EMMANUEL
SCHOOLS FOUNDATION

ALLERGY AWARENESS POLICY

Reviewed Date: July 2026
Approved Date: September 2026 by Trustees
Next Review: July 2027
Contextualised for school specific reasons

1. Statement of Intent

The Board of Trustees believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the Trust and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of Trust life.

The Board of Trustees retains overall accountability for ensuring this policy is implemented effectively across all Trust settings. Operational responsibility is delegated to the COO and Principals and central teams, in accordance with the Trust's Scheme of Delegation.

We will:

1. Ensure appropriate arrangements are in place across the Trust to support Students with medical conditions, in line with statutory guidance, and hold leaders to account for effective implementation.
2. Ensure this policy is regularly reviewed and updated to reflect current legislation and best practice.
3. Adhere to legislation and statutory guidance on supporting Students with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).
4. Ensure all staff, including temporary and supply staff, are trained and confident in implementing this policy, including Individual Healthcare Plans and emergency procedures.
5. Ensure Individual Healthcare Plans (IHPs) are in place and regularly reviewed for Students with serious allergies.
6. Identify and minimise risks to Students with allergies through appropriate assessment and control measures.
7. Promote awareness of allergies and an inclusive culture across the Trust, with any allergy-related bullying addressed in line with the anti-bullying policy.
8. Ensure the Trust is appropriately insured and that staff understand their cover when supporting Students with medical conditions.

Whilst we will endeavour to ensure our Trust provides a safe environment for all, we cannot guarantee our Trust will be allergen-free.

In the event of illness, a staff member will accompany the student to the office/medical room. In order to manage their medical condition effectively, Academies will not prevent students from eating, drinking or taking breaks whenever they need to.

The Trust also has First Aid and Administration of Medicines policies. All staff should be aware of these policies.

This policy is implemented in accordance with relevant legislation and guidance, including the Health and Safety at Work etc. Act 1974, the Equality Act 2010, the Children and Families Act 2014, the Department for Education's guidance *Allergy Safety in Academies* , and food allergen legislation, including Natasha's Law.

This policy applies to all relevant Trust activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Name: Martin Oldknow **Signature:**

(Chair of Governors)

Name: Victoria Gibson **Signature:**

(Principal)

Date: 17 September 2026

Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Board of Trustees for acceptance.

Document / revision no.	Date	Status / Amendment	Approved by

Distribution of copies

Copies of the policy and any amendments will be distributed to the Principals; Premises Managers; Operations Managers; Academy and Trust Health and Safety Representatives; All Staff; Catering Staff (contracted or in-house); Trustees and Administration offices.

This Allergy Awareness Policy will be published on each Academy/Academy website and made available to parents and carers.

Equality & sustainability impact assessments

This section must be completed by the Trust before policy approval. It ensures compliance with the Public Sector Equality Duty and supports sustainability goals.

Equality impact assessment

Question	Response
Could this policy disadvantage any group with protected characteristics (e.g., SEND Students, staff with disabilities, ethnic minorities)?	No significant adverse impact has been identified. The policy will be implemented fairly and consistently, with consideration given to the needs of individuals with protected characteristics.
If yes, what steps will you take to prevent this? (e.g., reasonable adjustments, alternative formats)	Where required, reasonable adjustments will be made to ensure equitable access and participation. Information will be provided in accessible formats where appropriate, and individual needs will be considered in line with the Equality Act 2010.
How does this policy actively promote inclusion? (e.g., accessible communication, staff training)	The policy promotes inclusion by encouraging fair and consistent practice, ensuring accessible communication where needed, and supporting staff through appropriate guidance and training. It reflects the school's commitment to equality, diversity, and inclusion for all members of the school community.

Sustainability impact assessment

Question	Response

Does this policy help reduce environmental impact (e.g., energy use, waste, carbon footprint)?	Yes. Where possible, the policy encourages digital communication and record-keeping, reducing paper use and unnecessary printing.
Could this policy increase resource use or waste?	No significant increase in resource use or waste is anticipated. Any additional resource requirements are expected to be minimal and proportionate.
What actions will you take to improve sustainability? (e.g., digital processes, energy-efficient equipment)	The school will continue to prioritise digital processes, minimise paper consumption, encourage responsible use of resources, and review practices regularly to identify opportunities for improving environmental sustainability.

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2. Roles and Responsibilities

2.1 The Board of Trustees

2.1.1. The Board of Trustees has ultimate responsibility for health and safety matters, including Allergy Awareness and management of associated risks, in the Trust.

