medical conditions** statutory guidance.
- **Keeping Children Safe in Education** statutory guidance.
- **SEND Code of Practice: 0 to 25 years**.
- **Early Years Foundation Stage (EYFS) statutory framework**, where applicable.

4.2 This policy should also be read alongside relevant Department for Education guidance on the **use of adrenaline auto-injectors in schools** and the school's wider policies and procedures for supporting pupils with medical conditions, safeguarding and health and safety.

## 5. Roles and Responsibilities

### 5.1 Trust Board

The TMET Trust Board has overarching responsibility for ensuring that appropriate arrangements are in place to manage allergy safety across Trust schools. The Trust Board will ensure that:

- each school has an Allergy Safety Policy which sets out arrangements to reduce the risk of exposure to known allergens and respond effectively to anaphylaxis;
- the policy is published, implemented and kept under review;
- appropriate oversight of allergy safety is maintained; and
- significant allergy-related risks are appropriately reflected within risk management arrangements.

The Trust Board may delegate monitoring and assurance responsibilities through the Trust's governance arrangements.

**5.2 Principal**

Each School Principal has overall responsibility for implementing this policy within their school and will ensure that:

- a named member of the Senior Leadership Team is designated as the **Allergy Lead**;
- effective systems are in place to identify pupils and staff with allergies and communicate relevant information to staff and catering providers;
- an up-to-date allergy register is maintained;
- Individual Healthcare Plans (IHPs) and relevant Allergy Action Plans are in place, communicated and reviewed as required;
- appropriate arrangements are in place to reduce the risk of exposure to known allergens, including during school trips, visits and extracurricular activities;
- appropriate emergency arrangements and access to adrenaline auto-injectors (AAIs) are maintained;
- all relevant staff receive appropriate allergy awareness and emergency response training; and
- allergy-related incidents and near misses are appropriately recorded, reviewed and acted upon.

The Principal may delegate operational responsibilities but retains overall responsibility for implementation of this policy.

**5.3 Allergy Lead**

Each school will have a named Allergy Lead, who will oversee the day-to-day implementation of this policy. **The allergy lead at Willowbrook Mead Primary Academy is Steven Peach.**

The Allergy Lead will be responsible for ensuring that:

- systems are in place to collect and update allergy information, including during admission and when a new allergy is identified;
- an up-to-date register of pupils with allergies is maintained, including relevant medication and Allergy Action Plan information;
- staff with allergies are identified and supported where required, with relevant medical information collected at the point of employment.
- relevant allergy information is shared promptly and appropriately with staff, catering teams and other relevant parties;
- systems are in place to identify pupils with allergies safely and discreetly at mealtimes;
- IHPs and Allergy Action Plans are developed, communicated and reviewed as appropriate;
- emergency adrenaline auto-injectors and other allergy-related medication are appropriately stored, checked and replaced before expiry;

- allergy awareness and emergency response training is completed at least annually, with allergy safety included in induction arrangements for new, temporary, supply and agency staff and regular volunteers;
- staff have opportunities to practise using trainer adrenaline auto-injectors;
- allergy-related incidents and near misses are recorded, reviewed and used to strengthen practice;
- appropriate communication takes place with parents/carers, pupils, catering providers, healthcare professionals and other relevant agencies; and
- the Principal and relevant governance structures are kept informed about the implementation and effectiveness of allergy safety arrangements.

These responsibilities may be shared with appropriately trained staff, such as a first aider, where applicable.

**5.4 Staff**

All staff have a responsibility to support allergy safety and must:

- report any allergies of their own which require active management
- complete required allergy awareness and emergency response training;
- be aware of pupils with allergies relevant to their role and understand the arrangements set out in their IHP or Allergy Action Plan;
- take reasonable steps to reduce the risk of exposure to known allergens;
- know how to recognise and respond to an allergic reaction, including anaphylaxis;
- know how to access emergency medication and follow emergency procedures; and
- report allergy-related incidents and near misses in accordance with school procedures.

