Trust-Wide Allergy Management Policy

(Aligned to DfE guidance, Benedict's Law expectations, and IOSH "Safety Gap" recommendations)

1. Purpose

This policy sets out the Trust's approach to:

- Preventing exposure to allergens
- Ensing rapid and effective emergency response
- Supporting pupils with severe allergies to safely access education
- Providing clear accountability and legal compliance across all schools
- Ensuring preparedness for **both known and unknown (undiagnosed) allergy risks**

This policy applies to **all staff, pupils, contractors and visitors** across the Trust.

2. Legal and Regulatory Framework

This policy is underpinned by:

- Children and Families Act 2014
- DfE statutory guidance: *Supporting pupils with medical conditions*
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- RIDDOR 2013
- Food Information Regulations 2014
- "Benedict's Law" (2026 national requirements)
- IOSH: *The Safety Gap – Managing Anaphylaxis in Education*

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3. Definition

A severe allergy (anaphylaxis risk) is a **potentially life-threatening medical condition** requiring immediate emergency response.

The Trust recognises that **anaphylaxis may occur in individuals with no prior diagnosis** and systems must account for this.

4. Roles and Responsibilities

4.1 Trust Board

- Ensure this policy is in place and effective
- Receive assurance on compliance, risks and incidents
- Provide scrutiny of allergy risk management arrangements

4.2 Chief Financial & Operations Officer (CFOO)

- Overall Trust-level accountability for compliance
- Ensure training frameworks, risk management systems and assurance processes are in place
- Ensure allergy risk is embedded within Trust H&S governance
- Report significant incidents and trends to trustees

4.3 Headteacher – Overall Responsibility (Accountable Officer)

The Headteacher holds **ultimate accountability** for allergy management and must ensure:

- A named **Allergy Lead** is appointed
- Staff are trained and competent
- Individual Healthcare Plans (IHPs) are in place
- Emergency arrangements are effective
- **Allergy risks are recorded on the school risk register and actively managed**
- Systems are in place for **unknown/first-time reactions**
- Records are accurate and audit-ready
- Incidents and near misses are reported and reviewed

4.4 School Allergy Lead (Named Responsible Person)

Responsible for:

- Maintaining the allergy register
- Ensuring IHPs are accurate and reviewed
- Coordinating staff training and competency checks
- Managing emergency medication and checks
- Monitoring compliance across classrooms, trips and catering
- Leading **incident reviews and lessons learned**

- Acting as the main contact for families

4.5 All Staff

All staff must:

- Be aware of allergy risks in their setting
- Be able to recognise symptoms of an allergic reaction
- Know how to access emergency medication
- Act immediately in an emergency
- Follow allergen control measures
- Participate in training and competency checks

All staff must be able to respond to anaphylaxis in any pupil, including those with no prior diagnosis.

5. Individual Healthcare Plans (IHPs)

The Trust adopts a proportionate, risk-based approach to Individual Healthcare Plans.

Pupils with allergies that require medication, emergency intervention, significant dietary controls, or present a foreseeable risk to health and safety must have an Individual Healthcare Plan (IHP).

Schools may use alternative medical information records, medical alert forms, or management plans for pupils with minor allergies, food intolerances, or sensitivities that do not require medication or emergency intervention.

5.1 Allergy Risk Categorisation

To support consistent decision-making, schools should categorise allergy needs as follows:

Category 1: Severe Allergy / Anaphylaxis Risk (IHP Essential)

These pupils:

- Have a prescribed EpiPen, Jext or Emerade
- Have a history of anaphylaxis
- Are at risk of airway compromise
- Have a consultant-led allergy diagnosis requiring emergency intervention

Examples include:

- Peanut allergy requiring adrenaline auto-injectors
- Severe milk allergy with previous anaphylaxis
- Egg allergy requiring an adrenaline auto-injector

Schools must ensure these pupils have:

- An Individual Healthcare Plan
- Emergency medication available in school
- Staff briefing and awareness arrangements
- Inclusion on the school allergy register
- Educational visit risk assessments and control measures

This category forms the primary focus of national anaphylaxis guidance and Benedict's Law requirements.

Category 2: Moderate Allergy Requiring Medication (IHP Normally Required)

These pupils may not be at immediate risk of anaphylaxis but require medication or active management.

Examples include:

- Tomato allergy causing significant hives requiring antihistamine treatment
- Allergies resulting in facial swelling
- Insect sting allergies requiring medication
- Food allergies with predictable symptoms requiring intervention

Schools should normally maintain:

- An Individual Healthcare Plan or simplified medical management plan
- Written parental consent for medication
- Medication available in school where prescribed
- Appropriate staff awareness and training

The school should consider whether a full IHP is required based on medical advice, prescribed medication, frequency of symptoms and overall risk.

Category 3: Mild Allergy, Sensitivity or Food Intolerance (IHP Not Normally Required)

These pupils typically do not require medication or emergency intervention.

Examples include:

- Lactose intolerance
- Dairy-related digestive upset
- Mild food sensitivities
- Minor skin irritation which resolves without treatment

Schools should ordinarily maintain:

- Relevant medical information on the school's management information system

- Appropriate dietary information for catering providers
- Parent/carer notifications and updates
- Staff awareness where appropriate

A formal Individual Healthcare Plan would not normally be required unless the risk profile changes.

5.2 Professional Judgement

Schools must consider each pupil individually. Where there is uncertainty regarding the level of risk or the need for an IHP, advice should be sought from parents/carers, relevant healthcare professionals and the pupil's medical team.

6. Emergency Medication

6.1 Availability

Each school must ensure:

- Prescribed AAIs are held for each pupil
- At least **two AAIs per pupil (best practice)**
- **Spare AAIs available for emergency use**, including undiagnosed cases

6.2 Storage

- Clearly labelled and easily accessible
- Not locked away
- Consistent and known locations

6.3 Access

- Known to all relevant staff
- Taken on educational visits at all times

7. Emergency Response Procedure

All staff must:

1. Recognise symptoms
2. Call for help immediately
3. Administer adrenaline without delay
4. Call 999 stating “anaphylaxis”
5. Contact parent/carer
6. Record and report incident

No hesitation rule applies – adrenaline must be given if anaphylaxis is suspected.

8. Staff Training and Competency

8.1 Whole-School Training (Mandatory)

All staff must complete annual training covering:

- Allergy awareness
- Recognition of symptoms
- Emergency response
- Use of adrenaline auto-injectors

8.2 Practical Competency (IOSH Requirement)

Schools must ensure:

- Staff **demonstrate practical competence** in administering AAIs
- Training includes **hands-on practice and scenario-based exercises**
- Key staff are regularly reassessed
- Confidence and capability are explicitly verified

8.3 Enhanced Training (Designated Staff)

For:

- First aiders
- Pastoral staff
- Trip leaders
- Named responders

8.4 Induction

All new staff must receive training **before working with pupils**.

8.5 Training Records

Schools must maintain:

- Training logs
- Competency records
- Renewal schedules

All records must be **audit-ready**.

9. Allergen Management & Prevention

9.1 Whole-School Controls

- No unauthorised food sharing
- Handwashing protocols
- Cleaning of surfaces

9.2 Catering

- Allergen labelling
- Clear communication systems
- Menu risk assessments

9.3 Classrooms

- Identification of high-risk allergens
- Controls proportionate to risk

9.4 Educational Visits

- Mandatory allergy risk assessment
- Medication carried at all times
- Staff briefed and competent

10. Risk Management and Governance (IOSH Strengthening)

Each school must:

- Include allergy risks in the **school risk register**
- Identify controls and mitigations
- Review risks regularly at SLT level
- Report significant risks to governors/trust

Allergy management must be treated as a **systemic health and safety risk, not solely a medical issue**.

11. Record Keeping and Monitoring

Schools must maintain:

- Allergy register
- IHPs
- Training and competency records
- Medication logs
- Incident and near-miss reports

11.1 Trust Oversight

- Termly assurance reporting
- Inclusion in H&S and safeguarding audits

- Central monitoring of incidents and trends

12. Incident and Near-Miss Reporting (IOSH Enhancement)

All allergy-related incidents must be:

- Recorded and reported
- Escalated where required

In addition:

- **Near misses must also be recorded and reviewed**
- Schools must carry out **post-incident reviews**
- Findings must inform:
    - Policy updates
    - Training adjustments
    - Risk control improvements

13. Communication with Parents/Carers

Schools must:

- Work in partnership with families
- Maintain accurate and up-to-date medical information
- Communicate incidents promptly
- Provide clarity on shared responsibilities

14. Compliance and Audit

Compliance will be monitored through:

- Internal audit
- Safeguarding review
- Trust QA processes

Evidence required includes:

- Training records
- Risk assessments
- IHPs
- Incident logs
- Review outcomes

15. Policy Review

Reviewed:

- Annually
- After serious incident or near miss
- Following legislative change

Appendix A – Staff Quick Guide

ALL STAFF MUST:

- Recognise symptoms
- Know where medication is
- Act immediately
- Respond for **any pupil (diagnosed or not)**

Appendix B – Accountability Summary

Area	Responsible
Trust compliance	CFOO
School compliance	Headteacher
Day-to-day management	Allergy Lead
Emergency response	All staff