2.1.2. Ensure the Allergy Awareness Policy is reviewed annually, or after any operational changes or significant allergy related incidents, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3. The Board of Trustees will ensure that adequate resources, systems and competent persons are in place to support the safe management of allergies and anaphylaxis across the Trust, in line with the Trust's Scheme of Delegation.

2.1.4. The Board of Trustees will receive reports on allergy-related incidents, training compliance, and identified risk trends to inform strategic oversight.

2.1.5. The Chief Executive Officer (CEO)

2.1.6. The CEO has overall accountability for ensuring that the Trust meets its legal and moral responsibilities in relation to the safety, wellbeing and inclusion of pupils, staff and visitors with allergies across all Academies.

2.1.7. The CEO will ensure that appropriate arrangements are in place for the effective management of allergy risks throughout the Trust and will delegate responsibility for the implementation, monitoring and review of this policy to the Chief Operating Officer (COO), Director of Education and Academy Principals.

2.1.8. The CEO will ensure that sufficient resources, training and support are available to enable Academies to comply with this policy and relevant statutory requirements.

2.1.9. The CEO will receive assurance from the COO and Director of Education regarding the effectiveness of allergy management arrangements, compliance with Trust policies, and the management of significant incidents and risks.

2.1.10. The CEO will ensure that significant allergy-related incidents, emerging risks, trends and compliance concerns are appropriately reported to the Board of Trustees and that suitable actions are taken to address identified issues.

2.1.11. The CEO will promote a culture of inclusion, awareness and safeguarding across the Trust, ensuring that the needs of individuals with allergies are appropriately considered in strategic planning and decision-making.

2.1.12. The CEO delegates day-to-day operational responsibility for the implementation of this policy to the COO, Director of Education and Academy Principals; however, overall accountability for ensuring effective arrangements are in place across the Trust remains with the CEO.

2.2 The COO

2.2.1 The COO is responsible for ensuring that this Allergy Awareness Policy and associated arrangements are implemented across all Academies within the Trust and that operational arrangements reflect the Trust's requirements.

2.2.2 Ensuring that communication and reporting systems are in place so that allergy-related incidents, near misses, and emerging risks are reported to the Board of Trustees.

2.2.3 Where catering services are centrally procured by the Trust, the COO will ensure that contracted services comply with the Trust's allergy management requirements and ensure contractors are appropriately vetted and monitored.

2.2.4 The COO will ensure mechanisms are in place to monitor the effectiveness of this policy, including staff training, compliance and implementation across the Trust

Note that individual Principals remain responsible for the day to day implementation of this policy at their Academy.

2.2.5 The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person.

2.3 Principals

2.3.1 The Principal is responsible for the day to day implementation of the Allergy Awareness Policy within their Academy, and for ensuring effective delivery of arrangements to support Students with medical conditions, including working with the designated allergy lead, ensuring allergy related incidents, near misses, and concerns are recorded and reported via the Trust's designated reporting systems and escalated as required to the Board of Trustees.

2.3.2 The Principal will appoint a member of the Senior Leadership Team with strategic responsibility for allergy safety. This individual will oversee implementation of this policy, monitor compliance, review incidents and near misses, and report to the Board of Trustees as required.

2.3.3 Ensuring suitable and sufficient risk assessments are carried out to identify and manage the allergy needs of students and staff and are reviewed regularly and following any significant changes or incidents.

2.3.4 Ensure a central allergy register is established, maintained, and made accessible to relevant staff, including for educational visits, staff cover and risk assessment purposes.

2.3.5 Ensure that Individual Health Care Plans (IHPs) and allergy action plans are implemented and kept under review for students diagnosed with serious allergies.

2.3.6 Ensuring that all staff, without exception (including supply staff, volunteers, contractors, lunchtime supervisors and transport staff), receive appropriate allergy and anaphylaxis training (National College or equivalent), including emergency response, which is regularly refreshed.

2.3.7 Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.

2.3.8 Ensuring all staff are aware of the Trust's allergy awareness policy and procedures.

2.3.9 Ensuring that catering arrangements meet the medical and dietary needs of Students with allergies, in line with their Individual Healthcare Plans.

2.3.10 Ensure allergy bullying is treated seriously, like any other bullying and those with allergies are not excluded from any Academy activities.

2.3.11 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3.12 Ensure that all staff receive regular updates on allergy risks and changes to students' Individual Healthcare Plans.

