Allergy Safety Policy

This Policy has been adopted and approved by Oxlip Learning Partnership and is to be used by all members of the Trust.

History of Document:

Issue No	Author/ Owner	Date Written	Approved by Trust on	Comments	Next Review
V.1	Central Exec. Team	July 2026	Trust Board on 4-Sept-2026	This is a new Trust-wide policy and will be reviewed annually, in line with the Trust's policy review cycle, or earlier following a serious incident/near miss that indicates the policy should be strengthened. Each school will also hold Local Operational Arrangements for Allergy Safety.	Annual Autumn 2027
			HR, H&S Committee		

Each school must also maintain Local Operational Arrangements for Allergy Safety which is approved by its Local Advisory Board (LAB), in line with the Trust's Scheme of Delegation.

Status

This is a statutory policy. It meets the Trust's duty under section 34 of the Children's Wellbeing and Schools Act 2026, which amended section 100 of the Children and Families Act 2014 to require schools to have an allergy safety policy, publish it, and keep it under review. It is rooted in the Department for Education's statutory guidance Allergy Safety in Schools (July 2026) and follows the structure of the DfE's Allergy safety policy template.

This policy is separate from, and does not duplicate, the Trust's Supporting Pupils with Medical Conditions Policy. Coeliac disease and food intolerances are not allergies and remain within the scope of that policy, not this one. Asthma is in scope of this policy given its close clinical relationship to allergy and anaphylaxis.

This policy reflects statutory guidance that is already in force — the Trust must have regard to it now, not merely prepare for it. Blue boxes add context: either current Trust practice not yet finalised in every detail, or a specific future duty the Government has signalled it will introduce through separate Regulations, distinct from the guidance itself. Red "Outstanding decision" boxes mark matters the Trust has not yet finalised; they are flagged here so the policy can be adopted without waiting for every detail to be resolved, and revisited at the next review.

Contents

1. Aims

Around one in five children and young people with allergy have their first allergic reaction while at school. This policy aims to ensure that:

- All staff can recognise anaphylaxis and know how to treat it, regardless of whether a pupil has a known diagnosis
- Every school takes reasonable steps to minimise the risk of pupils, staff and visitors being exposed to their known allergens
- Individuals at risk of anaphylaxis have rapid access to their prescribed adrenaline devices, alongside “spare” devices held by the school
- Pupils with allergy are enabled and supported to participate as fully as possible in all aspects of school life, including trips and extra-curricular activities
- Serious incidents and near misses are recorded, reported and used to learn lessons
- The wellbeing of pupils with allergy is actively promoted, recognising the anxiety that risk of anaphylaxis can cause

Each school must, in addition to this Trust-wide policy, maintain a short Local Operational Arrangements for Allergy Safety document, recording only what is genuinely local (names, locations, contact details). The expectation and detail sit in this policy; local documents should stay brief — see section 12.

2. Legislation and statutory basis

This policy meets the requirements of section 34 of the Children's Wellbeing and Schools Act 2026, which amended section 100 of the Children and Families Act 2014 to place a duty on schools to have an allergy safety policy, publish it, and keep it under review. It is based on the Department for Education's statutory guidance Allergy Safety in Schools (July 2026).

This guidance does not establish a framework for delegating healthcare activities from regulated healthcare professionals to education staff. Where a pupil requires healthcare activity that falls under NHS responsibility, this is arranged through appropriate clinical governance, training, competency and accountability arrangements — not created by this policy.

This policy also has regard to the Equality Act 2010 (severe allergy can meet the definition of disability), the Human Medicines Regulations 2012 and the Human Medicines (Amendment) Regulations 2017 (which permit schools, but not colleges or early years settings, to purchase “spare” adrenaline devices and salbutamol inhalers without a prescription), the Food Information Regulations 2014 (including “Natasha's Law”), the Requirements for School Food Regulations 2014, and UK GDPR.

