ALLERGY SAFETY POLICY

AREA:	[PROVISION NAME]
AUDIENCE:	ALL STAKEHOLDERS
REVIEW FREQUENCY:	ANNUALLY
DATE 1st ISSUED:	AUGUST 2026
LAST REVIEW DATE:	JULY 2026
NEXT REVIEW DATE:	JULY 2027
OWNED & REVIEWED BY:	HEAD OF PROVISION / BRUNEL EDUCATION TEAM
APPROVED BY:	CHAIR OF BAT BOARD OF TRUSTEES
LAST APPROVAL DATE:	19 AUGUST 2026

Amendments to policy		
Date	**Section**	**Amendment**

BRUNEL
ACADEMIES TRUST

Contents

1. Aims

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy. This policy aims to:

- Set out **[PROVSION NAME]** approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how **[PROVSION NAME]** supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness amongst our community

2. Roles and responsibilities

2.1 Allergy Lead

[Staff Name] is the named member of the senior leadership team that has responsibility for allergy safety. They are responsible for:

- Promoting and maintaining allergy awareness across the provision community
- Recording and collating allergy and special dietary information for all relevant pupils (add if information collection is delegated to the school nurse / administrative staff)
- Keeping stock of the provision's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils with allergies have an allergy action plan completed by a medical professional
  - All staff receive an appropriate level of allergy training
  - All staff are aware of the **[PROVSION NAME]** policy and procedures regarding allergies
  - Relevant staff are aware of what activities need an allergy risk assessment

2.2 School nurse (if applicable)

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

2.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care

- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

2.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our allergy policy
- Providing the provision with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date AAIs and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the provision's guidance on food brought in to be shared
- Updating the provision on any changes to their child's condition

2.5 Pupil / Young person

- Whenever possible, pupils should be encouraged to have good awareness of their symptoms, and they should let an adult know as soon as they feel they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for always carrying them on their person.

3. Awareness training

All staff will receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. Training will include catering staff and others who may oversee children and young people at breakfast or after school clubs.

All new staff at induction will complete allergy awareness training within six weeks of starting in role.

The purpose of training is for all staff to have allergy awareness and understand emergency response processes. This training does not replace any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond provision-level allergy safety arrangements.

4. Wellbeing

Children and young people with an allergy will be supported and their welfare promoted, considering the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]

5. Assessing Risk

The provision will conduct a risk assessment for any pupils at risk of anaphylaxis taking part in:

- Activities using food

- Activities using food packaging
- Off-site events and trips
- Any other activities involving animals or food, such as animal handling experiences or baking

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

The risk assessment will include:

- Measures to manage the risks of exposure to a food allergen through food provided by the provision
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).
- Where pupils have known allergy to airborne or contact allergens, how the provision will put reasonable measures in place to manage the pupil being exposed to such allergens.
- An expectation that staff planning any activity should consider the risk of exposure to allergens

6. Managing Risk

[PROVSION NAME] is committed to providing safe food options to meet the dietary needs of pupils with allergies, and keeping safe zones to restrict the triggers for food and contact allergies in the learning environments.

AMEND AS APPROPRIATE

6.1 Catering staff

- Catering staff receive appropriate training and are able to identify pupils with allergies
- Menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.2 Food Restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

6.3 Insect bites/stings

When outdoors:

- Shoes must be worn whenever possible
- Food and drink should be covered

6.4 Animals

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

6.5 Events and trips

- The provision will plan accordingly for all events and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the provision protocols for off-site events and trips

7. Individual children and young people

7.1 Individual Healthcare Plans

Pupils will have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their provision
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the provision for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it.

Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

7.2 Children and young people who are prescribed adrenaline devices

[PROVSION NAME] will ensure that pupils who are prescribed AAIs have rapid access to their devices at all times, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips.

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

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAIs (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil (with parental consent) to allow a visual check to be made

The register is kept **[ADD LOCATION]** and can be checked quickly by any member of staff as part of initiating an emergency response

8. Provision-wide procedures

As part of the whole provision approach to allergy safety the provision will

- maintain a stock of spare AAIs that are stored in pairs
- ensure that no pupil is more than five minutes from adrenaline devices.
- ensure that spare adrenaline devices are readily accessible and not locked away;
- ensure adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. 5

8.1 Allergic reaction procedures

- all staff are trained in the provision's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- staff are trained in the administration of adrenaline devices to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the provision's emergency response plan, following the pupil's allergy action plan
- If an adrenaline device needs to be administered, a member of staff will use the pupil's own device, or if it is not available, a provision one
- As soon as anaphylaxis is suspected, adrenalin must be administered without delay

ACTION:

  - Keep the child / young person where they are, call for help and do not leave them unattended.
  - LIE THEM FLAT WITH LEGS ELEVATED – prop up if struggling to breathe, but this should only be for as short a time as possible.
  - USE ADRENALIN AUTO_INJECTOR WITHOUT DELAY – note the time given.
  - AAIs should be given into the muscle in the outer thigh, specific instructions may vary by brand – always follow the instructions on the device.
  - Call 999 and state ANAPHALAXIS
  - If no improvement after 5 minutes, administer second AAI.
  - If no signs of life – commence CPR.
  - Call parent / carer as soon as possible.
  - While waiting for an ambulance, keep them where they are. Do not stand them up, or sit them in a chair, even if feeling better, this can drastically lower blood pressure and cause the heart to stop.
  - Pupil / young person must go to hospital after anaphylaxis, even if they feel better and appear to have recovered, as a second reaction can occur after treatment.

- If the pupil has no allergy action plan, staff will follow the provision's procedures on responding to allergy and, if needed, the school's normal emergency procedures [insert procedures here]
- A provision adrenaline device will be used instead of the pupil's own device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed devices are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

9. Adrenaline Devices

9.1 Purchasing of spare adrenaline devices

- The allergy lead is responsible for buying adrenaline devices and ensuring they are stored according to the guidance.
- Spare adrenaline devices should be purchased online from Simply Online Pharmacy EpiPens For Schools Online | Simple Online Pharmacy
- Orders can be made using the template letter in Appendix 1
- It is recommended to buy a single brand to avoid confusion

School type	AAI for children under 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150	AAI for individuals over 6 years (300 micrograms) e.g. EpiPen, Jext 300
Primary school	Two spare devices	n/a
Secondary school	n/a	Two spare devices
Special school	Two spare devices	Two spare devices

9.2 Storage (of both spare and prescribed AAI)

The allergy lead will make sure all AAIs are:

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

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

9.3 Maintenance (of spare AAIs)

[Insert name of 2 staff members] are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

9.4 Disposal

- AAIs can only be used once.

- Used AAI should go to the hospital with the patient or be given to the ambulance paramedic on arrival. This allows them to verify the medication and know if a different dose is required. They can safely dispose of the waste.
- Disposal must be in a 'sharps bin' under clinical waste.
- Unused, expired AAI should be returned to parent / carer for safe disposal.
- School's unused, expired AAIs should be returned directly to the pharmacy to be safely disposed of as pharmaceutical waste.

9.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events.
- It must be considered if Pupils without them are allowed to attend off-site trips / activities.
- Staff will ensure they have the AAI for Pupils who are unable to administer and carry their own device
- Trip Leader will implement a specific risk assessment, considering the activity and possible triggers, location, remoteness and distance to the nearest hospital. Consideration must also be given as to whether the school's spare AAI should accompany the trip.
- Used AAIs off-site must still follow the disposal above.

Insert arrangements for taking spare AAIs for emergency use on school trips and off-site events including recording, reporting and respond to serious incidents or "near misses" involving allergy safety.

10. Information sharing

- A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections.
- Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

11. Awareness of the allergy safety policy

- The allergy safety policy should be published on the provision's website.
- All staff should be aware of and understand the policy, as part of annual allergy awareness training.

12. Monitoring Arrangements

This policy will be reviewed annually or more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review will take account of any incidents and "near misses" and will seek to learn lessons from them.

13. Links with other Policies

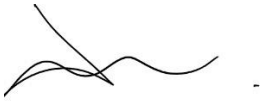
This policy is linked to our:

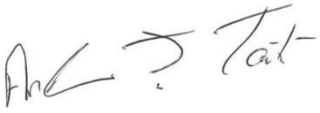
- Brunel Health & Safety

- [PROVISION NAME] Safeguarding and Child Protection Policy
- First Aid Policy
- Supporting Pupils with Medical Conditions

List any other related policies that your school has here, if applicable.

This policy is adopted by the BAT Board of Trustees and will be reviewed every year or earlier if change to legislation.

Signed:  CEO

Signed:  Chairman of BAT Board of Trustees

Date: 19th August 2026

This policy is adopted by [Provision Name] (part of the Brunel Academies Trust) **and will be reviewed every year or earlier if change to legislation.**

Signed: Headteacher/Manager

Signed: Chief Education Officer/Director of Education

Date:

Appendix 1

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis.

(Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print Name:

Head Teacher/Principal

The guidance is available at:

https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Further information can be found at:

For Schools - Spare Pens in Schools

Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK