Fioretti Trust

Aspiration Wisdom Compassion

Allergy Safety Policy

This policy supersedes all other *allergy safety* policies

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1. Aims

This policy aims to:

- Set out our Trust's approach to allergy safety, including reducing the risk of exposure to allergens and the procedures in place in the event of an allergic reaction
- Make clear how our schools support pupils with allergies to ensure their wellbeing and inclusion
- Set out the roles and responsibilities for everyone in the school community in regard to allergy safety
- Set out our approach to allergy risk assessment and reducing the risk of exposure to allergens
- Set out how we manage adrenaline auto-injectors (AAIs) and respond to anaphylaxis
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy meets the duty introduced by section 34 of the Children's Wellbeing and Schools Act 2026, which amends section 100 of the Children and Families Act 2014 to require the Trust to have an allergy safety policy, publish it and keep it under review.

In meeting this duty, the Trust has had regard to the Department for Education's statutory guidance Allergy safety in schools (July 2026), the statutory guidance on supporting pupils with medical conditions at school, and the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools.

This policy also has regard to the following legislation:

- The Equality Act 2010
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- The Human Medicines (Amendment) Regulations 2017, which permit schools (but not early years settings or colleges) to purchase "spare" adrenaline auto-injectors without a prescription

This policy also complies with our funding agreement and articles of association. It should be read alongside the Trust's Supporting Pupils with Medical Conditions Policy, which sets out our wider arrangements for supporting pupils with medical conditions.

3. Roles and responsibilities

3.1 The board of trustees

The board of trustees has ultimate responsibility to make sure there are arrangements to support allergy safety across the Trust. Although the Trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the Trust is compliant with the requirements in the above legislation and guidance.

Allergy-related risks will be included on the Trust's and each school's risk register and actively managed by the board/local governing body.

The board will also determine and approve this policy.

3.2 CEO

The CEO will:

- Oversee and support the headteachers and/or local governing bodies of each school in

carrying out their duties
- Highlight any issues found across the Trust to the board of trustees
- Receive periodic reports on serious incidents and "near misses" relating to allergy safety across the Trust's schools

3.3 Local governing bodies

Local governing bodies of each school will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Monitor practice, and staff training, in regard to pupils with medical conditions and allergies, in line with this policy
- Receive periodic reports on serious incidents and "near misses" and consider whether they indicate a need to review this policy or arrangements at school level

A named governor for allergy safety is not a statutory requirement. Local governing bodies may choose to nominate one as a matter of good practice, but oversight may instead sit with the LGB as a whole.

The local governing body of each school may delegate the day-to-day implementation of this policy to the headteacher of the school.

3.4 The headteacher

The headteacher of each school is responsible for deciding, in discussion with parents/carers and any relevant healthcare professionals, whether a pupil's allergy can be managed through the adjustments made under the school's Supporting Pupils with Medical Conditions Policy, or whether an Individual Healthcare Plan (IHP) is required to specify arrangements that reflect the pupil's circumstances.

3.5 Allergy safety lead

The nominated allergy lead is [insert staff member's name. This role fulfils the statutory requirement for a named senior leader responsible for allergy safety.This should be a member of the senior leadership team (SLT) who has pastoral/welfare responsibilities. Responsibility for allergy safety must not sit with a catering manager alone.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (the information collection itself may be delegated to the medical officer/school nurse/administrative staff)
- Ensuring all allergy information is up to date and readily available to relevant members of staff
- Ensuring all pupils with allergy who need one have a single Individual Healthcare Plan, incorporating any Allergy Action Plan and/or Asthma Action Plan completed by a medical professional
- Ensuring all staff receive an appropriate level of allergy training and are aware of this policy and procedures This includes supply, agency and regular volunteer staff.
- Ensuring relevant staff are aware of which activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs) and emergency asthma reliever inhalers
- Ensuring serious incidents and "near misses" are recorded, reported and used to inform review of this policy and individual IHPs
- Regularly reviewing and updating the allergy-related sections of this policy

3.6 School nurses and other healthcare professionals

Our school nursing services will notify the relevant school when a pupil has been identified as having a medical condition or allergy that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP or allergy action plan. Our schools do not have an on-site school nurse or medical officer.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition or allergy. They may also provide advice on developing IHPs and allergy action plans.

Where a school nursing service is involved, they may support staff to implement a child's IHP or advise on it, but responsibility for maintaining the IHP and checking spare AAIs rests with the allergy safety lead. Schools are not responsible for making clinical assessments or judgements, and are not responsible for healthcare activities that fall under NHS responsibility.

3.7 Staff

Supporting pupils with medical conditions and allergies during school hours is not the sole responsibility of one person. Any member of staff at the school may be asked to provide support to pupils with medical conditions or allergies, although they will not be required to do so. This includes the administration of medicines and implementing systems for obtaining information about a child's needs for medicines and keeping this information up to date.

Those staff who take on the responsibility to support pupils with medical conditions or allergies will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions and allergies that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition or allergy needs help.

All teaching and support staff are also responsible for: (including temporary, supply, peripatetic and agency staff, catering staff and regular volunteers)

- Promoting and maintaining allergy awareness among pupils
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Knowing how to report an allergic reaction, anaphylaxis, or a "near miss"

3.8 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP or allergy action plan, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g.

provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- If required, provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and make sure these are replaced in a timely manner
- Carefully consider the food they provide to their child as packed lunches and snacks, and try to limit the number of allergens included
- Follow the school's guidance on food brought in to be shared
- Update the school on any changes to their child's condition

3.9 Pupils with allergies
Pupils with medical conditions and allergies will often be best placed to provide information about how their condition affects them, and will be involved in discussions about their medical support needs and IHP as fully as their age and understanding allow.

Given the age of pupils in our schools, staff lead and administer all aspects of day-to-day allergen management, medicines, and adrenaline devices. Pupils are not expected or encouraged to carry or self-administer their own adrenaline auto-injector or other medication. Pupils are supported to:
- Be aware, in an age-appropriate way, of their allergens and the risks they pose
- Recognise, as far as their age and understanding allow, how they are feeling and to tell an adult if they feel unwell
- Understand the importance of not sharing food, drinks, or other items that could contain their allergens

3.10 Pupils without allergies
All pupils are helped to understand allergy awareness in an age-appropriate way, including how to tell an adult quickly if a friend seems unwell. Pupils are not expected or relied upon to administer treatment or to take responsibility for a peer's medical emergency response; adults will always lead the emergency response.

4. Identifying individuals at risk
Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include hay fever (allergic rhinitis), skin allergies (e.g. eczema, contact dermatitis), food allergy, asthma (which may be triggered by airborne allergens), and allergy to insect stings and medicines.

4.1 Identifying pupils at risk
For new starters, we send a form to all parents/carers after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we send a form and put arrangements in place within 2 weeks

We send a reminder to parents/carers at the start of each year, asking them to update their child's allergy information as necessary. We ask that parents/carers proactively inform us by phone call to the school or email if their child's allergy needs change during the school year

4.2 Identifying staff and visitors at risk
New staff are asked to provide details of any allergies in advance of their start date, and visitors are asked to provide details of any allergies in advance of their visit, where relevant to the activity they are attending

4.3 Individual healthcare plans (IHP)
Not all pupils with an allergy will require an IHP. A pupil should have an IHP if: their allergy has a functional impact on them in school; they are at risk of harm as a result; and they require arrangements which are additional to or different from those made generally. It is not necessary for a pupil to have a formal diagnosis of allergy for an IHP to be put in place. See the Supporting Pupils with Medical Conditions Policy for what an IHP should record and how it is developed and reviewed.

4.4 Allergy and asthma action plans
All pupils with a known allergy to a food or insect sting should be issued with an allergy action plan by their healthcare professional, and all pupils with asthma should be issued with an asthma action plan. These plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a reliever inhaler for an asthma attack. The allergy action plan and/or asthma action plan will be attached to the pupil's IHP as an annex, rather than being duplicated or paraphrased within it, to avoid the risk of transcription errors in clinical information. Whenever an action plan is updated, the pupil's IHP will be reviewed to incorporate it.

4.5 Record of pupils with known allergies
The school keeps a record of all pupils with a known allergy, not only those prescribed an AAI. For each pupil, the record notes their known allergen(s), whether they have an Individual Healthcare Plan, and whether they have an Allergy Action Plan and/or have been prescribed an AAI. Staff use this record to check whether a pupil is on the record of those with a known allergy, including at mealtimes and during activities involving food or animals.

5. Assessing risk
The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Staff planning any activity involving food, craft materials, or animals will consider the risk of allergen exposure, including less obvious sources such as food packaging used in craft, wheat-based play dough, glues containing milk, wheat or soya, and bird feed containing nuts or sesame.

6. Minimising risk
6.1 Hygiene procedures
- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

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

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled

- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices, in line with Food Standards Agency (FSA) requirements
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- At least two robust methods are used to identify pupils with known allergy at mealtimes (for example, a member of staff checking who the pupils with allergy are, and photographs with allergy details held in the kitchen/serving area). Pupils with food allergies are not segregated from their peers at mealtimes
- The school, as a "food business", will record and review all allergen incidents and near-misses relating to food, seeking advice from the local authority environmental health team where appropriate, and will notify the relevant authority where there is reason to believe unsafe food may pose an ongoing risk to other pupils (see Section 10)

6.3 Food restrictions

Our schools operate a nut-free policy. Packaged nuts and food products containing nuts are not permitted to be brought onto the premises, and are not served or sold through the school kitchen or tuck shop, including in packed lunches where possible.

This sits alongside the wider measures in this policy for reducing allergen exposure, including catering controls, hygiene procedures, risk assessments for food-related activities, and staff training. Pupils and staff should note that no environment can be guaranteed completely free of allergen traces, and the school's emergency response arrangements (Section 9) apply regardless of this policy.

6.4 Insect bites/stings

When outdoors:

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

6.5 Animals

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

6.6 Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy, in line with our schools' behaviour policies and anti-bullying measures. Bullying related to a pupil's allergy is treated as a safeguarding concern and managed in line with our schools' behaviour and anti-bullying policies.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher/form tutor
- Proactive engagement with new joiners with known allergy, including a tour of the kitchen/canteen where helpful, to reduce anxiety and build familiarity with mealtime routines
- Regular, age-appropriate communication with the whole school community about allergy, to maintain awareness and reduce the risk of a pupil with allergy feeling singled out

6.7 Events and school trips

- No pupils with allergies will be excluded from taking part in events or school trips
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see Section 8.4.5) The school will separately consider whether it is appropriate to also take "spare" AAIs on such trips, without leaving school premises short of spare devices (see Section 8.4.5).

6.8 Asthma

Asthma is closely linked to allergy: exposure to airborne allergens can trigger an asthma attack, and children with both food allergy and asthma are at increased risk from anaphylaxis. On average, there are two to three children with asthma in every primary classroom.

Pupils known to have asthma will have their own reliever inhaler at school; this will be easily accessible to there class, and kept where an adult can quickly reach it.

The school keeps an emergency ("spare") asthma reliever inhaler and spacer, obtained without prescription under the Human Medicines Regulations 2012 (as amended), for use where a pupil's own prescribed inhaler is not available. This can only be used where written parental consent has been given, and is stored alongside the school's "spare" adrenaline devices

An asthma reliever inhaler must never be given instead of adrenaline to treat anaphylaxis. If a pupil known to have asthma and food allergy suddenly has difficulty breathing, staff will always consider anaphylaxis and give adrenaline without delay

7. Adrenaline devices (AAIs)

Following the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, the procedures below set out our approach to AAIs.

7.1 Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs, or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this requires parental consent)
- Where a pupil is prescribed two adrenaline devices, both should be available to them at school, since clinical advice recommends carrying two doses at all times in case a second is needed.
- Where a pupil takes their own prescribed AAI home each day (for example, at the end of the school day), parents/carers are responsible for checking it remains in date and returning it to school the following day. The register notes where day-to-day responsibility for the pupil's personal AAI sits.

The register is kept [in an easily accessible location/in every classroom] and can be checked quickly by any member of staff as part of initiating an emergency response.

7.2 Purchasing of spare AAIs
The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance. School arrangements will set out:

- Where the AAIs will be sourced (i.e. a local pharmacy)
- The quantity of AAIs required
- Which brand(s) of AAI are purchased (schools are recommended to buy a single brand to avoid confusion)
- The dosage required, based on Resuscitation Council UK's age-based criteria

As a primary school, we stock spare AAIs covering both dosage bands, since our roll spans children under and over 6 years old:

Dosage band	**Spare AAIs to stock**
Under 6 years (150 micrograms, e.g. EpiPen Junior, Jext 150)	One pair
Over 6 years (300 micrograms, e.g. EpiPen, Jext 300)	One pair

"Spare" AAIs are always stocked and stored in pairs, so that a second dose is on hand if needed. Where the school operates across more than one site, spare AAIs of the appropriate dosage will be held on each site.

Purchase is made from a local pharmacy without the need for a prescription, using a request letter signed by the headteacher on school headed paper, confirming the school name, quantity required, and that the AAIs are for emergency use with pupils at the school.

7.3 Storage
The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but out of the reach and sight of children
- Not locked away, but accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed (larger schools will require more than one AAI kit, ideally located near the dining area and playground)

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.4 Maintenance and disposal
The school are responsible for checking monthly that AAIs are present and in date, and that replacement AAIs are obtained when the expiry date is near.

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

7.5 Use of AAIs off school premises
Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events. [Insert arrangements for taking spare AAIs for emergency use on school trips and off-site events.]

7.6 Emergency anaphylaxis kit
The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- A spare emergency asthma reliever inhaler and spacer
- Instructions for the use and storage of AAIs and manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered, and a record of when AAIs have been administered

8. Procedures for handling an allergic reaction

If any one or more signs of anaphylaxis are present - Airway (tightening throat, hoarse voice, difficulty swallowing, swollen tongue), Breathing (sudden wheezing, difficult or noisy breathing, persistent cough), or Circulation (persistent dizziness, pale or floppy, suddenly sleepy, collapse) - staff will not delay:

- Lie the pupil flat with legs raised (allow to sit if breathing is difficult)
- Give the adrenaline device without delay, using the school's spare device if needed
- Immediately dial 999 and say "ANAPHYLAXIS"
- Stay with the pupil until the ambulance arrives; do not stand them up; phone the parent/emergency contact
- If no improvement after 5 minutes, give a further dose of adrenaline using a second device if available
- Commence CPR at any time if there are no signs of life

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan. If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one.

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

Consent is not legally required for a "spare" AAI to be used to save a life in an emergency; staff should not delay treatment to check whether prior consent has been given.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed.

9. Serious incidents and “near misses”

The school approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and improve arrangements so that pupils are better protected in future.

9.1 Definitions

A serious incident is any event relating directly to a medical condition or allergy in which a pupil, member of staff or visitor is harmed, or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A “near miss” is an event that did not result in harm but had the clear potential to do so - for example, where an error or system failure could reasonably have led to a serious incident had circumstances been only slightly different.
Example: a pupil is served food containing a known allergen; staff catch this before it is eaten and provide a safe alternative. This is a “near miss” and must be recorded, even though no harm occurred.

9.2 Recording

- Any serious incident or “near miss” is recorded as soon as feasible in the school's accident book, noting who was affected, what happened and where, why (as far as known), how staff responded, whether emergency services were called, and how the incident concluded. Incidents are recorded on the same incident record used across the Trust for all medical condition and allergy incidents (see the Supporting Pupils with Medical Conditions Policy, Appendix 2).

- Reporting is not limited to staff who witnessed the event: the pupil, their parents, or a healthcare professional may be the ones to identify that an incident or near miss occurred, including where effects were delayed until after the school day.

9.3 Reporting

- Parents/carers are notified of the incident or “near miss” as soon as possible and given the opportunity to contribute to the lessons-learned review.
- The report is shared with the allergy safety lead, who considers what lessons should be learned and whether this policy or the pupil's IHP needs to change.
- The governing body/LGB receives periodic reports on serious incidents and “near misses”, which will be considered as part of the annual review of this policy.
- Where the school is acting as a food business and there is reason to believe unsafe food (e.g. containing an undeclared allergen) has left its immediate control and may pose an ongoing risk to other pupils, this is reported to the local authority environmental health team. Isolated incidents that were caught and contained will not usually require this notification, but should still be recorded and reviewed.
- Incidents that arose from the way the school carried out a work activity and resulted in death or a pupil being taken directly to hospital are reported to the Health and Safety Executive under RIDDOR. A pupil taken to hospital as a precaution, or due to a medical condition itself (e.g. an asthma attack) rather than a work activity, is not RIDDOR-reportable.
- Where an incident relates to the delivery of a care plan or Action Plan issued by a healthcare professional, the relevant healthcare professional or team is notified.

9.4 Learning lessons

Following any serious incident or “near miss”, the allergy safety lead and relevant staff will consider:

could the incident reasonably have been foreseen; could it have been avoided through reasonable preventative steps; was it covered by an existing policy or IHP, and if so was that plan followed and was it adequate; and whether this policy or the pupil's IHP should be changed as a result.

- A serious incident or “near miss” relating to a pupil's allergy is not, of itself, a safeguarding matter. A safeguarding referral is only needed where the incident suggests the pupil may be at increased risk of neglect, abuse or exploitation - for example, where essential medication or information is repeatedly withheld, putting the pupil at risk.
- The school will consider the wellbeing of the pupil involved, their peers, and staff following any serious incident, including time to reflect in a constructive, blame-free spirit.

9.5 Complaints

Complaints relating to a serious incident or “near miss”, including a prolonged failure to put agreed arrangements in place, may be raised through the Trust's complaints procedure (see Section 15).

10. Allergy awareness

10.1 Staff training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Allergy training will be carried out bi-annually by the allergy lead. It is recommended that all staff are trained at least once a year.

All staff expected to be present during times when pupils are scheduled to be on site receive this training, including temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers and catering staff. New starters complete this training as part of their induction.
The Trust has purchased ‘training pens’ so that staff can practise safely and become familiar with using an AAI.

The school will conduct an allergy safety drill at least annually — a simulated case of anaphylaxis to test how staff respond, without risk to any individual. The results are recorded and used to inform the ongoing review of this policy.

Training will also ensure staff understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever and others) which can co-exist, understand the difference between food allergy, coeliac disease and food intolerance, and know how to check whether a pupil is on the record of those with a known allergy.

10.2 Awareness of the allergy safety policy

This policy is published on each school’s website and made available in hard copy on request. All staff are made aware of this policy as part of induction and annual allergy awareness training. Parents/carers and pupils are made aware of this policy, in an age-appropriate way for pupils, including how to report a concern or a “near miss”.

Where a pupil is prescribed an adrenaline device, the school will discuss with them and their parents whether it is appropriate for close friends to know how to seek help in an emergency. This does not replace staff emergency response arrangements.

11. Information sharing
Information about an individual's allergy is considered special category data under UK GDPR. It will therefore be handled in line with the Trust's Data Protection Policy.

12. Monitoring arrangements
This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually, or more frequently if a serious incident or "near miss" identifies an area for improvement.

13. Links to other policies
This policy links to the following policies and procedures:

- Supporting Pupils with Medical Conditions Policy
- Health and safety policy
- School food policy
- Data protection policy
- Behaviour policy
- Safeguarding policy

Appendix 1: Individual Healthcare Plan template
This editable template is adapted from the Department for Education's Individual Healthcare Plan template included in the allergy safety guidance. It should be completed with parents/carers, the pupil where appropriate, and relevant health professionals.

Name of school/setting	
Pupil's name	
Class	
Date of birth	
Medical diagnosis or allergy	
Date of plan	
Review date	
Medical needs, symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues and any specific risks	
Medication, dose, method of administration, when to be taken, side effects, contraindications, and whether administered by staff or self-administered	
Daily care requirements and preventative arrangements	
Specific support for educational, social and emotional needs	
Arrangements for school visits, trips, sports, practical lessons, lunch/breakfast/after-school provision and other activities	
What constitutes an emergency and the action to take if this occurs	
Who is responsible in an emergency, including any different arrangements for off-site activities	
Plan developed with	
Staff training needed or undertaken: who, what and when	
Form copied to	

Appendix 2: Allergy risk register and individual risk assessment template
This editable risk register can be used to record known allergy risks, preventative controls, emergency arrangements and review actions. It should be used alongside this policy, any Individual Healthcare Plan and any Allergy or Asthma Action Plan issued by a healthcare professional.

Name	Class/year	Known allergen(s)	Risk/activity/location	Controls in place	Review/action owner

Identified risk / potential exposure route	
Who may be affected and how	
Existing control measures	
Further actions required	
Emergency response arrangements	
Communication and information sharing	
Review outcome and date	