3. Roles and responsibilities

The Government does not require a named governor or trustee for allergy safety — responsibility rests with the governing body (for the Trust, the Trust Board) as a whole, and a named senior leader is the statutory requirement. The Trust has chosen to also identify a Named Trustee as a matter of good practice. This is a leadership and championing role, not personal liability for allergy safety — responsibility remains with the Trust Board collectively.

3.1 The Trust Board (Trustees)

The Trust Board is the “appropriate authority” and accountable body for this policy, in the same way as for the Trust's Supporting Pupils with Medical Conditions Policy. The Trust Board will:

- Approve this policy, on the recommendation of the HR, Health & Safety Committee, and review it at least annually (Autumn term), or earlier following a serious incident or near miss that indicates it should be strengthened

- Ensure risks relating to pupils with allergy are included on the Trust's risk register and actively managed
- Ensure sufficient resource is available for training, spare adrenaline devices and salbutamol inhalers across all schools, including additional support for smaller schools where cost is a barrier

3.2 The HR, Health & Safety Committee, and the Named Trustee

The Trust Board delegates oversight of this policy to the HR, Health & Safety Committee, consistent with how oversight of the Supporting Pupils with Medical Conditions Policy is delegated. The Trust's Named Trustee for allergy safety sits within this Committee. The Committee will:

- Review this policy at least annually and recommend it to the Trust Board for approval
- Receive termly reports on the operational implementation of this policy across schools
- Assure itself that every school has a named senior leader for allergy safety, a completed Local Operational Arrangements document, and sufficient trained staff
- Receive and consider an annual summary of serious incidents and near misses relating to allergy across the Trust, and any trust-wide lessons or resourcing implications

Risks relating to allergy safety also sit on the Trust's risk register, which is subject to separate oversight through the Finance, Audit & Risk (FAR) Committee. This is a distinct governance function from the HR, Health & Safety Committee's policy oversight: FAR provides enterprise-level risk assurance, while the HR, Health & Safety Committee provides operational policy oversight. Both draw on the same underlying data.

3.3 The Chief Operating Officer (COO) — Trust-wide lead

The COO is the Trust-wide lead for allergy safety (provisional — see document control table). The Trust-wide lead will:

- Maintain and review this policy on behalf of the HR, Health & Safety Committee
- Ensure every school has a named senior leader for allergy safety and a completed Local Operational Arrangements document
- Sign off the quantity and type of spare adrenaline devices and salbutamol inhalers each school proposes to purchase, to confirm the school is ordering the correct quantities and is appropriately equipped — while schools fund and carry out the purchase itself from their own budgets
- Provide a central point of escalation and support for schools, including where clinical responsibilities or NHS liaison are unclear
- Extract and provide data on relevant incidents and near misses from school reporting systems, collate it across the Trust to identify patterns, and compile the summary reported to the HR, Health & Safety Committee
- Report to the HR, Health & Safety Committee at least annually on the operation of this policy

3.4 Local Advisory Boards (LABs)

Consistent with the Trust's Scheme of Delegation, responsibility for local implementation — captured in each school's Local Operational Arrangements for Allergy Safety — sits with that school's LAB, which will:

- Approve the school's Local Operational Arrangements for Allergy Safety
- Receive regular reports from the school's named senior leader on implementation of this policy
- Escalate any concerns, resourcing gaps or serious incidents to the COO

3.5 The named senior leader for allergy safety (Principal or delegate)

Each school's Principal appoints a named senior leader responsible for allergy safety at that school — mirroring the equivalent role in the Supporting Pupils with Medical Conditions Policy, and the

same person may hold both roles. Responsibility for allergy safety should never be left with a catering manager. The named senior leader will:

- Drive implementation of this policy locally and lead or contribute to its review
- Maintain the school's Local Operational Arrangements for Allergy Safety
- Make sure all staff are aware of this policy and their role in implementing it, and that allergy awareness training is delivered at least annually to all staff present when pupils are on site
- Monitor training records to ensure all staff complete the annual training
- Make sure a record is kept of all pupils, staff and visitors with known allergy
- Take overall responsibility for the development, quality and monitoring of IHPs covering allergy, in line with the Trust's Supporting Pupils with Medical Conditions Policy
- Notify parents/carers and the pupil's family after a serious incident or near miss; this specific duty may be delegated by the Principal to another senior leader
- Report to the LAB and, where a serious incident or near miss occurs, to the COO without delay
- Maintain oversight of the schools recording processes and their effectiveness at recording and sharing allergy information across the school.

3.6 Staff, parents/carers and pupils

All staff present when pupils are on site — including temporary, supply, peripatetic and catering staff, agency workers and regular volunteers — must be able to recognise anaphylaxis and know how to treat it; this is not a role reserved for a designated first-aider. Contractors with no pupil-facing role are not included.

Parents/carers are expected to provide the school with full and up-to-date information about their child's allergy, be involved in developing and reviewing their child's IHP, and inform the school promptly of any change. Pupils are supported to understand and, where appropriate to their age and understanding, take increasing responsibility for managing their own allergy.

4. Culture

4.1 Allergy awareness training

All staff present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers, and catering and wraparound-care staff. A first aid certificate alone is not sufficient. Training ensures staff:

- Are aware of allergy, the risks it poses, and how allergic reactions occur and are managed
- Understand that allergy includes multiple co-existing conditions (food allergy, asthma, eczema, hay fever, others)
- Understand the difference between food allergy, coeliac disease and food intolerance
- Can identify the range of symptoms of an allergic reaction and recognise anaphylaxis
- Know how to respond in an emergency, including calling 999, informing parents, and locating and administering emergency medication
- Understand the impact allergy can have on a pupil's wellbeing, and this policy
- Know how to check whether a pupil is on the record of known allergy and how to use an Allergy or Asthma Action Plan
- Understand how to report an allergic reaction or anaphylaxis, whether an incident or a near miss

Training under this policy is allergy awareness and emergency response training. It does not replace, and should not be read as authorising, any separate clinical governance, competency or

delegation arrangement that may be needed where a pupil requires individual healthcare support beyond school-level allergy safety arrangements.

Whole-workforce allergy awareness training is delivered as a single, comprehensive National College course, which all staff complete and which covers the content set out above. Schools then provide local, setting-specific training on top of this — for example how to check whether a pupil has an Action Plan at this school, how to report a reaction locally, how kitchen teams are briefed, and how new staff receive this as part of induction. The detail, timing and frequency of this local training — including how often it repeats to keep staff up to date, at least annually as set out above — is recorded in the school's Local Operational Arrangements, not in this policy. For colleagues without practical access to online training, classroom-style webinars (for example via Allergy School) may be used in place of the National College course; where classroom training is used, a signed attendance register is kept.

Training completion is recorded at school level, monitored by the school allergy lead and then audited by the Trust through the safeguarding report to the LAB that accompanies the Principal's report — the same existing mechanism the Designated Safeguarding Lead already uses to confirm staff have completed compulsory Keeping Children Safe in Education training. This gives the Trust a consistent audit route without a separate reporting process.

This policy is provided alongside other required policies at offer stage for all new appointees, and completion of allergy awareness training is listed as a requirement within offer letters and contracts.

4.2 Wellbeing

Allergy, and the possibility of anaphylaxis, can be a significant source of anxiety for pupils and their families. Schools will provide reassurance that risks are being actively managed and that robust measures are in place in the event of a reaction. Measures to promote wellbeing include regular, open communication about allergy; proactive engagement with new joiners who have a known allergy, including a tour of the kitchen and canteen where helpful; and consideration of “allergy champion” roles among staff and pupils, providing a point of contact and peer support.

Bullying related to allergy — including exclusion from activities, mockery of the need to avoid allergens, or threats involving known allergens — is addressed through the Trust's anti-bullying and behaviour arrangements, in addition to being explicitly considered here given the heightened anxiety it can cause.