**5.5 Parents**

Parents/carers are responsible for:

- providing accurate and up-to-date information about their child's allergy;
- informing the school promptly of any changes to their child's condition, treatment or medication;
- providing prescribed medication and replacing it as required;
- providing relevant Allergy Action Plans or other healthcare information where available; and
- participating in the development and review of their child's IHP, where required.

**5.6 Pupils**

Pupils will be supported, according to their age and understanding, to:

- share relevant information about their allergy;
- understand and avoid their known allergens;
- recognise and communicate symptoms of an allergic reaction;
- know how and when to seek help; and
- take increasing responsibility for their medication and allergy management where appropriate.

**5.7 Healthcare Professionals and Catering Providers**

The school will work with relevant healthcare professionals to support individual pupils, including obtaining appropriate advice regarding IHPs, Allergy Action Plans, medication, training and emergency arrangements.

The school will also work closely with its catering provider to ensure that allergy information is effectively communicated and that appropriate procedures are in place for allergen management, food preparation, identification of pupils with allergies and the provision of suitable meals.

## 6. Emergency Treatment and Management of Anaphylaxis

### 6.1 What to look for

Symptoms of an allergic reaction usually develop quickly, often within minutes of exposure to an allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (hives or urticaria) anywhere on the body;
- a tingling or itchy feeling in the mouth;
- swelling of lips, face or eyes;
- stomach pain or vomiting;
- mild throat tightness;
- sudden change in behaviour.

Where a pupil's Allergy Action Plan recommends antihistamine for mild or moderate symptoms, this should be administered in accordance with the plan. **The pupil must continue to be closely monitored, as a mild or moderate reaction can progress to anaphylaxis.**

### 6.2 Anaphylaxis – ABC Symptoms

Anaphylaxis is a severe allergic reaction. Symptoms are often referred to as **ABC symptoms** and may include:

- **AIRWAY** – swelling of the throat, tongue or upper airway; throat tightness; a hoarse voice; or difficulty swallowing.
- **BREATHING** – sudden onset of wheezing, difficulty breathing, noisy breathing or a persistent cough.
- **CIRCULATION** – dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale or clammy skin, collapse or loss of consciousness.

Anaphylaxis can occur **without skin symptoms**. Sudden breathing difficulty in a person with a known food allergy should always raise the possibility of anaphylaxis.

If anaphylaxis is suspected, adrenaline must be administered without delay.

### 6.3 Emergency Action

If anaphylaxis is suspected:

- Keep the pupil where they are, call for help and do not leave them unattended.
- Administer adrenaline without delay, following the instructions on the device. The pupil's prescribed adrenaline device should be used if available, and a spare device may be used if it is not. Note the time it was administered.
- Call 999 immediately and state 'ANAPHYLAXIS' (ana-fill-axis)
- If they are not already lying down, ensure the pupil lies flat with their legs raised to assist blood flow to the heart and vital organs. If they are struggling to breathe, they may be gently propped up or sit up slowly, but must not change position suddenly. They should lie down again as soon as possible and must not stand or walk, even if they feel better.

- If there is no improvement after 5 minutes, administer a second dose of adrenaline using a second adrenaline device.
- If there are no signs of life, commence CPR and follow the instructions of the emergency services.
- Contact the pupil's parent/carer as soon as possible.

All pupils who have experienced anaphylaxis must be taken to hospital for assessment and observation, even if they appear to have recovered, as symptoms can recur following initial treatment.

## 7. Minimising Risk and Exposure to Allergens

7.1 Minimising the risk of exposure to known allergens is central to allergy safety. Each TMET school will take a proportionate and risk-based approach, recognising that any food or other allergen has the potential to cause an allergic reaction in a susceptible individual.

7.2 The school will promote an allergy-aware, rather than an allergen-free, environment. Blanket bans on particular foods or allergens will not normally be used, as they can create a false sense of security and cannot guarantee an allergen-free environment. Where restrictions are considered necessary, these will be based on an assessment of risk, taking account of the individual pupil's needs and relevant medical advice where appropriate, and will be no wider or longer than necessary.

7.3 Each TMET school will maintain a whole-school allergy risk assessment to identify potential sources of exposure to known allergens and the measures required to reduce risk. This will include consideration of:

- food and other allergens used within the curriculum, with activities adapted where necessary;
- food provided by the school;
- food brought into school by pupils, staff, parents/carers or visitors;
- arrangements for school trips, visits and extracurricular activities;
- non-food, contact and airborne allergens within the school environment; and
- appropriate hygiene and cleaning arrangements.

7.4 Individual risk assessments will be undertaken where a pupil's allergy or a particular activity, environment, trip or visit requires additional measures. Risk-reduction measures will be proportionate to the individual and the identified risk and will be implemented in consultation with the pupil, parents/carers, relevant staff and, where appropriate, healthcare professionals and catering providers.

7.5 Relevant allergy information will be communicated to those who need it to keep pupils safe, including staff, temporary and supply staff, catering teams and others involved in the pupil's care or activities.

7.6 The school will promote good hygiene practices and age-appropriate allergy awareness among pupils and will monitor the implementation of agreed control measures. Allergy-related incidents and near misses will be recorded and reviewed so that lessons can be learned and risk-management arrangements strengthened where necessary.

## 8. Food Provision and Catering

8.1 Each TMET school will work closely with its catering provider to manage food allergy risks and ensure that pupils with food allergies can access safe and appropriate food provision.

8.2 The school will ensure that:

- catering arrangements comply with relevant food safety and allergen information legislation and take account of Food Standards Agency (FSA) guidance;
- catering providers receive accurate and up-to-date information about pupils with food allergies in a timely manner;
- caterers provide appropriate allergen information about food served and make this accessible to pupils and parents/carers;
- parents/carers can discuss their child's dietary requirements with the catering provider or relevant school staff;
- robust systems are in place to identify pupils with food allergies at the point of service and ensure that the correct meal is provided to the correct pupil. These arrangements will not rely solely on one individual;
- appropriate procedures are in place to minimise the risk of allergen cross-contamination during the storage, preparation, handling and serving of food;
- staff involved in providing or handling food receive appropriate training, including how to identify allergen information and prevent cross-contamination;
- pupils are taught not to share or exchange food, drinks, utensils or food containers and understand why this is important for allergy safety;
- food used within curriculum activities, celebrations and other school activities is appropriately considered as part of allergy risk management; and
- where food is brought into school by others, such as for celebrations or treats, appropriate arrangements are made in advance with parents/carers to support the safety and inclusion of pupils with food allergies.

8.3 These arrangements also apply to school-run breakfast clubs, after-school provision and other activities where food is provided. Where provision is delivered by a third party, the school will ensure that relevant allergy information is shared and that appropriate allergy-safety arrangements are in place.

8.4 Where a pupil with a food allergy is entitled to Free School Meals, the school will work with the pupil, their parents/carers and the catering provider to ensure that they can access a safe and suitable meal as part of their entitlement.

8.5 Where the school or associated groups, such as a PTA, provide food at events, appropriate allergen-management and food-information requirements will be followed.

## 9. Prescribed Medication and Adrenaline Devices (ADs)

9.1 Pupils at risk of anaphylaxis should always have their prescribed adrenaline device(s) readily accessible, including:

- in the classroom;
- at lunchtime and breaktimes;
- during PE and activities on the sports field;
- during before- and after-school provision; and
- on educational visits and trips.

9.2 Arrangements should also ensure that pupils have access to their prescribed adrenaline device(s) on their journey to and from school, in accordance with arrangements agreed with their parents/carers.

9.3 Anaphylaxis is a time-critical emergency and adrenaline must be administered without delay when anaphylaxis is suspected. Prescribed adrenaline devices must therefore be immediately accessible and must not be locked away or stored in a location where access is restricted.

9.4 All adrenaline devices must be stored at room temperature, in accordance with the manufacturer's instructions, and protected from extremes of heat. They must not be refrigerated or left in direct sunlight.

9.5 Where appropriate, pupils will be supported to carry and manage their own prescribed adrenaline device(s), taking account of their age, understanding and individual needs. Where a pupil carries and/or self-administers their own adrenaline, staff must remain prepared to administer it if the pupil is unable to do so during an emergency. Where it is not appropriate for a pupil to carry and manage their own device(s), the school will ensure that they are stored safely and remain immediately accessible in an emergency.

