Enabling all to flourish
rooted in God's love

Trust Policy

Allergy Safety Policy

Policy type	**Trust wide**
Review	**Annually**
Author/Responsible Officer	**David Woolford**
Approved by	**Heads of Service**
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Date of next review	**03/09/2027**

This policy is a mandatory policy for all DSAMAT Schools and must be implemented without any amendments

The Diocese of St Albans Multi Academy Trust is a company limited by guarantee.
Registered in England No 10449374 Registered Office: **Manshead CE Academy, Dunstable Rd, Caddington, Luton, LU1 4BB**

OUR POLICY STATEMENT

'Enabling all to flourish rooted in God's love'

JOHN 10:10

Our Trust's mission is to ensure that all pupils are enabled to flourish; academically, socially, spiritually, physically and mentally, rooted in God's Love. This belief is central to our vision and our work in service of our communities, pupils, staff and families and is rooted in our Christian Foundation. Our policies are underpinned by our Trust and Schools Christian Visions, serving a range of different contexts and school communities.

Our commitment to mutual flourishing within the school community is recognised within our policies and procedures and ensures that we are governed by principles that are guided by the central belief of prospering, thriving and growing for all. Our polices are based on the belief that equitable treatment for all pupils, staff and the wider community is essential for ensuring holistic flourishing for all. Each policy is developed collaboratively and draws upon and is informed by the National Church of England Vision and the Diocesan Board of Education Vision. Our polices are adapted to recognise the individuality of each school and its community.

Our policies provide clear expectations for all Trust colleagues and ensures a consistency of approach across our schools and that we are living out our Trust values of Hope, Nurture, Equality, Respect and Collaboration.

Each policy forms part of our Trust Governance and ensures that we are held to the highest standards as we carry out our duties.

POLICY AT A GLANCE

ALLERGY SAFETY | DSAMAT SCHOOLS

EMERGENCY RULE

If anaphylaxis is suspected, give adrenaline immediately, call 999 and state "anaphylaxis". Do not wait for a rash, permission or medical confirmation.

WHAT EVERY SCHOOL MUST HAVE IN PLACE

1 LEADERSHIP

A named senior School Allergy Lead and an up-to-date allergy register.

2 PLANS

Current IHPs, clinician-issued Allergy Action Plans and individual risk assessments where needed.

3 MEDICATION

Two in-date prescribed adrenaline devices for each pupil at risk, plus suitable school spare devices.

4 CONTROLS

Reliable identification and allergen controls across catering, classrooms, wraparound provision, clubs, visits and events.

5 TRAINING

Annual iAM Compliant allergy and AAI training for all staff, plus pupil-specific instruction where required.

6 REPORTING

Prompt recording and review of reactions and near misses through iAM Compliant.

WHERE TO FIND THE ESSENTIALS

Emergency procedure
Section 6, Appendices 1 to 3

Adrenaline devices and spare stock
Section 5 and Appendix 4

Roles and accountability
Section 2

Training requirements
Section 7

Plans and information sharing
Section 3

Visits and off-site activities
Section 8

Food and exposure controls
Section 4

Incident and near miss review
Section 9

Use this page as a quick guide. Staff must complete the required training and follow each pupil's current plans and local school arrangements.

Enabling all to flourish: Rooted in God's love

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1 Policy Statement and scope

The Trust is committed to a safe, inclusive and welcoming environment for pupils, staff and visitors with allergies. Allergic disease ranges from mild symptoms to anaphylaxis, a rapidly developing and potentially life-threatening reaction. Anaphylaxis is always a medical emergency.

This policy follows the Allergy Safety in Schools statutory guidance (July 2026), the Anaphylaxis UK model policy and the principles of Benedict's Law. It covers allergy awareness, risk reduction, emergency response, adrenaline devices, individual planning, training, food provision, educational visits and learning from incidents.
Coeliac disease and food intolerance require suitable dietary management but do not cause anaphylaxis. Asthma, eczema and hay fever must be managed through the relevant school procedures and individual plans. Where allergy and asthma coexist, poor asthma control can increase risk.

1.1 Core principles

- Allergy aware, not falsely "allergen free". Any food can cause a reaction and blanket bans can create false reassurance. Restrictions will be based on individual risk assessment and medical advice.
- Inclusive practice. A pupil must not be excluded from learning, meals, visits or wider school life where reasonable controls can manage the risk.
- Immediate action. If anaphylaxis is suspected, administer adrenaline without delay and call 999.
- Shared responsibility. Safe practice depends on clear information, trained staff, reliable catering controls, accessible medication and partnership with pupils and families.

1.2 Legal and guidance framework

The Trust will have regard to applicable duties and guidance, including the Children's Wellbeing and Schools Act 2026, Allergy Safety in Schools statutory guidance, Children Act 1989, Education Act 2002, Health and Safety at Work etc. Act 1974, Equality Act 2010, Supporting Pupils at School with Medical Conditions, SEND Code of Practice, EYFS statutory framework, food information law, and guidance on the use of adrenaline auto-injectors in schools.

2 Roles and Responsibilities

2.1 Trust Board and committees

The Trust Board approves this policy and receives assurance through the Audit, Risk and Compliance Committee and/or the Finance, Premises and Operations Committee. Local Governing Boards monitor implementation and escalate material concerns.

2.2 Head of Estates

Provides Trust-level oversight, maintains policy and supporting tools, monitors training and assurance information through iAM Compliant, reviews significant trends and supports schools with improvement actions.

2.3 Headteacher

Is accountable for local implementation, appoints a School Allergy Lead from the senior leadership team, ensures sufficient trained staff and cover, and makes sure allergy controls operate during the full school day, wraparound care, visits, clubs and events.

2.4 School Allergy Lead

- maintains an up-to-date allergy register and coordinates IHPs, Allergy Action Plans and individual risk assessments
- ensures relevant staff and caterers receive information promptly, including for new starters and changes
- checks local identification arrangements at mealtimes and confirms emergency medication is accessible
- monitors AAI expiry checks, staff training and incident actions
- reports implementation and significant concerns to the Headteacher and governing body

2.5 All staff and providers

All staff must understand their role, follow plans and risk controls, prevent food sharing where this creates risk, recognise symptoms, act immediately in an emergency and report incidents or near misses. Catering providers must comply with food allergen law, prevent cross-contact, provide accurate allergen information and operate a reliable two-person or equivalent checking process for the correct meal and pupil.

2.6 Parents, carers and pupils

Parents and carers must provide accurate, current information, plans and in-date prescribed medication, and notify the school promptly of changes or reactions outside school. Pupils will be involved according to age and understanding, follow agreed controls, avoid sharing food or utensils and report symptoms immediately.

3 Identification, plans and information sharing

Schools will collect allergy information before admission and whenever circumstances change. Information will be recorded securely, shared on a need-to-know basis with relevant teaching, support, catering, wraparound, supply and visit staff, and transferred appropriately during transition. Data protection law does not prevent necessary sharing to protect health and safety

3.1 Required individual arrangements

- An Individual Healthcare Plan (IHP), where the school must provide support or active management.
- The current clinician-issued Allergy Action Plan, attached to the IHP where provided.
- An individual allergy risk assessment where the pupil's allergens, environment or activities require specific controls.
- A current photograph where required to support safe identification.

The IHP should record allergens and triggers, usual and emergency symptoms, medication and doses, location of both prescribed adrenaline devices, self-carry arrangements, relevant asthma needs, reasonable adjustments, food and activity controls, visit arrangements, contacts and review arrangements.

Plans will be reviewed at least annually, and sooner after a reaction or near miss, changes to diagnosis, medication or medical advice, significant changes to activities, or concerns raised by the pupil, family or school. Associated iAM Compliant risk assessments must be updated when controls change.

4 Minimising exposure to allergens

Each school will complete and maintain a whole-school allergy risk assessment. Allergy must also be considered in relevant activity, curriculum, visit, event, premises and individual assessments.

4.1 Food and Catering

- Share pupil allergy information with catering promptly and maintain a reliable method of identification at the point of service.
- Provide accurate ingredient and allergen information, check substitutions and prevent cross-contact during storage, preparation and service.
- Do not provide food where its safety is uncertain. Ensure packaged and non-packaged food used in lessons or events can be identified.
- Ensure staff providing or handling food have role-appropriate allergen training.
- Apply the same standards to breakfast clubs, after-school provision, celebrations, PTA events and third-party provision.
- Agree safe arrangements for food brought from home and discourage sharing or swapping food and utensils.

4.2 Curriculum, environment and activities

- Check ingredients and materials used in cooking, science, art, play and other lessons, adapt activities and provide suitable alternatives.

- Use effective handwashing and cleaning. Alcohol hand gel does not reliably remove food allergens.
- Assess animal, latex, medication, insect sting, airborne and contact allergens where relevant.
- Tell contractors, visitors, volunteers, supply staff and external providers only what they need to know to maintain safe controls.
- Plan celebrations, rewards and communal events inclusively, and address allergy-related stigma, isolation or bullying.

A food restriction will be introduced only where the risk assessment and medical evidence show it is necessary. It will apply to the smallest practical area and period, with clear communication and review.

Lessons learned from incidents will be incorporated into future risk assessments and school procedures.

5 Medication and adrenaline devices

Pupils prescribed adrenaline should have two in-date devices available at all times, including lessons, lunch, play, sport, wraparound provision and visits. Devices must be quickly accessible, never locked away in a way that delays treatment, stored at room temperature in line with the manufacturer's instructions, and clearly labelled.

A pupil may carry their own devices where this is suitable and recorded in the IHP. Staff remain responsible for ensuring access and support. The school must have a back-up arrangement if a self-carried device is missing or inaccessible.

5.1 School spare adrenaline devices

Schools will maintain suitable spare adrenaline devices in accordance with current statutory guidance. They supplement, not replace, prescribed devices. Locations, brands, doses and quantities must reflect pupil age ranges, site layout and the need to reach an emergency quickly. They must be accessible throughout school-led provision.

Each school must complete and maintain the School AAI Storage and Accessibility Arrangements record at Appendix 4. This identifies the exact storage locations, quantities and doses held, arrangements for pupils who carry their own AAIs, responsible staff and the tested method for obtaining both doses without delay.

- The School Allergy Lead or delegated competent person checks stock, clarity, packaging and expiry at least monthly, and arranges replacement before expiry.
- In an emergency, use the pupil's prescribed device first when immediately available. A suitable spare may be used where permitted, including if the prescribed device is unavailable or misfires.
- Used devices go into a sharps container or are handed to paramedics. Expired or degraded devices are disposed of through an approved route.
- Anyone may take reasonable action necessary to save life. Treatment must not be delayed while seeking consent.

Asthma and anaphylaxis: If a pupil with allergy and asthma suddenly has breathing difficulty and there is doubt between an asthma attack and anaphylaxis, give adrenaline first, then follow the emergency plan.

6 Emergency response

6.1 Recognise

Mild to moderate symptoms may include hives, tingling or itching in the mouth, swelling of lips, face or eyes, abdominal pain or vomiting, mild throat tightness or a sudden change in behaviour. Follow the pupil's plan, give prescribed treatment and monitor continuously because symptoms can progress.

Suspect anaphylaxis if there is any Airway, Breathing or Circulation problem, including throat or tongue swelling, hoarse voice, difficulty swallowing, wheeze, noisy or difficult breathing, persistent cough, dizziness, faintness, confusion, pale clammy skin, collapse or loss of consciousness. A rash may be absent.

6.2 Act immediately

1. Keep the pupil where they are, call for help and do not leave them alone. Bring the medication to the pupil.
2. Lay the pupil flat with legs raised. If breathing is difficult, they may be propped up briefly. Do not allow them to stand or walk, even if they feel better.
3. Administer adrenaline immediately into the outer thigh, or use another authorised adrenaline device exactly as instructed, and note the time.
4. Call 999 and clearly state "anaphylaxis". Give the school location, access details and the pupil's condition.
5. If symptoms continue or there is no improvement, give a second suitable dose after five minutes.
6. If there are no signs of life, start CPR and use an AED if available.
7. Inform parents or carers as soon as possible without delaying treatment.
8. The pupil must go to hospital by ambulance for observation, even if they appear to recover.

See Appendices 1 to 3 for the ABCDE recognition guide, emergency response flowchart and AAI quick reference guide. See Appendix 4 for the school's AAI storage, accessibility and checking arrangements.

7 Training and competence

All staff, including teaching, support, SLT, administration, catering and premises staff, and staff working in breakfast or after-school provision, must complete the Trust's "AAIs (EpiPen) Use & Severe Allergy Response" course through the iAM Compliant Training Portal at least annually. The approximately 30 minute course is the Trust's mandatory baseline and covers recognition, immediate response and AAI use.

Schools must also provide local, pupil-specific information where required. Additional practical familiarisation with the prescribed device or trainer devices will be arranged where

an IHP, risk assessment, unfamiliar device, incident, near miss or lack of confidence identifies the need.

- New staff complete the course as part of induction. Until complete, they must know affected pupils, medication locations, emergency procedures and how to summon trained help.
- Supply, agency, temporary, volunteer and cover staff receive a role-specific briefing before taking responsibility. Schools must not assume prior training.
- Catering staff also receive appropriate food allergen, cross-contact and special diet training. Contractors must provide assurance for their staff.
- Completion and refresher requirements are recorded and monitored through iAM Compliant. Headteachers and School Allergy Leads address gaps promptly.

8 Educational visits, sport and off-site activity

Pupils with allergies will be included in visits and activities wherever safe arrangements can be made. The visit leader must assess allergen exposure, food, transport, accommodation, activity providers, access to emergency care and communication arrangements.

- Both prescribed adrenaline devices and the current Allergy Action Plan accompany the pupil and remain immediately accessible.
- Relevant supervising staff understand the pupil's allergens, symptoms, treatment, device and emergency arrangements.
- The host, caterer or provider receives necessary information in advance, and food safety is confirmed.
- The need for a suitable school spare device is considered without removing necessary cover for pupils remaining at school.
- Medication is checked before departure. If it is unavailable, the school must urgently seek a safe solution with the parent or carer and senior leader, rather than treating exclusion as the default.

9 Incidents, near misses and safeguarding

Allergic reactions, anaphylaxis, accidental exposures, labelling errors and significant near misses must be recorded promptly through iAM Compliant. Immediate care comes first. The school will preserve relevant evidence where appropriate, notify the Headteacher and family, and review what happened in a learning-focused, no-blame manner.

The review must consider the IHP, Allergy Action Plan, risk assessment, catering or activity controls, medication access, communication and training. Actions will have named owners and timescales, and relevant plans will be updated. Unsafe food supplied by the school as a food business will be reported to the local authority environmental health team where required. RIDDOR and other statutory reporting will be considered case by case.

The Designated Safeguarding Lead must be consulted where an incident suggests neglect, abuse, exploitation, deliberate allergen exposure, repeated failure to provide essential medication, or allergy-related bullying.

10 Monitoring, assurance and review

- The Headteacher and School Allergy Lead review local implementation, registers, plans, medication checks, catering controls, training and outstanding incident actions.
- Allergy safety is included within the annual Safe School Assessment and relevant health and safety assurance activity.
- The Head of Estates monitors Trust-wide compliance, significant incidents, trends and improvement actions through iAM Compliant and reports material matters through ARC and/or FPO.
- Local Governing Boards receive assurance on implementation and escalate unresolved risks.
- This policy is published, reviewed annually and revised sooner after significant incidents, trends or changes to legislation or guidance.

10.1 Related policies and supporting documents

Supporting Pupils with Medical Conditions; Health and Safety; First Aid; Safeguarding and Child Protection; Educational Visits; Equality; Behaviour and Anti-bullying; Food Safety and Catering; Data Protection; Risk Assessment; Accident, Incident and Near Miss Reporting; and Premises Management. Schools should use the Trust IHP, Allergy Action Plan and individual allergy risk assessment tools alongside this policy.

10.2 Further guidance

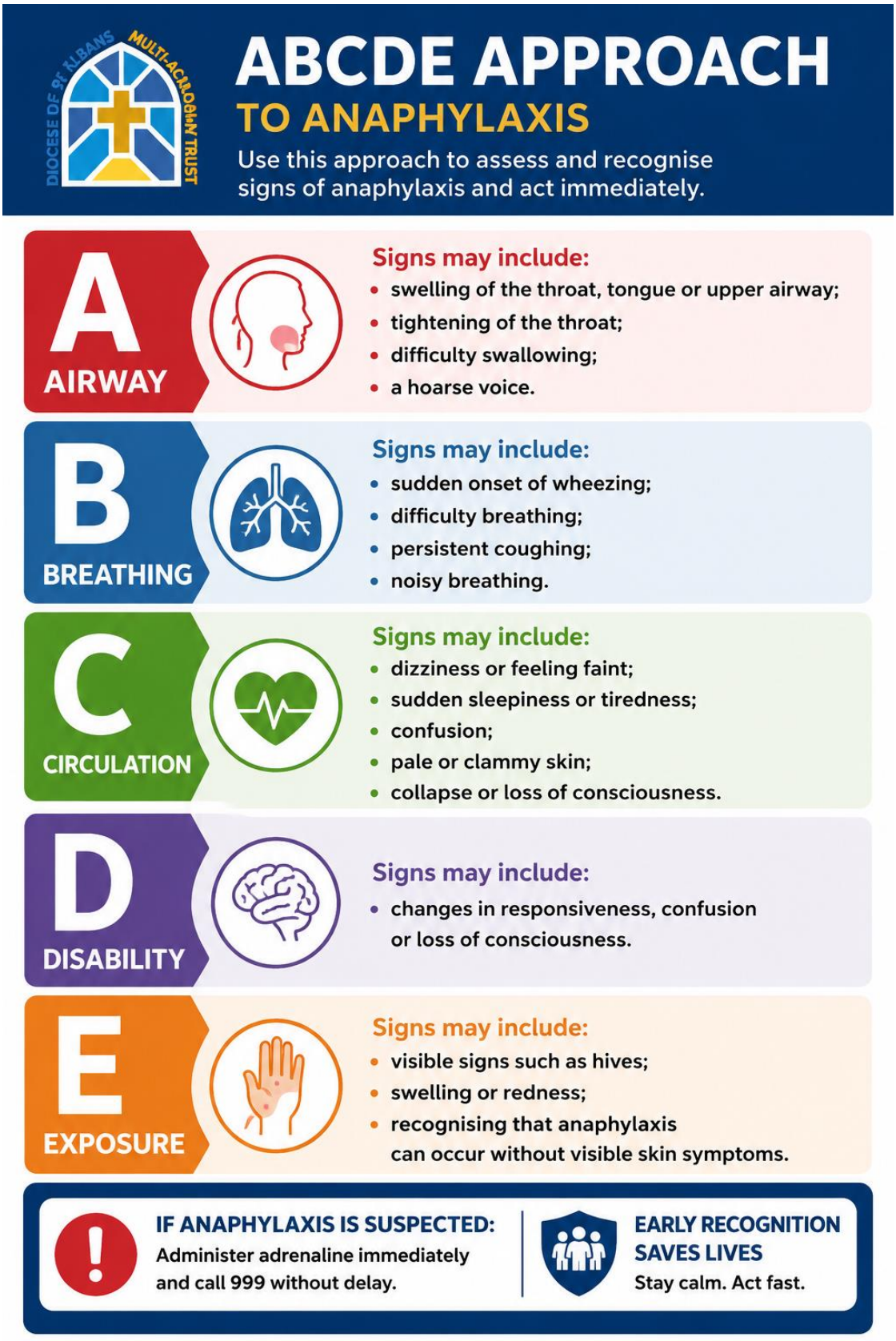
- Anaphylaxis UK, Safer Schools resources and model policy
- Department for Education, Allergy Safety in Schools
- Department for Education, Guidance on the use of adrenaline auto-injectors in schools
- Food Standards Agency, allergen guidance for food businesses
- Benedict Blythe Foundation, Benedict's Law

10.3 School implementation check

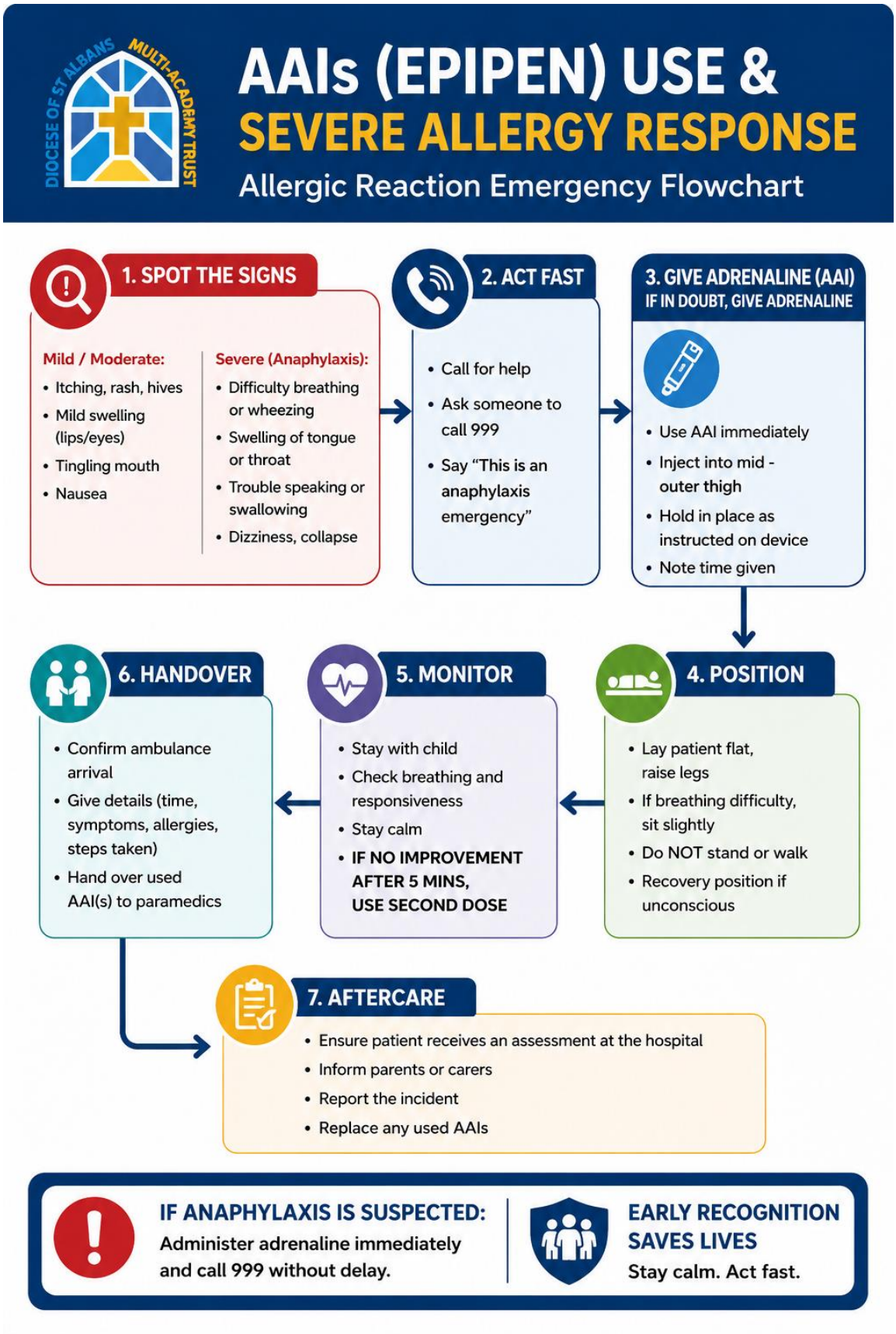
The Headteacher and School Allergy Lead should confirm the following before the policy is relaunched locally:

- allergy register checked and School Allergy Lead named
- IHPs, Allergy Action Plans and pupil photographs current
- individual and whole-school risk assessments reviewed
- two prescribed AAIs accessible for each pupil who requires them
- spare AAI stock, locations and monthly checks confirmed
- catering identification and cross-contact controls tested
- all staff training allocated through iAM Compliant
- supply, visitor, wraparound and visit briefings in place
- emergency posters displayed at agreed locations
- incident and near miss reporting route communicated

Appendix 1, ABCDE Recognition of Anaphylaxis Infographic



Appendix 2, Emergency Anaphylaxis Response Flowchart



Appendix 3, AAI Quick Reference Guide

AAIs (EPIPEN) USE & SEVERE ALLERGY RESPONSE

Adrenaline Auto-Injector (AAI) Quick Reference Guide
(for school staff)

If you suspect someone is experiencing anaphylaxis, you must take immediate action.

1 REMOVE SAFETY CAP

- Take the AAI out of its case
- Remove the safety cap(s)
- Keep fingers away from both ends



2 POSITION THE DEVICE

- Hold the AAI firmly in your hand
- Place the tip against the mid-outer thigh. This can be done through clothing.



3 GIVE THE INJECTION

- Push firmly until you hear or feel a click
- Keep the device pressed in place
- Hold for 3 seconds (EpiPen) or 10 seconds (Jext)



4 REMOVE AND MASSAGE

- Remove the AAI from the thigh
- Massage the area for around 10 seconds



5 AFTER USE

- Note the time of injection
- Give the used AAI to paramedics
- Be ready to give a second dose after 5 minutes if needed



BEFORE YOU START:

- Stay calm, and act quickly
- Ask someone to call 999
- Get the patient's AAI (or a spare from school supplies)

IMPORTANT POINTS TO REMEMBER

- Always inject into the outer thigh, never into the arm, hand, or buttock
- Can be given through clothing
- Do not delay if symptoms are severe.
  If in doubt, use the AAI.
  Adrenaline is safe.
  Delay is dangerous.

IF ANAPHYLAXIS IS SUSPECTED:
Administer adrenaline immediately and call 999 without delay.

EARLY RECOGNITION SAVES LIVES
Stay calm. Act fast.

Appendix 4, School AAI Storage and Accessibility Arrangements

Each school must complete this record locally. It provides the school-specific detail needed to apply the Trust Allergy Safety Policy and must be accessible to permanent, temporary and supply staff. A separate pupil-specific Individual Healthcare Plan and Allergy Action Plan must be maintained for every pupil at risk of anaphylaxis.

Local detail	School arrangement
School	[Insert school name]
School Allergy Lead	[Name and role]
Deputy or cover lead	[Name and role]
Date completed	[Insert]
Next review date	[Insert, at least termly]

1. AAI stock and storage

Type	Dose	Quantity	Exact storage location	Accessible during
Prescribed pupil AAIs	[Insert]	[Insert]	[Insert]	[Insert]
School spare AAIs	[Insert]	[Insert]	[Insert]	[Insert]
Additional location, if required	[Insert]	[Insert]	[Insert]	[Insert]

2. Pupils who carry their own AAIs

The pupil's IHP must confirm whether they carry their own medication. The school must have an agreed method for confirming on each day the pupil attends that two in-date devices are available. If either device is missing, expired or damaged, the contingency arrangements in the IHP must be applied immediately and the parent or carer informed.

Pupil	Two devices available	Second device location	Daily confirmation method	Nominated role
[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
[Insert]	[Insert]	[Insert]	[Insert]	[Insert]

3. Routine checks and emergency access

- Person or role completing routine stock, condition and expiry checks: [Insert]
- Frequency and record location for checks: [Insert]
- Method for alerting all staff, including temporary and supply staff, to AAI locations: [Insert]
- Arrangements for lessons, breaks, clubs, lettings and extended provision: [Insert]
- Arrangements for educational visits and off-site activities: [Insert]
- Contingency if a prescribed device is missing, expired, damaged or used: [Insert]
- Maximum practical retrieval time tested by the school: [Insert, access must be without delay and, in practice, within five minutes.

For a large or complex site, including Manshead CE Academy, more than one storage point may be required. The number and location of AAI sets must be determined by the site layout and tested retrieval time. Staff must know which location is nearest and how to obtain both a first and second dose without delay.

10.4 Approval and review

Role	Name	Date
School Allergy Lead	[Insert]	[Insert]
Headteacher	[Insert]	[Insert]

This record must be reviewed at least termly, whenever a pupil's medication arrangements change, following use or replacement of an AAI, and after any incident or near miss involving delayed access.