2.4 Designated Allergy Lead

2.4.1. The allergy lead (Normally First Aid Lead/Medical Officer) must be appointed and is Gemma Harrison and will be responsible for:

a) Acting as the single point of contact for allergy and anaphylaxis management for staff, student, parents/carers and external professionals.
b) Ensuring IHPs and AAPs are developed, implemented and reviewed and updated in line with this policy and clinical advice.
c) Maintaining oversight of the Academy/trust allergy register, ensuring it is accurate, up to date and accessible to relevant staff.
d) Coordinating and monitoring allergy and anaphylaxis training for all staff, including refresher training and maintaining appropriate records.
e) Ensuring the availability, safe storage, checking and replacement of spare emergency auto injectors in accordance with statutory guidance.
f) Ensure effective communication of allergy information to staff, supply staff, volunteers, catering teams and staff supporting educational visits.
g) Reviewing allergy related incidents and near misses, contributing to learning lessons and improvement actions.
h) Liaising with the Principals, first aid lead, catering providers and the trust where required.
i) The designated allergy lead will undertake allergy emergency response exercises and anaphylaxis drills to test emergency arrangements, staff awareness and response procedures. Outcomes will be reviewed and used to improve practice.

2.5 Teaching Staff

2.5.1 Ensuring they follow allergy awareness procedures and this policy at all times.
2.5.2 Ensuring they are familiar with any relevant Students' Individual Healthcare Plans (IHPs) and allergy action plans and are able to recognise the symptoms of an allergic reaction and take appropriate action.
2.5.3 Ensuring they know who the first aiders in Academy are and how to access emergency support, including the location of emergency medication such as AAIs.
2.5.4 Completing accident reports for all incidents they attend to where a first aider is not called.
2.5.5 Informing the Principal or their manager and the designated allergy lead of any specific health conditions or allergy needs.
2.5.6 Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.
2.5.7 Students are prohibited from sharing food during lessons or clubs and this is consistently enforced.
2.5.8 Ensuring prompt communication of any concerns, incidents or changes relating to Students' allergies to the appropriate staff.

2.6 Support Staff

2.6.1 Ensuring they follow allergy awareness procedure and this policy at all times.
2.6.2 Ensuring they are familiar with any relevant Students' Individual Healthcare Plans (IHPs) and allergy action plans and are able to recognise the symptoms of an allergic reaction and take appropriate action.
2.6.3 Ensuring they know who the first aiders in the Academy are and how to access emergency support, including the location of emergency medication such as AAIs where relevant to their role.

2.6.4 Completing accident reports for all incidents they attend to where a first aider is not called.
2.6.5 Informing the Principal or their manager and the designated allergy lead of any specific health conditions or allergy needs
2.6.6 Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.
2.6.7 Students are prohibited from sharing food during lessons or clubs and this is consistently enforced where staff are supervising.
2.6.8 Ensuring prompt communication of any concerns, incidents or changes relating to Students' allergies to the appropriate staff.

2.7 The Business or Office Managers

2.7.1 Ensuring they follow allergy awareness procedures and this policy as applicable to their role.
2.7.2 Ensuring they know who the first aiders in Academy are and how to contact them in an emergency.
2.7.3 Completing accident reports for all incidents they attend to where a first aider is not called.
2.7.4 Informing the Principal or their manager of any specific health conditions or allergy needs.
2.7.5 Supporting the Principal in maintaining accurate records of staff training and compliance related to allergy management.
2.7.6 Supporting the maintenance of accurate records relating to Students with allergies, including contributing to the allergy register where appropriate.
2.7.7 Supporting the coordination of communication with parents/carers and external professionals where required.

2.8 Premises/Facilities Manager

2.8.1 Ensuring they follow allergy awareness procedures and this policy as applicable to their role.
2.8.2 Ensuring they know who the first aiders in Academy are and how to contact them in an emergency.
2.8.3 Completing accident reports for all incidents they attend to where a first aider is not called.
2.8.4 Informing the Principal or their manager of any specific health conditions or allergy needs.
2.8.5 Ensuring that cleaning regimes and site management practices support the reduction of allergen risks, including appropriate cleaning of surfaces and shared areas.
2.8.6 Ensuring that contractors working on site are aware of relevant allergy controls and comply with the Trust's requirements where applicable.
2.8.7 Ensuring that reasonable measures are taken to maintain good indoor air quality through appropriate ventilation, cleaning and maintenance arrangements, taking account of individuals affected by asthma or airborne allergens.

2.9 Kitchen Managers and Catering Staff

2.9.1 The catering manager is responsible for ensuring that food allergy requirements are reviewed and accurately reflect current menu offerings and student needs.
2.9.2 Ensuring all catering staff receive appropriate allergy awareness and food hygiene training, with records maintained and refresher training completed in line with the departmental/ESF training schedule.
2.9.3 Ensuring that up-to-date information on staff and student allergies is received, maintained and used to inform safe food preparation and service.
2.9.4 Ensuring an accurate and up-to-date allergen matrix is available for all food provided, enabling informed choices to be made.
2.9.5 Ensuring that ingredient information is regularly reviewed and updated, particularly when suppliers or products change.
2.9.6 Ensuring all pre-packaged foods comply with legal allergen labelling requirements, and that any non-compliant products are not used until verified.

2.9.7 Ensuring robust food hygiene practices are in place to minimise the risk of allergen cross-contamination

2.9.8 Ensuring appropriate controls are in place to prevent allergen cross-contamination during the storage, preparation and serving of food.

2.9.9 Ensuring that where allergen risks cannot be safely managed, this is clearly communicated to the Academy and parents/carers, and alternative arrangements are agreed.

2.10 Contractors and Visitors

2.10.1 The Trust 's Allergy Policy and reporting procedure is followed.

2.10.2 Ensure their activities do not introduce or increase allergy risks within the Trust's premises.

2.10.3 Ensure a high standard of hygiene is maintained whilst in Trust premises to minimise the risk of allergen contamination.

2.10.4 Any areas which may be contaminated are to be reported to the Facilities Team or their host.

2.10.5 Provide the Academy with any relevant information as to their own allergies where necessary.

2.11 Students and Parents

2.11.1 The parents or carers of all new starters to the Academy are required to inform the Academy of any details of any food intolerances or allergies and their management should be described by completing the Allergy Declaration Form (Appendix 2).

2.11.2 If details are unclear or ambiguous, the Academy will follow this up with a phone call to parents for further information which will be recorded by the Academy.

2.11.3 It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the Academy aware, and a revised medical needs form must be completed. Updating the Academy if their child's medical needs change at any point. Parents are requested to keep the Academy up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.

2.11.4 Ensuring that any required medication (EpiPen's or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in Academy must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.

2.11.5 Attending any meeting as required to share further information about their child's food allergy to assist in planning for the management of their child's allergy and completion of a care plan.

2.11.6 If an episode of anaphylaxis occurs outside of the Academy, the Academy must be informed.

2.11.7 Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.

2.11.8 Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.

2.11.9 Children are not allowed to share food with each other.

2.11.10 Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.

2.11.11 Reasonable adjustments will be considered for staff and visitors with known allergies to ensure their health, safety and inclusion whilst on site.

3 Arrangements

3.1 Training and Competence

3.1.1 The Trust recognises that effective allergy management relies on competent, informed and confident staff, therefore:

a) All staff, including temporary and supply staff, will receive allergy awareness training to effectively recognise allergic reactions and to respond effectively to anaphylaxis.

b) The appointed Designated Allergy Lead will receive appropriate training which will be refreshed at least annually and following any significant changes to procedures, equipment, legislation or student needs.
c) Staff expected to administer or assist with adrenaline auto-injectors (AAIs) will receive appropriate practical training and regular refresher training.
d) Staff will be trained to ensure any student experiencing an allergic reaction will be continuously supervised and monitored for a minimum of 60 minutes following the reaction, in line with current clinical guidance.
e) Temporary, agency, volunteer and supply staff will be provided with relevant allergy information and emergency arrangements as part of their induction.
f) Refresher training will be completed at least annually and following any significant changes to procedures, equipment, legislation or student needs.
g) Training records will be maintained and monitored by the Academy and reported to the Trust as required.

3.2 Medication and Auto-injectors

3.2.1 Students' medication is stored in:
a) Medical Bay/Reception (depending on the level of storage required)
b) Students keep their own auto injectors with them
c) Students whose auto injectors are kept by the Academy are clearly detailed in Health Care Plans and Allergy Declaration Forms.

3.2.2 Student Allergy Declaration Forms are completed and stored on the MIS

3.2.3 A copy of the Allergy Declaration Form, when containing Food Allergies, is also provided to the catering team.

3.2.4 Emergency medication, including prescribed and spare adrenaline auto-injectors, will be stored and managed so that they can reasonably be accessed and administered within five minutes of an emergency occurring. The Academy spare auto- injector is stored in the Medical Bay

3.2.5 Students prescribed adrenaline auto-injectors should provide and have access to two prescribed devices at all times in accordance with clinical guidance

3.3 First Aid

3.3.1 In the case of a student's anaphylactic shock, the procedures are as follows:

a) The member of staff on duty calls for a first aider; or if the child can walk, takes them to a first aid post and calls for a first aider

b) The first aider administers first aid and records details on Medical Tracker

c) If the child has to be taken to hospital or the injury is `work' related, then the accident is reported to the Governing Body

d) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then, as the employer the ESF Trust Lead Operational Audit (Health & Safety) will arrange for this to be done

e) All serious allergy incidents and near misses will be reviewed to identify lessons learned and improvements required to prevent recurrence.

3.4 Insurance Arrangements

Zurich Insurance Policy Number:

3.5 Educational Visits

3.5.1 In the case of a **residential visit**, the trip qualified first aider or the residential first aider will administer First Aid. Reports will be completed in accordance with ESF procedures and the Residential Centre.

3.5.2 In the case of day visits a trained First Aider will carry a travel first aid kit in case of need, including a spare auto-injector appropriate to the student's needs.

3.5.3 All staff attending the educational visit will be aware of any Students with allergies and be aware of their Individual health care plan and their allergy action plan.

3.5.4 Any student with a prescribed auto-injector must carry this on any educational visit.

3.5.5 Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the student's known allergies.

3.5.6 Where food is provided by a third-party caterer on a day or residential trip, they will be provided with details of all known allergies of the Students attending the educational visit.

3.5.7 Where educational visits involve cooking, food preparation, animal contact, environmental allergens, or food provided by third parties, allergy risks will be considered during planning and risk assessment. Appropriate control measures will be implemented and reasonable adjustments made to ensure Students with allergies are able to participate safely and are not excluded from activities.

3.5.8 Educational visit risk assessments will consider exposure to food, contact and airborne allergens, including animal contact, environmental allergens, pollen, and activities that may increase allergen exposure. Appropriate control measures will be implemented to ensure the safe inclusion of affected Students.

3.6 Classroom and Non-kitchen Areas

3.6.1 In the case of eating taking place outside the catering and main dining facilities the staff will ensure desks/ tables are cleaned before and after eating activities.

3.6.2 All staff have received allergy awareness training and are aware of Students allergies.

3.6.3 All relevant staff have completed safe food handling training.

3.6.4 Students are prohibited from sharing food in class or during clubs.

3.6.5 Where a student has a known allergy to airborne allergens, reasonable control measures will be implemented, which may include ventilation arrangements, management of classroom resources, restrictions on identified triggers, and consideration of allergen exposure during activities involving animals, plants or strong fragrances.

3.7 Administering Medicines

3.7.1 Prescribed medicines may be administered in the Trust by staff members who are appropriately trained by a healthcare professional, where it is deemed essential. Wherever possible, students will administer their own medicine, under the supervision of a member of staff.

3.7.2 If a child refuses to take their medication, staff will inform their parents/guardians immediately.

3.7.3 In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in each Academy office. Forms are reviewed annually or when a student's medical needs change, (see the Trust's Allergy Declaration and Parental Agreement forms).

3.7.4 Staff will ensure that records are kept of any medication given and any reactions are monitored and communicated with parents/carers

3.8 Storage and Disposal of Medicines

3.8.1 Wherever possible, students will be allowed to carry their own emergency medicines / relevant devices or will be able to access their medicines in the Academy office/reception/first aid room for self-medication, quickly and easily. Students' emergency medicine will not be locked away out of the student's access. This is especially important whilst on Academy trips/visits. It is the responsibility of the Academy to return medicines that are no longer required, to the parent for safe disposal.

3.8.2 Spare auto-injectors will be held by the Academy for emergency use, in line with the student's Individual Healthcare Plan, allergy action plan and Department of Health protocols.

3.8.3 Auto-injectors are checked on a termly basis to ensure they are in date and are in the correct location by Gemma Harrison

3.8.4 Spare auto-injectors are located in the Medical Bay and are signed in and out.

3.8.5 If the spare auto-injector is used the Principals are notified and a new spare is ordered.

3.9 Anaphylaxis

3.9.1 The Children's wellbeing and Academy's Bill provides statutory guidance to introduce core, lifesaving protections, including:

a) A clear whole Academy dedicated allergy policy
b) Comprehensive allergy and anaphylaxis training for all Academy staff.
c) Access to emergency adrenaline auto-injectors (AAIs)
d) Individual care plans and allergy action plans for Students with food allergies.

3.9.2 The Academy and Trust recognises that individuals at highest risk require the highest level of protection. Therefore arrangements are in place to ensure effective communication, emergency plans, training, individual healthcare plans and allergy action plans.

3.9.3 Anaphylaxis is a severe and potentially life threatening reaction to a trigger, such as foods, insect stings, medications or other allergens.

3.9.4 The symptoms include:

a) feeling lightheaded or faint
b) breathing difficulties – such as fast, shallow breathing
c) wheezing
d) a fast heartbeat
e) clammy skin
f) confusion and anxiety
g) collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives), feeling or being sick, swelling (angioedema) or stomach pain.

3.9.5 What to do if someone has anaphylaxis. Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

a) Use an adrenaline auto-injector, if available, following the correct procedure.
b) Call 999 for an ambulance immediately, even if they start to feel better, mention that you think the person has anaphylaxis.
c) Remove any trigger if possible, for example, carefully remove any stinger stuck in the skin.
d) Lie the person down flat, unless they're unconscious, pregnant or having breathing difficulties.
e) Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.
f) If in doubt, treat for anaphylaxis and administer adrenaline.

3.9.6 All staff must be trained in recognising and responding to anaphylaxis and using auto-injectors relevant to the medical needs of students.

3.9.7 People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening and should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

3.9.8 There are two main types of adrenaline auto-injectors, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use each specific type of auto-injectors. These are:

a) EpiPen
b) Jext

NOTE: Emerade has been discontinued in the UK with a full recall since 2023 due to failure to activate. These MUST NOT be used.

3.10 Accidents/Illnesses Requiring Hospital Treatment

3.10.1 If a student has an incident, which requires urgent or non-urgent hospital treatment, the Academy will be responsible for calling an ambulance. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany the student taken to the hospital by ambulance if required.

3.10.2 Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the Academy with up-to-date contact names and telephone numbers.

3.11 Defibrillators

3.11.1. Defibrillators are available within the Academy as part of the first aid equipment.

3.11.2. First aiders are trained in the use of defibrillators, and defibrillators are clearly marked and accessible.

3.11.3. The local NHS ambulance service have been notified of defibrillator locations.

3.12 Students with Special Medical Needs – Individual Healthcare Plans and Allergy Action Plans.

3.12.1. The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person. Where a student is affected by airborne allergens, reasonable measures will be considered to minimise exposure and support their health, wellbeing and participation in Academy activities.

3.12.2. Some students have medical conditions that, if not properly managed, could limit their access to education. These conditions may include, but are not limited to, severe food allergies, allergies to insect stings, allergies to animals or medication allergies.

3.12.3. Where students with severe allergies are identified, an Individual Healthcare Plan (IHP) must be developed. This ensures:

a) All staff are aware of the student's allergy and potential triggers

b) Specific safety measures are identified and in place to reduce the risk of exposure to allergens

c) Clear emergency procedures are defined, including administration of auto-injectors and calling for medical assistance.

d) Catering, classroom, and activity arrangements accommodate the student's allergy safely.

e) Responsibilities of staff, parents, and the student (where age-appropriate) are clearly documented.

f) Any allergies of Students, staff or visitors are communicated with the catering team or any 3rd party suppliers, all staff, midday supervisors and club leaders.

3.12.4. Where students with allergies are identified, an allergy action plan (AAP) must be developed. This is an essential tool to manage allergies with risks of anaphylaxis. The AAP must provide clear and concise guidance on how to recognise and treat severe allergic reactions and should where possible, align with the latest clinical treatment guidelines.

3.12.5. When developing and reviewing IHPs or AAPs, ensure:

a) Parents/carers provide detailed information about their child's allergies, medical history, and prescribed emergency medication (e.g., adrenaline auto-injectors)
b) Students with severe allergies must have an IHP completed in conjunction with their GP, Paediatrician, and the Academy's Medical Officer/First Aid Coordinator
c) IHPs and AAPs must be developed before the student starts at the Academy, or within two weeks of diagnosis/enrolment
d) IHPs and AAPs are reviewed at least annually or sooner if there is a significant change in the student's allergy status, medication, or triggers.

3.13 Allergy Identification, Communication and Practical Management Systems

3.13.1. The Academy will implement clear, proportionate and age-appropriate systems to ensure that Students with allergies are readily identified and that relevant information is communicated effectively to staff, catering teams, and where appropriate, Students. These arrangements must:

a) Protect Students' dignity and personal data.
b) Be consistent with Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs).
c) Be clearly understood by all relevant staff, including temporary and supply staff.
d) Be reviewed regularly to ensure they remain effective.

The Academy will document the systems in place locally and ensure they are communicated through induction, training and routine briefings.

3.14 Student identification methods

3.14.1 The Academy uses the following systems to identify Students with allergies:

a) Classroom allergy awareness lists or seating plans are established and accessible to staff.
b) Photographic allergy registers held secured and accessible to staff.
c) Biometric or digital systems (Bromcom) linked to student allergy records (or catering systems).

3.15 Dining Hall and Food Service Controls

3.15.1 To reduce the risk of allergen exposure during mealtimes, the Academy operates the following arrangements:

a) Supervised allergen-aware service points.

b) Named staff oversight during service for Students with known allergies.

3.16 Staff communication and information sharing

3.16.1 Allergies are communicated effectively through:

a) A central allergy register accessible to teaching staff, support staff and catering teams.
b) Termly allergy briefings for relevant staff.
c) Clear handover procedures for supply staff and external providers.
d) Inclusion of allergy information in trip/visit planning and cover arrangements.

3.17 Classroom, club and non-dining arrangements

Where food is used outside main dining areas (e.g. classrooms, clubs, events), the Academy ensures:

a) All staff are aware of Students with allergies before activities take place.
b) Surfaces are cleaned before and after food use.
c) Food sharing is prohibited.
d) Alternative activities or materials are provided where required.

3.18 Accident Recording and Reporting

3.18.1. First aid and accident/incident recording:

a) An accident/incident will be raised on Medical Tracker/or replacement form by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock.

b) Records will be retained securely in line with GDPR and the Trust's Data Protection Policy. For Students, accident and medical records will be kept until the student reaches age 21 (or 25 for those with special educational needs). For staff, records will be retained for a minimum of 3 years

c) Parents/carers will be informed promptly of any significant allergy related incident or near miss involving their child.

3.18.2. Reporting to the Health & Safety Executive (HSE):

a) Any incident that meets RIDDOR criteria will be reported to the Health and Safety Executive within statutory timeframes.

b) Academies will notify the Trust's COO of all serious allergy related incidents.

c) For full details of RIDDOR Reporting requirements and procedures, refer to the HSE's guidance and the Trust's Accident & Incident Reporting procedure.

3.18.3. Parents/carers must be informed on the same day of any allergy-related incident and treatment provided.

3.18.4. Registered Early Years Providers (Nursery) must notify Ofsted of any serious accident, illness, or injury within 14 days.

3.19 Monitoring and review

3.19.1. The Trust will monitor the effectiveness of its allergy management arrangements to ensure they remain suitable, effective and compliant with statutory requirements and recognised best practice.

3.19.2. Monitoring activities will include:

a) Review of allergy-related incidents, emergency responses and near misses.

b) Monitoring the completion and effectiveness of staff training and refresher training.

c) Review of Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs) to ensure they remain accurate and up to date.

d) Audit of allergy registers, communication arrangements and medication management systems.

e) Monitoring of emergency equipment, medication storage arrangements and spare adrenaline auto-injector (AAI) checks.

f) Periodic health and safety audits, inspections and assurance activities.

g) Review of compliance with this policy and associated procedures across Trust settings.

3.19.3. Findings from monitoring activities will be reviewed by the appropriate leaders and used to identify trends, implement corrective actions, share good practice and inform future policy reviews. Significant findings and allergy-related risks will be reported through the Trust's governance arrangements as appropriate.

3.19.4. **Unacceptable Practice -** The Trust will not:

a) Prevent Students from accessing prescribed allergy medication.

b) Require parents to routinely attend Academy activities to manage their child's allergy.

c) Exclude Students from educational visits or extracurricular activities because of allergies.

d) Send a student experiencing an allergic reaction to seek assistance unsupervised.

e) Ignore clinical advice or information provided by parents or healthcare professionals.

3.20 Difference between Food Allergy and Food Intolerance

3.20.1. A food allergy is when the body's immune system (which is the body's defence against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing several chemicals in the body. These chemicals cause symptoms of an allergic reaction.

3.20.2. Food intolerance is more common than food allergies. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.21 Food Allergens

3.21.1. **The Food Information (Amendment) (England) Regulations 2019.** The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy. Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

a) The food's name
b) A full list of ingredients, emphasising any allergenic ingredients.

For Trusts, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the students select themselves or that caterers keep behind the counter. Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient. Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

3.21.2. The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

1. **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats

2. **Crustaceans, Invertebrates** (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.

3. **Egg,** Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.

4. **Fish**, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.

5. **Peanuts**, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems, and it is rare for people with a peanut allergy to react to other legumes.

   Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.

6. **Soybeans,** Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturized vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.

7. **Milk,** includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.

8. **Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes

9. **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.

10. **Mustard**, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.

11. **Sesame seeds**, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.

12. **Sulphur dioxide and/or sulphites**, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables. E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

13. **Lupin**, Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.

14. **Molluscs**, Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusions

4.1. This Allergy Awareness policy reflects the Trust's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2. The storage, organisation and administration of first aid and medicines provision is taken very seriously. The Trust carries out regular reviews to check the systems in place meet the objectives of this policy

5. Supporting Documents

The following documents form part of this policy and are to be used in conjunction with it. These provide the required forms and supporting materials necessary for the implementation of this policy. All documentation can be found as follows;

a) Health Care Plans - MIS
b) Allergy Action Plans - MIS
c) Student Allergy Declaration Form -MIS
d) Staff Allergy Declaration Form - MIS
e) Parental agreement to administer medicine - MIS
f) EpiPen®: Emergency Instructions – found on EpiPen instructional label
g) ANAPEN®: Emergency Instructions – found on ANAPEN instructional label
h) Emergency Contact Numbers - MIS
i) Note to parent/carer for medication given -Via Medical Tracker
j) Checklist for Responding to Emergency Situations – Trinity intranet

6. Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead in the Trust will keep it under review to ensure links are current.

- Department for Education Supporting Students with medical conditions: links to other useful resources
- Department for Education Allergy safety in Academies
- Children's Wellbeing and Academies Act 2026 https://www.legislation.gov.uk/ukpga/2026/21/contents
- Department of Health Guidance on the use of Auto Injectors in Academies

Training

- Allergy Awareness Course in Academies https://www.judiciumeducation.co.uk/elearning/allergy-awareness-course-in-Academys
- Food Allergy Awareness https://www.judiciumeducation.co.uk/elearning/food-allergy-awareness
- Food Hygiene Level 2 https://www.judiciumeducation.co.uk/elearning/food-hygiene-level-2
- Food Standards Agency https://allergytraining.food.gov.uk/
- Allergy Wise Training for Academies https://www.anaphylaxis.org.uk/allergywise/

Resources for Specific Conditions

- Allergy UK
  - https://www.allergyuk.org/
  - https://www.allergyuk.org/living-with-an-allergy/at-Academy/
- The Anaphylaxis Campaign www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign) www.asthma.org.uk
- National Eczema Society www.eczema.org
- Psoriasis Association www.psoriasis-association.org.uk/
- Benedict Blythe Foundation https://benedictblythe.com/benedicts-law/

Resources for Food Allergies

- Further Guidance can be obtained from The Food Standards Agency https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- The Food Standards Agency has also published guidance about the new requirements for PPDS food.

- https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds
- https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-Academys-colleges-and-nurseries
- https://www.allergyuk.org/resources/peanut-allergy-factsheet/

Allergen Resources - General information

- Allergen guidance for consumers https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance
- Allergen guidance for food businesses https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- Allergen labelling for food manufacturers https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers
- EU commission notice on HACCP and allergens https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN
- EU Food Information for Consumers Regulation No. 1169/2011 https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF
- Food alerts, product recalls and withdrawals https://www.food.gov.uk/news-alerts/search/alerts
- Food Information Regulation (England) 2014 https://www.legislation.gov.uk/uksi/2014/1855/contents/made
- Safer Food Better Business https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb
- Technical guidance https://www.food.gov.uk/business-guidance/food-allergen-labelling-and-information-requirements-technical-guidance-summary

Additional Useful Resources

- Allergy and intolerance sign https://www.food.gov.uk/sites/default/files/media/document/Allergen%20and%20Intolerance%20sign%20%28Colour%29.pdf
- Chef's recipe card https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf
- Dishes and their allergen content chart. Template and more information at www.food.gov.uk/allergy-guidance
- Allergen Checklist for Food Business https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses
- Spare Pens in Academies - adrenaline auto-injectors (AAIs). http://www.sparepensinAcademys.uk