## 10. Spare Adrenaline Devices

**10.1 Details, including location**

10.1.1 The Human Medicines Regulations permit schools to obtain and use 'spare' adrenaline devices for emergency use. Each TMET school will maintain an appropriate supply of spare adrenaline devices (ADs) for use in an emergency.

10.1.2 Spare ADs are additional emergency provision and do not replace a pupil's own prescribed adrenaline device(s). Pupils who have been prescribed adrenaline are expected to have their prescribed device(s) available in school.

10.1.3

Our school holds:
2 pairs of spare devices

These are located:
In the main dining hall

10.1.4 Spare ADs will be:

- stored in clearly labelled 'Emergency Anaphylaxis Kit' containers;
- kept in safe, accessible locations which are known to staff and are not locked or subject to restricted access;
- stored in accordance with the manufacturer's instructions;
- checked at least monthly by Ian Robinson/Natasha Brown to ensure that they remain in date and, where applicable, that the adrenaline remains clear and has not degraded; and
- replaced in sufficient time before expiry and following use.

10.1.5 Used injectable devices will be placed in an appropriate sharps container or handed to the attending paramedic. Expired or degraded devices will be disposed of safely in accordance with local arrangements.

### 10.2 Use of a Spare Adrenaline Device

10.2.1 A pupil's own prescribed adrenaline device should be used in the first instance, where it is immediately available.

10.2.2 A school spare AD may be used in an emergency where:

- the pupil does not have a prescribed adrenaline device;
- the pupil's prescribed device is not immediately available; or
- the pupil's prescribed device fails or misfires.

10.2.3 The Human Medicines Regulations do not require prior consent for a spare adrenaline device to be used in an emergency. Where possible, the school will obtain advance consent from parents/carers or the young person for the use of a spare device. However, in an emergency, reasonable action may be taken to save life without checking whether prior consent has been given where doing so would delay treatment.

10.2.4 Emergency treatment will be provided in accordance with Section 6 of this policy: Emergency Treatment and Man*agement of Anaphylaxis*.

### 10.3 Educational Visits and Trips

10.3.1 Pupils with allergies will be supported to participate fully in educational visits, trips, sporting events and extracurricular activities wherever reasonably possible.

10.3.2 For pupils at risk of anaphylaxis, the visit risk assessment will consider their individual allergy needs, including potential allergen exposure, food provision, access to emergency medical assistance and the availability of appropriately trained staff.

10.3.3 Pupils at risk of anaphylaxis must have access to their prescribed adrenaline device(s) throughout the visit. The risk assessment will also consider whether a school spare adrenaline device should be taken.

10.3.4 Where a spare device is taken off site, arrangements must ensure that sufficient spare provision remains available on the school premises.

## 11. Staff Training and Emergency Preparedness

### 11.1 Training

11.1.1 All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training **at least annually**. This includes teaching and support staff, catering staff and staff involved in breakfast clubs, after-school provision and other activities.

11.1.2 Appropriate arrangements will also be made to ensure that new, temporary, supply, agency, coaching and peripatetic staff, SCITT trainees and regular volunteers, receive the information and training they need to keep pupils with allergies safe.

11.1.3 Training will include:

- understanding allergy, anaphylaxis and the risks associated with allergen exposure;

- recognising mild and moderate allergic reactions and the ABC signs of anaphylaxis;
- understanding that any food can cause an allergic reaction;
- understanding the distinction between food allergy, food intolerance and coeliac disease;
- responding to an allergic reaction and administering adrenaline in an emergency;
- locating pupils' prescribed and school spare adrenaline devices;
- practical familiarisation with the types of adrenaline device used within the school;
- understanding and following Allergy Action Plans and relevant Individual Healthcare Plans (IHPs);
- understanding individual and collective responsibilities for reducing the risk of allergen exposure;
- recording and reporting allergic reactions, incidents and near misses; and
- understanding the potential impact of allergy on a pupil's wellbeing and inclusion.