4.3 Minimising risk

Schools take reasonable steps to minimise the risk of pupils, staff and visitors coming into contact with their known allergens. This includes managing exposure through food provided by the school and food brought in by others; putting reasonable measures in place for pupils with known airborne or contact allergens; and an expectation that any member of staff planning an activity — craft, science, music, cooking, or an activity involving animals — considers the risk of allergen exposure. Common overlooked sources include old food packaging, play dough and some glues (which may contain wheat, milk or soya), and bird feed (which may contain nuts or sesame).

Pupils are not prevented from taking part in an activity alongside their peers simply because of a risk of allergen contact; where most of a group would use a material that could affect one pupil, an alternative is found for the whole group rather than excluding that pupil.

“Allergy-aware” rather than “nut-free”

The Trust adopts an “allergy-aware” approach — active risk controls, clear labelling, no food-sharing, and trained staff — rather than a “nut-free” policy, in line with the statutory guidance's recommendation. A blanket “nut-free” policy can create a false sense of security: nuts are only one of the 14 major allergens, and precautionary “may contain” labelling makes such policies difficult to enforce in practice.

4.4 Food allergy and food provision

Schools manage the risk of food allergy and provide clear information on allergens in food provided, in line with the Food Information Regulations 2014 (including “Natasha's Law” on pre-packed for direct sale food) and the Requirements for School Food Regulations 2014. Catering providers must provide allergen information to parents/carers and make it available for pupils to check independently.

Each school uses at least two robust methods of identifying pupils with known allergy at mealtimes (for example a staff member checking who the pupils with allergy are, alongside coloured lanyards or a photo record in the kitchen or serving area). The specific methods used depend on the size of the school and the age of pupils, and are recorded in the school's Local Operational Arrangements. Pupils with allergy are not segregated from their peers at mealtimes.

Food brought in by others — for example by a parents' association, or a birthday cake shared with a class — falls outside food information law where it is occasional rather than provided on a regular, organised basis, but the Trust expects the same active awareness of allergen risk to apply as good practice.

Pupils entitled to free school meals receive reasonable adjustments to enable them to access that entitlement safely; these are captured through the pupil's IHP.

5. Individual children and young people

5.1 Identifying pupils, staff and visitors with allergy

Each school keeps a record of all pupils with a known allergy, including whether they have an IHP and/or an Allergy or Asthma Action Plan, and keeps a similar record for staff. Information is gathered from the pupil, their parents/carers and, where relevant, their previous setting; any existing IHP and/or Action Plan is requested. Where a pupil is identified as having asthma but does not meet the criteria for an IHP, this record still triggers the consent process for the school's spare salbutamol inhaler set out in section 6.2.

For pupils starting at a new school, arrangements are in place by the start of the relevant term. For pupils joining mid-term, every effort is made to have arrangements in place within two weeks, where appropriate for the school to do so. For staff, arrangements are in place when they commence work. For visitors, information is sought in advance of a visit wherever possible.

Schools should keep an up-to-date list of pupils with known allergy, including photos and known allergens, in areas where food is served or handled (including food technology, science, and craft/art classrooms), accessible to staff only.

5.2 Individual Healthcare Plans

Allergy-related IHPs are governed by the Trust's Supporting Pupils with Medical Conditions Policy and use the Trust's IHP template. This section summarises how that applies specifically to allergy; where the two documents differ in detail, the Supporting Pupils with Medical Conditions Policy and its IHP template take precedence, and will be reviewed to ensure full consistency with this policy.

A pupil should have an IHP for their allergy if they have an allergy with a functional impact at school, are at risk of harm as a result, and require arrangements additional to or different from those made generally. A pupil is not required to have a formal diagnosis before an IHP is put in place. As set out in the Trust's Supporting Pupils with Medical Conditions Policy, a pupil has a single IHP covering all of their support needs — never a separate plan for allergy alongside a separate plan for another condition.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, the IHP refers to and attaches it, rather than summarising or reinterpreting its clinical content. Whenever an updated Action Plan becomes available, the pupil's IHP is reviewed to incorporate it.

5.3 Prescribed adrenaline devices

Pupils prescribed adrenaline devices (AAIs or non-injectable nasal adrenaline) have rapid access to them at all times, including while travelling to and from school, in the lunch area, playground and sports fields, and on trips and visits. Pupils are encouraged to keep their devices with them, even in primary school; where a pupil cannot keep their device with them, it is stored in an appropriate central location that is unlocked and accessible at all times — never in an office where access is restricted.

Each school's Local Operational Arrangements record where prescribed devices are stored, arrangements for pupils to take them home at the end of the day, and how records are kept of which pupils have been provided with prescribed adrenaline and an Allergy Action Plan.

6. School-wide policies

6.1 "Spare" adrenaline devices

All Trust schools stock "spare" adrenaline auto-injectors (AAIs) of the correct dosage for their pupils, for use in an emergency — including for a pupil not previously known to be at risk, since up to 20% of anaphylaxis reactions in schools happen without a pre-existing diagnosis. Spare AAIs are always stocked and stored in pairs, at room temperature, readily accessible and never locked away. In the event of anaphylaxis, adrenaline must be brought to the pupil and administered within five minutes — spare AAIs must therefore be no more than five minutes from anywhere on the school site. Larger sites may need two or more pairs of spare devices (for example one near the dining area, another near the playground) or a second location on a split site.

Spare AAIs are clearly labelled to avoid confusion with a device prescribed to a named pupil; some schools use a clearly marked "emergency anaphylaxis kit" containing the spare devices, any spare salbutamol inhaler and spacer, and instructions for use.

Schools purchase spare AAIs from a pharmaceutical supplier using their own budget, following the process set out in DHSC guidance (a signed request from the Principal on headed paper). Before finalising a purchase, the school confirms the proposed quantity and dosage split with the COO, who signs off that the school is ordering the correct quantities and is appropriately equipped — the Trust does not purchase centrally, but does check adequacy centrally.

School type	AAIs under age 6 (150mcg)	AAIs age 6+ (300mcg)
State-funded nursery school	One pair of spare AAIs	n/a
Primary school	One pair of spare AAIs	One pair of spare AAIs
Secondary school	n/a	One or two pairs of spare AAIs (large sites: consider two)
Special school	One pair of spare AAIs	One pair of spare AAIs

Once used or expired, AAIs are disposed of according to the manufacturer's guidelines, separated from other waste as they contain a needle — given to attending paramedics, taken to a pharmacy, or placed in a sharps bin for council collection.

Spare AAIs may be used for the purpose of saving a life without prior consent being in place — in an emergency, anyone may take reasonable action to save a life. It is good practice to obtain advance parental consent for spare devices to be used (see Template B), so consent can be assumed in an emergency, but this is not a precondition for using a spare device to respond to anaphylaxis.

Staff should be reassured that mistakes, hesitation or imperfect technique in an emergency do not amount to serious and wilful misconduct. The expectation is that staff act reasonably, to the best of their ability.

6.2 "Spare" asthma inhalers

Schools keep emergency asthma reliever inhalers (a salbutamol inhaler device and spacer) alongside spare adrenaline devices, for use where a pupil's own prescribed inhaler is not available. Unlike spare adrenaline devices, emergency asthma inhalers may only be used where written consent has been obtained, and only for a pupil already prescribed a reliever inhaler. This written consent is sought using Template B (Parental Agreement for the Academy to Administer Medicine), issued to the parents of any pupil identified as having asthma regardless of whether that pupil has an IHP.

6.3 Visits and trips

Schools conduct a specific risk assessment for any pupil at risk of anaphylaxis taking part in an off-site visit. This must also be uploaded to Evolve.

The pupil takes their own prescribed adrenaline device with them, and all staff accompanying the trip are able to administer adrenaline in an emergency. Schools may take spare adrenaline devices on some trips where appropriate, but this must never leave the school site without adequate spare cover for the pupils remaining on site.

General off-site visit safety (mobile phone, portable first aid kit, staffing, risk assessments) follows the Trust's Health and Safety Policy; this policy covers only what is additional because of allergy.

6.4 Serious incidents and "near misses"

Serious incidents and near misses relating to allergy safety are recorded on school reporting systems, in the same way as for the Supporting Pupils with Medical Conditions Policy — an "allergy" category is included as the new system rolls out across all schools. Reporting is not limited to staff: a pupil, their parents/carers, or a healthcare professional may need to report an incident, since the effect of allergen exposure is sometimes not apparent until the pupil is at home.

Following a serious incident or near miss, the named senior leader (or a senior leader delegated by the Principal) notifies the pupil's parents/carers. The incident is reviewed at school level in a way similar to the review process used for educational visits, considering whether the arrangements in place were appropriate or whether the allergy safety policy and/or the pupil's IHP need to be strengthened.

The named senior leader must also inform the COO of any serious incident or near miss.

Trust-level oversight, through the COO and the HR, Health & Safety Committee, focuses on identifying patterns and lessons across schools.

It is good practice to conduct periodic allergy safety drills, in the same way as a fire drill, testing how staff respond to a simulated case of anaphylaxis. The results are recorded and used to inform review of this policy.

A complaint about a school's handling of a serious incident or near miss follows the Trust's Complaints Policy in the usual way; allergy is not among the excluded matters listed in that policy.

6.5 Information sharing

A pupil's allergy information is special category data under UK GDPR. Schools have a lawful basis to hold, use and share this information where necessary, but do so in a controlled and respectful way — unnecessary sharing can be embarrassing for a pupil who may not want to be singled out. Further detail is set out in the Trust's Data Protection Policy.

7. Awareness of this policy

This policy is published on the Trust's website and made available in hard copy on request. All staff are made aware of, and understand, the policy as part of annual allergy awareness training. Schools consider how to raise awareness of allergy safety among pupils, particularly to counter the risk of bullying; where a pupil is prescribed adrenaline devices, it may be appropriate for close friends to

know how to seek help in an emergency, discussed carefully with the pupil and their parents/carers first. Wider pupil awareness never replaces staff emergency response arrangements.

8. Monitoring arrangements

Risks relating to pupils with allergy sit on the Trust's risk register, reviewed by the Finance, Audit & Risk (FAR) Committee, alongside the HR, Health & Safety Committee's operational oversight of this policy. This policy is monitored by the COO, in consultation with school named senior leaders and LABs, and reported to the HR, Health & Safety Committee termly.

The policy itself is reviewed by the HR, Health & Safety Committee and approved by the Trust Board at least annually (Autumn term), or earlier where legislation, statutory guidance changes, or a serious incident indicates it should be strengthened. Reviews take account of feedback from pupils, parents/carers and staff, and involve individuals with allergy in developing and reviewing the policy where possible.

9. Links to other policies and documents

- Supporting Pupils with Medical Conditions Policy (Trust-wide) — governs IHPs, including for allergy
- Trust IHP Template and Companion Forms
- Health and Safety Policy (Trust-wide)
- Local Health and Safety Policy (school local procedures)
- Each school's First Aid Policy (school-level)
- Safeguarding and child protection policy
- Data Protection Policy
- Complaints Policy
- Attendance Policy
- Each school's Local Operational Arrangements for Allergy Safety

Where this policy identifies a cross-reference that the Trust's medical conditions documents do not yet fully reflect (for example, allergy-specific IHP content prompts set out in the statutory guidance), the Supporting Pupils with Medical Conditions Policy and Trust IHP Template will be updated to close that gap.

10. Local Operational Arrangements for Allergy Safety

Each school completes a short Local Operational Arrangements for Allergy Safety document. In keeping with the Trust's approach of holding as much as possible centrally in this policy, that document is intentionally brief: named contacts, storage locations, the mealtime identification methods used, and any other detail that is genuinely local. It does not repeat explanation or expectations already set out here.