11.1.4 Training may be delivered through appropriate face-to-face or online provision. Staff will have opportunities to practise using trainer adrenaline devices.

**11.2 Emergency Preparedness**

11.2.1 The school will ensure that staff are familiar with its emergency anaphylaxis procedures and know how to access emergency adrenaline quickly.

11.2.2 Key allergy-safety information will be reinforced throughout the year where appropriate, particularly before activities that may present increased risks, such as educational visits, celebrations and events involving food.

11.2.3 Emergency planning, including fire evacuation and lockdown arrangements, will ensure that pupils at risk of anaphylaxis continue to have timely access to their prescribed adrenaline device(s) and that appropriate emergency medication remains accessible.

11.2.4 The school will periodically test its arrangements for responding to anaphylaxis and use learning from practice exercises, incidents and near misses to review and strengthen procedures.

## 12. Identification, Information Sharing and Individual Healthcare Plans (IHPs)

**12.1 Identification and Information Sharing**

12.1.1 Each TMET school will have effective systems in place to identify pupils and staff with known or suspected allergies and ensure that relevant information is available to those who need it to keep pupils safe.

12.1.2 Visitors are encouraged to share if they require support with allergy management during their visit to school, for example when sharing dietary requirements.

12.1.3 Parents/carers will be asked to provide information about known allergies, prescribed medication and relevant healthcare or Allergy Action Plans as part of the admissions process. They must inform the school promptly of any new diagnosis or changes to their child's allergy, treatment or medication.

12.1.4 Staff will be asked to provide information about known allergies, prescribed medication and relevant healthcare as part of the employment onboarding process. They must inform the school promptly of any new diagnosis or changes to their child's allergy, treatment or medication.

12.1.5 Relevant allergy information will be recorded securely and shared appropriately with staff, catering providers, temporary or supply staff and others who need the information to support the pupil safely, in accordance with data protection requirements.

12.1.6 Where a pupil joins the school outside the normal admissions process, allergy information will be obtained and communicated to relevant staff as soon as reasonably practicable.

12.1.7 During transition between schools or settings, relevant allergy information and existing plans will be shared appropriately. The receiving school will consider the pupil's needs within its own environment and establish the arrangements required to support them safely.

**12.2 Individual Healthcare Plans (IHPs)**

12.2.1 An Individual Healthcare Plan (IHP) will be developed where a pupil's allergy requires arrangements that are additional to, or different from, those normally available to pupils.

12.2.2 The IHP is a **school-owned document** and will be developed collaboratively with the pupil, where appropriate, their parents/carers and relevant staff, taking account of advice from healthcare professionals. A template is included in this policy (Appendix A).

12.2.3 The IHP will set out the arrangements required to support the pupil safely and enable their full inclusion in school life. This may include:

- the pupil's known allergens and individual risk-reduction measures;
- arrangements for medication and emergency adrenaline;
- how relevant information will be communicated to staff;
- arrangements for meals, curriculum activities, trips and other activities where appropriate; and
- the action required in an emergency.

12.2.4 Where a healthcare professional has issued an **Allergy Action Plan, Asthma Action Plan or other relevant clinical care plan**, this will be referenced within and attached to the IHP.

12.2.5 IHPs will be reviewed at least annually and sooner where there is a change in the pupil's needs or circumstances, following an allergy-related incident or near miss, or where existing arrangements are no longer effective.

## 13. Incidents and Near Misses

13.1 Each TMET school will record and review allergy-related incidents and near misses to identify learning and strengthen allergy-safety arrangements.

13.2 This includes allergic reactions and anaphylaxis, as well as incidents where harm was avoided, such as accidental allergen exposure, incorrect food provision or labelling errors.

13.3 Incidents and near misses will be recorded promptly and reviewed by the Allergy Lead and other relevant staff.

13.4 The review will consider:

- what happened and why;
- whether existing procedures and risk-control measures were followed and were effective;
- the views of the pupil and their parents/carers, where appropriate;

- whether the pupil's IHP or other risk-management arrangements require amendment; and
- any wider learning, actions or changes required to prevent recurrence.

13.5 The school will adopt a learning-focused approach to incident review, while addressing any individual or organisational failures through appropriate procedures where necessary.

13.6 Where an incident gives rise to external reporting requirements, including food-safety, health-and-safety or safeguarding requirements, the school will make the appropriate notification.

## 14. Wellbeing, Inclusion and Safeguarding

14.1 Each TMET school recognises that living with an allergy can affect a pupil's emotional wellbeing, confidence and participation in school life. Allergy-safety arrangements will therefore seek to promote both safety and inclusion, avoiding unnecessary restrictions or practices that single out or stigmatise pupils with allergies.

14.2 The school will promote age-appropriate allergy awareness and ensure that celebrations, rewards, curriculum activities and other aspects of school life are planned with the inclusion of pupils with allergies in mind.

14.3 Bullying, teasing or deliberate exposure to a known allergen will be taken seriously and addressed in accordance with the school's behaviour, anti-bullying and safeguarding procedures.

14.4 Where concerns arise that a pupil may be at risk of harm or neglect in connection with the management of their allergy or access to essential medication, staff will follow the school's safeguarding procedures and refer concerns to the Designated Safeguarding Lead as appropriate.

## 15. Unacceptable Practice

15.1 Each TMET school will ensure that pupils with allergies are supported safely, consistently and inclusively. The following practices are unacceptable:

- preventing or unnecessarily delaying a pupil's access to prescribed medication or emergency adrenaline;
- assuming that all pupils with the same allergy require the same support;
- assuming that older pupils do not require support because they are able to take greater responsibility for managing their allergy;
- ignoring the views of the pupil or their parents/carers, or relevant advice from healthcare professionals;
- failing to put appropriate arrangements in place while a pupil is awaiting diagnosis where there is a known or suspected allergy risk;
- sending a pupil experiencing an allergic reaction to another location without appropriate supervision or delaying emergency treatment by moving them unnecessarily;
- requiring parents/carers to attend school routinely to administer medication or provide support that the school can reasonably arrange;
- penalising a pupil where absence is directly related to their medical needs; or
- unnecessarily preventing a pupil from participating in any aspect of school life, including educational visits and extracurricular activities, because of their allergy.

15.2 Any concerns about unacceptable practice will be addressed through the school's appropriate management, safeguarding or staff conduct procedures.

## 16. Policy Review and Publication

16.1 This policy will be published on the school's website and made available to staff, pupils and parents/carers.

16.2 It will be reviewed at least annually, and sooner where required following:

- a serious allergy-related incident or significant near miss;
- identified trends or learning from incidents;
- changes to legislation or statutory guidance; or
- changes to local arrangements that materially affect allergy safety.

The Principal and Allergy Lead will contribute to the review of the policy, with appropriate oversight through the Trust's governance arrangements.

## 17. APPENDIX A Individual Healthcare Plan (IHP) Template

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:<br>Note what allergy the child or young person has.<br>Note any known allergens.<br>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:<br>Note any care or action plans or prescribed medication issued by healthcare professionals.<br>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.<br>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:<br>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.<br>Indicate how the allergy may impact on the child or young person’s learning.<br>Indicate how the allergy may impact on the child or young person’s emotional wellbeing.<br>If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:<br>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.<br>Outline measures to reduce the risk of contact with known allergens.<br>Give details of the specific support or adaptations to manage food allergy at meal and snack times.<br>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:<br>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.<br>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
<tr><td colspan="2">Emergency response:<br>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.<br>Otherwise summarise the signs or symptoms which would indicate an emergency.<br>Set out what to do in an emergency, including whom to contact.<br>If relevant, note where “spare” adrenaline devices are located.</td></tr>
<tr><td>Last discussed with parents:</td><td>Date</td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
<tr><td>Next planned review:</td><td>Date:</td></tr>
</table>

**18. APPENDIX B Allergy Register Template**

Please keep this information in an accessible but secure location.

| Name | Year group & class | Allergy | Medication | Allergy Action Plan signed Y/N | Spare pen consent Y/N | Expiry date of adrenaline auto-injectors | Date information checked |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |