ALLERGY
SAFETY

POLICY



THE BISHOP FRASER TRUST
A CHURCH OF ENGLAND MULTI-ACADEMY TRUST

Allergy Safety Policy

Policy type	Trust Mandatory Supports safe, inclusive and well-managed arrangements to reduce allergy risk and respond effectively to allergic reactions and anaphylaxis across the Trust.
Author Owner In Consultation With	Chris Green, Director of Estates & Facilities Director of Safeguarding Don Jones, CISCO Tuesday Humby, CEO Representative Headteachers, Allergy Safety Leads, school business operations managers, first aiders, catering providers, SENDCOs and educational visits coordinators
Approved by	Trustees, 27/08/2026
Review date	At least annually, and earlier following a serious allergy incident or near miss, legislative or regulatory change, audit finding, material service change or identified operational need
Description of changes	• New standalone policy issued alongside the Trust's Pupil Medical Conditions Policy. Establishes the Trust framework for identifying pupils with allergies, reducing exposure to allergens, managing food and catering risks, maintaining emergency adrenaline devices, training staff, recording incidents and providing governance assurance

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1 Introduction & Definitions

1.1 The Bishop Fraser Trust, referred to as "the Trust", is committed to reducing foreseeable allergy risk and ensuring that pupils with allergies are able to attend school safely, participate fully and receive prompt, effective support when it is needed.

1.2 Allergies can range from mild reactions to life-threatening anaphylaxis. Allergic reactions may arise from food, medicines, insect stings, latex, animals, plants, chemicals, environmental triggers or contact with other substances. Poorly planned arrangements can result in avoidable exposure, delayed emergency treatment, serious harm, exclusion from education, safeguarding concerns and loss of confidence for pupils and families.

1.3 This policy establishes the Trust's framework for allergy safety. It covers identification, individual planning, allergen exposure, food and catering, adrenaline devices, emergency response, staff competence, communication, records, assurance, incident learning and escalation.

1.4 The Trust operates a model of central standards with local implementation. Trust-wide expectations, policy oversight, assurance requirements and cross-functional support are coordinated centrally. Schools remain responsible for ensuring that local arrangements are in place, understood, implemented, monitored and kept under review.

1.5 This policy should be read alongside the Trust's Pupil Medical Conditions Policy, Health, Safety and Welfare Policy, safeguarding arrangements, first aid arrangements, food safety and catering procedures, educational visits arrangements, emergency planning arrangements, data protection and information security policies, records-retention arrangements and relevant local procedures.

1.6 This policy uses "must" for legal duties, statutory requirements and mandatory Trust standards. It uses "should" for recommended practice and professional judgement.

1.7 In this policy:

1.7.1 "Allergy" means an adverse immune response to a substance that may affect a pupil's safety, health, attendance, learning or participation in Trust activities.

1.7.2 "Anaphylaxis" means a severe, potentially life-threatening allergic reaction requiring immediate emergency action.

1.7.3 "Allergen" means a substance capable of triggering an allergic reaction in a susceptible person. Common allergens include food ingredients, medicines, insect stings, latex, environmental substances and contact allergens.

1.7.4 "Adrenaline device" means a device used to administer adrenaline in an emergency to treat anaphylaxis. This may include an adrenaline auto-injector or another approved device.

1.7.5 "Spare adrenaline device" means a Trust-held emergency adrenaline device obtained and managed in accordance with current national guidance and approved Trust arrangements.

1.7.6 "Allergy Action Plan" means a clinical or other approved plan describing an individual pupil's allergy, symptoms, treatment and emergency response. It may form part of, or be attached to, the pupil's Individual Healthcare Plan.

1.7.7 "Allergy Safety Lead" means the senior member of staff appointed by each school to coordinate local implementation of this policy.

1.7.8 "Approved system of record" means the Trust-approved system, controlled repository or record location designated for a defined type of allergy, medical, catering, training, incident or assurance information.

2 Purpose, Scope and Application

Purpose

2.1 This policy sets out how the Trust manages allergy safety across its schools and central services.

2.2 Effective arrangements reduce foreseeable exposure to allergens, support staff to recognise and respond to allergic reactions, ensure pupils can participate in school life, protect access to safe food, maintain reliable emergency arrangements and provide clear governance and assurance.

2.3 This policy does not duplicate the Trust's Pupil Medical Conditions Policy. That policy sets out the wider arrangements for medical conditions, Individual Healthcare Plans, medicines, treatment, participation, records and support. This policy sets out the additional requirements needed to manage allergies safely, including food and catering, allergen exposure, adrenaline devices and anaphylaxis response.

Scope

2.4 This policy applies to trustees, governors, employees, volunteers, agency workers, contractors, catering providers, food suppliers, transport providers, educational visits providers and other persons whose actions may affect the allergy safety of a pupil.

2.5 It applies to all Trust activities involving pupils, including lessons, breaks, lunchtimes, breakfast clubs, after-school provision, food events, enrichment, sporting activity, practical subjects, educational visits, transport, residential activities, events and other off-site learning.

2.6 It applies to food supplied by school catering providers, breakfast clubs, food technology, hospitality, fundraising, school events, educational visits, clubs, vending, food brought onto site for school activities and food offered through third-party provision.

2.7 This policy is pupil-facing. It does not replace arrangements for staff health conditions, occupational health, workplace adjustments or staff medication. Where a known staff allergy affects operational emergency arrangements, the school must consider this through the appropriate HR, health and safety or emergency-planning process.

Trust Operating Model

2.8 The Trust will set the policy framework, mandatory standards, assurance requirements, record standards and escalation routes. It will provide central oversight, governance support and cross-functional coordination where issues affect more than one school or require specialist advice.

2.9 Headteachers are responsible for ensuring that local arrangements are workable and effective. Each school must appoint an Allergy Safety Lead with sufficient seniority, authority and capacity to coordinate day-to-day implementation.

2.10 The Allergy Safety Lead may also be the Medical Conditions Lead where the Headteacher is satisfied that the person has sufficient competence, capacity, authority and cover arrangements to discharge both responsibilities effectively.

2.11 Schools may maintain local procedures suited to their pupil population, premises, catering model, staffing arrangements and operating context. Local variation must not weaken the standards set by this policy or create unmanaged risk.

2.12 Where historic practice, informal arrangements or local custom conflict with this policy, this policy will ordinarily take precedence unless an alternative arrangement has been formally approved by the Trust.

2.13 Each school must publish this policy, or the Trust-approved version of it, on its website and bring it to the attention of pupils, parents, carers and persons working at the school at least annually. This is a Trust standard designed to meet the statutory allergy-safety framework as it comes into force.

Supporting Documents and Procedures

2.14 This policy forms part of the Trust's wider governance and operational-control framework and should not be read in isolation.

2.15 The Trust will maintain supporting procedures, templates, protocols, checklists, records and local plans where these are necessary to translate this policy into practical arrangements. These may include arrangements for Individual Healthcare Plans, Allergy Action Plans, food and catering controls, allergen information, spare adrenaline devices, emergency response, educational visits, staff training, local readiness and assurance.

2.16 Staff and others working for or on behalf of the Trust must follow any supporting document that applies to their role, activity, pupil or site.

2.17 Where a supporting document sets out more specific operational requirements, those requirements must be followed in addition to this policy. Where an apparent inconsistency arises, the more specific approved document will ordinarily apply to the subject matter concerned, provided that it does not reduce a legal requirement or an expressly stated Trust standard in this policy. Uncertainty must be escalated before relying on an alternative approach.

Individual Responsibility

2.18 Everyone working for or on behalf of the Trust has a role in maintaining allergy safety.

2.19 Staff must follow relevant Individual Healthcare Plans, Allergy Action Plans, local procedures, catering arrangements, training, emergency protocols and instructions that apply to their role. They must report concerns about allergen exposure, food, medication, adrenaline devices, emergency arrangements, staff competence or pupil participation promptly.

2.20 Staff must not undertake planned administration of medication or clinical support beyond their competence, authority, training and agreed arrangements. In a suspected anaphylaxis emergency, staff must take immediate action in accordance with the pupil's plan, the approved emergency protocol, their training and current national guidance. Uncertainty must not delay emergency action or contact with emergency services.

Proportionality and Practical Application

2.21 This policy will be applied in a practical, proportionate and risk-based manner.

2.22 Greater planning, higher levels of training, stronger assurance and earlier escalation will normally be required where a pupil is at risk of anaphylaxis, requires prescribed adrenaline, has a severe food allergy, attends residential activity, uses a specialist diet, is affected by staff absence, depends on catering arrangements or may be exposed to allergens through curriculum, practical activity, transport or off-site provision.

2.23 Where a risk cannot be removed immediately, the Trust may require interim plans, increased supervision, alternative arrangements, additional training, changes to food provision, restriction of a specific activity, emergency contingency or central escalation. Temporary arrangements must be documented, time limited, assigned to an identified owner and monitored until a suitable longer-term arrangement is in place.

2.24 Cost, convenience, staffing pressure, informal practice, supplier availability or delay in obtaining a preferred solution must not be relied upon to justify unmanaged allergy risk.

3 Allergy Safety Framework

3.1 The Trust will maintain an integrated framework for identifying, planning, preventing, responding to, reviewing and learning from allergy-related risk.

3.2 The framework brings together pupil and parent information, Individual Healthcare Plans, Allergy Action Plans, allergen controls, food and catering arrangements, staff competence, adrenaline devices, emergency response, records, assurance and incident learning. Its purpose is to ensure that foreseeable risks are identified, responsibilities are clear, information reaches those who need it and control measures work in practice.

3.3 The Trust will support pupils with allergies to participate fully in education and wider school life. An allergy must not result in routine exclusion from lessons, clubs, food provision, trips, residential activities, practical subjects, sport, transport or other school opportunities.

3.4 The Trust cannot guarantee an allergen-free environment. It must, however, take reasonable, proportionate and evidence-led action to reduce foreseeable risk, prevent avoidable exposure, prepare staff to respond and maintain accessible emergency arrangements.

3.5 Schools must not make blanket allergen-free claims or operate blanket food bans unless the relevant restriction can be reliably maintained, monitored and evidenced. Local restrictions may be appropriate where they form part of a documented individual risk assessment and can be implemented consistently.

3.6 Allergy safety must not depend solely on identifying pupils with known allergies. A pupil may experience their first allergic reaction at school. Schools must therefore maintain whole-school awareness, practical emergency arrangements and an environment in which staff act promptly when symptoms are observed or reported.

3.7 Each school must review its allergy safety arrangements at least annually and after any serious allergy incident or near miss. The review must consider whether controls were sufficient, understood, implemented and evidenced, and whether changes are required.

4 Roles and Responsibilities

Trust Board and Relevant Committees

4.1 The Trust Board holds overall accountability for ensuring that appropriate arrangements are in place to manage allergy risk across the Trust.

4.2 The Trust Board must satisfy itself that the Trust maintains an effective policy framework, suitable leadership accountability, appropriate resources, reliable assurance, proportionate insurance or risk-protection arrangements and clear escalation routes.

4.3 The Trust must designate a named Trustee or committee with responsibility for allergy-safety assurance. The appointment must be recorded through the Trust's governance

arrangements and reviewed if the person or committee's remit changes. The Trust's Committees include the Finance and Resources Committee, the Education and Standards Committee, the People Committee, and the individual Local Governing Bodies of each school.

4.4 The designated Trustee or Trust committee must receive sufficient information to provide informed challenge on policy implementation, serious incidents, near misses, audit findings, training completion, emergency-device readiness, catering assurance, unresolved actions and significant or recurring risks.

4.5 Trustees do not ordinarily direct individual pupil arrangements. They must ensure that governance, reporting and escalation arrangements enable appropriate challenge and oversight.

Chief Executive Officer

4.6 The Chief Executive Officer is responsible for ensuring that material allergy-safety risks receive appropriate executive attention.

4.7 This includes ensuring that the Trust maintains suitable leadership capacity, governance arrangements, cross-functional coordination and resources for the safe implementation of this policy.

Director of Safeguarding

4.8 The Director of Safeguarding is the policy owner and named senior leader for the pupil-safety, inclusion and safeguarding aspects of this policy.

4.9 This includes maintaining policy oversight, supporting consistent implementation, identifying themes and material risk, coordinating escalation where pupil safety may be affected, and reporting to the Chief Executive Officer, relevant committees and the Trust Board as appropriate.

4.10 The Director of Safeguarding does not replace the need for clinical, pharmacy, first aid, food safety, catering, SEND, legal or other specialist advice where it is required.

Director of Estates and Facilities

4.11 The Director of Estates and Facilities is the operational lead for the estates, food safety, catering, premises, emergency-device storage, contractor and health-and-safety interfaces of this policy.

4.12 This includes supporting suitable catering-provider arrangements, food-safety assurance, allergen-information controls, emergency-device storage, safe premises use, emergency planning and escalation of material risks that affect wider Trust operations.

4.13 The Director of Estates and Facilities must work with the Director of Safeguarding where an allergy-safety concern affects pupil inclusion, safeguarding, emergency response, staff competence or Trust-wide assurance.

Chief Information, Security and Compliance Officer

4.14 The CISCO provides executive oversight, information-governance alignment, systems assurance and cross-functional escalation support.

4.15 This includes supporting reliable approved systems of record, appropriate access controls, records management, information security, assurance reporting, business-continuity coordination and response where an incident has information-governance implications.

4.16 The CISCO does not determine clinical allergy treatment, catering arrangements or emergency medication arrangements.

Headteachers and Central Service Leaders

4.17 Headteachers are responsible for ensuring that this policy is implemented effectively within their school.

4.18 This includes appointing an Allergy Safety Lead, ensuring local arrangements are workable, ensuring staff understand their responsibilities, ensuring pupils at risk have appropriate Individual Healthcare Plans and Allergy Action Plans, supporting access to training, addressing local concerns promptly and escalating matters that cannot be resolved safely at school level.

4.19 Headteachers must ensure that sufficient trained and competent staff are available to implement individual arrangements, including during foreseeable absence, emergency situations, educational visits, breakfast clubs, after-school provision and other activities outside the normal timetable.

4.20 Headteachers may delegate specific tasks to appropriate staff. Delegation does not remove responsibility for ensuring that suitable arrangements remain in place and operate effectively.

Allergy Safety Lead

4.21 Each school must designate a named senior leader as its Allergy Safety Lead. The senior leader may delegate day-to-day coordination to a competent colleague, but remains accountable for ensuring that local arrangements are effective, resourced, communicated, monitored and reviewed. Suitable cover must be in place.

4.22 The Allergy Safety Lead is responsible for coordinating identification of pupils with allergies, ensuring Individual Healthcare Plans and Allergy Action Plans are in place where required, maintaining suitable local communication, coordinating allergy-awareness training, monitoring emergency-device arrangements, supporting food and catering coordination, and reviewing incidents, near misses and actions.

4.23 The Allergy Safety Lead must ensure that local arrangements do not depend on one individual being present. Suitable cover, handover and continuity arrangements must be in place.

4.24 The Allergy Safety Lead must ensure that new, changing or returning pupil needs are assessed promptly, that interim controls are used where required, and that actions remain open until a safe and sustainable arrangement is confirmed.

School Business Operations Managers, First Aiders, Catering Leads and Other Relevant Staff

4.25 School business operations managers, catering leads, first aiders, pastoral leaders, SENDCOs, educational visits coordinators, trip leaders, curriculum leaders, breakfast-club leads, after-school provision leads and other relevant staff must carry out the responsibilities allocated to them through this policy, Individual Healthcare Plans, Allergy Action Plans and supporting procedures.

4.26 These responsibilities may include maintaining records, checking emergency devices, coordinating food information, checking menu changes, planning off-site activity, supporting staff training, maintaining access to emergency equipment, implementing agreed controls, reporting concerns and supporting assurance activity.

Staff, Volunteers and Agency Workers

4.27 All staff, volunteers and agency workers must understand the local allergy arrangements relevant to pupils with whom they work. They must follow Individual Healthcare Plans, Allergy Action Plans, food-safety arrangements and emergency procedures, act promptly where a pupil may be unwell or at risk, and report concerns without delay.

4.28 Staff must not assume that another colleague is responsible for an immediate concern where delay may place a pupil at risk.

4.29 Staff who may need to respond to an allergic reaction must receive the allergy awareness and practical emergency instruction required for their role. A member of staff must not be expected to undertake an emergency medication or clinical support role beyond their training, competence and agreed arrangements.

Catering Providers, Food Suppliers and Food-Event Organisers

4.30 Catering providers, food suppliers and persons organising food events must cooperate with Trust arrangements that affect pupil allergy safety.

4.31 They must maintain accurate allergen information, follow agreed controls, communicate menu or ingredient changes promptly, ensure staff understand their role, cooperate with individual pupil arrangements and report concerns, incidents and near misses without delay.

4.32 The Trust must ensure that contractual, commissioning or local arrangements are sufficient to support these requirements.

Parents, Carers and Pupils

4.33 Parents and carers are expected to provide accurate, current information about a pupil's allergy, treatment plan, prescribed medication, triggers, emergency needs and relevant dietary arrangements. They must provide prescribed medication and replacements as agreed, notify the school promptly of relevant changes and participate in the development and review of Individual Healthcare Plans and Allergy Action Plans.

4.34 Where essential information, consent, prescribed medication, equipment or agreement about arrangements is absent, disputed or unreliable, the school must assess the immediate risk and put proportionate interim controls in place. The matter must be escalated promptly where it may prevent safe participation, indicate a safeguarding concern or require advice about parental responsibility, consent or emergency action.

4.35 Pupils should be involved in planning and decision-making in a way that reflects their age, maturity, understanding and allergy risk. Where appropriate, pupils should understand their triggers, symptoms, emergency action, medication arrangements, food-safety expectations and how to seek help.

4.36 Parent or carer responsibilities do not remove the Trust's duty to make appropriate arrangements to support pupils safely while they are in its care.

5 Identification, Individual Arrangements and Communication

5.1 Schools must maintain suitable arrangements to identify pupils with allergies that may affect safe participation.

5.2 Information must be sought at admission and reviewed when a parent or carer provides new information, when an allergy is diagnosed or suspected, after an incident or near miss, at transition points and through planned review arrangements.

5.3 Schools do not need to wait for a formal diagnosis before taking proportionate action. Where a credible concern is reported, information conflicts or clinical input is delayed, the school must assess the available evidence, consult relevant parties and put interim controls in place to reduce foreseeable risk.

5.4 An Individual Healthcare Plan is a Trust requirement for pupils at risk of anaphylaxis and for pupils whose allergy requires documented individual controls, emergency arrangements, prescribed medication, dietary provision, trained support or other coordinated action.

5.5 The pupil's Individual Healthcare Plan must identify relevant allergens, known triggers, symptoms, prescribed medication, emergency action, arrangements for food and activities, training requirements, staff responsibilities, consent and information-sharing arrangements, cover arrangements and review dates.

5.6 A current clinical Allergy Action Plan should be attached to, incorporated within or clearly linked to the Individual Healthcare Plan where one is available.

5.7 The plan must be accessible to those who need it to support the pupil safely, while the detailed medical record remains appropriately controlled. Schools must ensure that relevant staff know the information required for safe action and do not rely on locating or interpreting a full record during an emergency.

5.8 Information must be shared on a minimum-necessary basis. It must nevertheless be provided to staff, catering providers, trip leaders, transport providers or others where this is required to protect the pupil, prevent avoidable exposure, enable safe emergency action or meet a legal safeguarding obligation.

5.9 Where a pupil seeks to limit the sharing of information about their allergy, the school must consider the pupil's age, maturity, understanding and wishes. Information must nevertheless be shared on a minimum-necessary basis where this is required to protect the pupil or others from foreseeable harm, enable safe emergency action or meet a legal safeguarding obligation.

5.10 Each school must maintain a clear method for communicating relevant allergy arrangements to staff who are new, temporary, supply-based, visiting or involved in off-site activity. Information must not be treated as communicated merely because it has been stored on a system or made available in a location that staff are unlikely to access.

6 Prevention and Management of Allergen Exposure

6.1 Schools must take reasonable, proportionate and evidence-led action to minimise exposure to known allergens that may create risk for pupils.

6.2 Controls must reflect the individual pupil's allergy, medical advice, age, level of understanding, known triggers, severity of previous reactions, use of emergency medication, school environment and activities. The same diagnosis or allergy must not automatically lead to the same controls for every pupil.

6.3 Allergy risk must be considered where food, ingredients, latex, chemicals, plants, animals, insect exposure, medication, cosmetics, craft materials, cleaning products or

other known triggers may arise in lessons, practical subjects, enrichment, events, outdoor activity or wider school life.

6.4 Curriculum leaders and activity leads must consider relevant Individual Healthcare Plans when planning activities. They must make reasonable and proportionate adjustments to allow the pupil to participate safely.

6.5 Pupils must not share food, drinks, utensils, medication or medical equipment. Staff must take proportionate action to reinforce this expectation, particularly where a known allergy creates a significant risk.

6.6 Schools must consider how they prevent and respond to bullying, teasing, coercion, deliberate exposure, food sharing or other behaviour that may place a pupil with an allergy at risk. Such behaviour may amount to a safeguarding, behaviour or disciplinary matter and must be addressed through the relevant Trust arrangements.

6.7 Schools must maintain appropriate cleaning, handwashing, food-handling and waste-disposal arrangements where these are needed to reduce foreseeable allergen transfer or cross-contact.

6.8 A school must not rely solely on signs, generic warnings, informal parent communication or a blanket food ban as its principal allergy control. Controls must be capable of practical implementation, monitoring and evidence.

6.9 Where a school imposes a local restriction on food or another potential allergen, it must be specific, risk-based, communicated clearly, monitored and reviewed. The restriction must not create false assurance or displace the need for individual planning, staff awareness and emergency readiness.

7 Food, Catering, Food Events and Allergen Information

7.1 Food allergies and medical dietary requirements must be treated as a significant safety matter wherever food is supplied, prepared, handled, offered or consumed through Trust activity.

7.2 Schools and catering providers must work together to ensure that food provision is safe for pupils with known food allergies or medical dietary requirements.

7.3 Catering arrangements must identify the pupil, the relevant allergen or dietary requirement, the meals or food items that may be suitable, the process for checking and serving food, the relevant staff roles and the action required where there is uncertainty, a menu change, substitute ingredient, supply interruption or possible cross-contact.

7.4 Catering providers must maintain accurate, current allergen information for food served and make it available in accordance with applicable food-information requirements. Ingredient substitutions, menu changes, supplier changes or recipe changes must not be made for a pupil with a known allergy until the relevant allergen information has been checked and the safe arrangement confirmed.

7.5 Food whose ingredients or allergen content cannot be reliably verified must not be offered to a pupil whose Individual Healthcare Plan identifies a relevant risk.

7.6 The Trust must ensure that contractual and local arrangements with catering providers require appropriate allergen controls, staff competence, communication, record keeping, incident reporting, menu-change management and cooperation with Individual Healthcare Plans.

7.7 Food supplied during breakfast clubs, after-school provision, tuck shops, vending, fundraising, celebration events, curriculum activity, practical subjects, residential visits, sports events or other school activity must be managed in a way that takes account of known pupil allergies and medical dietary requirements.

7.8 Prepacked for direct sale food must be handled and labelled in accordance with applicable legal requirements. The school and any food provider must ensure that pupils and staff can identify relevant allergen ingredients before food is offered or consumed.

7.9 Schools must maintain local procedures for food brought onto site for school events, shared food, food technology, charity events, birthday celebrations, cultural events, rewards, fundraising and other activities where formal catering controls may not ordinarily apply.

7.10 The school must not make assurances to parents or carers about the safety of a meal, snack or food event unless the necessary allergen information, controls and serving arrangements have been checked and can be evidenced.

8 Adrenaline Devices, Emergency Response and Post-Incident Arrangements

8.1 Each school must maintain suitable arrangements to ensure that pupils prescribed adrenaline devices have rapid access to their own devices and that staff can respond promptly to suspected anaphylaxis.

8.2 The Trust standard is that each school must hold spare emergency adrenaline auto-injectors in accordance with current national guidance and the approved Trust protocol. Any other spare adrenaline device may be held only where lawful, clinically appropriate and covered by an approved Trust protocol.

8.3 Trust-owned Spare devices must be stored in pairs, maintained in suitable locations, readily accessible, protected from damage or unsafe conditions and not locked away in a manner that could delay emergency treatment. Locations must be identified through local risk assessment and must allow timely access across the school site and during relevant activities.

8.4 Each school must maintain reliable arrangements to check the expiry date, condition, storage, availability and replacement of prescribed and spare emergency devices. Expired, damaged, unavailable or missing emergency medication must be treated as a critical control failure requiring immediate local action and, where relevant, central escalation.

8.5 A spare adrenaline device is an additional safeguard. It does not replace the need for a pupil at risk of anaphylaxis to have access to their prescribed devices where required by their Individual Healthcare Plan.

8.6 Each school must maintain an approved emergency adrenaline-device protocol. The protocol must cover procurement, storage, access, eligibility, consent where required, staff awareness, practical training, expiry checking, replacement, administration records, parent or carer notification, post-use review and arrangements for off-site activity.

8.7 Where anaphylaxis is suspected, staff must act without delay in accordance with the pupil's Individual Healthcare Plan, Allergy Action Plan, current national guidance, their emergency training and the approved Trust protocol. Staff must contact emergency services promptly and must not wait for parent or carer contact or clinical confirmation before taking emergency action.

8.8 The school must ensure that emergency services are given accurate information about the pupil, the location, the suspected reaction, medication administered, access arrangements and relevant contact details.

8.9 Following emergency use of an adrenaline device, the school must ensure that parents or carers are informed promptly, the event is recorded, used or expired devices are replaced, the Individual Healthcare Plan and Allergy Action Plan are reviewed and appropriate support is offered to the pupil and staff involved.

9 Participation, Visits, Transport and Wider Activity

9.1 Pupils with allergies must be supported to participate as fully as possible in all aspects of school life.

9.2 Schools must not make blanket assumptions that pupils with the same allergy require the same support, restrictions or treatment. Arrangements must reflect the individual pupil's needs, medical advice, wishes, age, understanding and current Individual Healthcare Plan.

9.3 Schools must not routinely send pupils home, prevent them staying for normal school activities, require a parent or carer to accompany them, or impose avoidable restrictions solely because of an allergy.

9.4 Pupils must be allowed appropriate access to food, drink, rest, medication, emergency devices, medical equipment and other adjustments required to manage their allergy safely.

9.5 Allergy arrangements must be considered as part of planning for educational visits, residential activity, sport, physical education, practical subjects, transport, enrichment, breakfast clubs, after-school provision and activities outside the normal timetable.

9.6 Educational visits coordinators and trip leaders must ensure that relevant Individual Healthcare Plans and Allergy Action Plans are reviewed, prescribed and spare emergency devices are available, staff understand emergency action, food arrangements are confirmed, transport and accommodation requirements are considered, and access to emergency services is understood.

9.7 Pupils with allergies must not be excluded from a visit, club, residential activity, sport, transport arrangement or food provision merely because the planning requires additional work. Where significant risk cannot be controlled, the decision must be evidence-led, proportionate, authorised and reviewed in line with this policy and the Trust's educational visits arrangements.

9.8 Where a third party provides education, transport, catering, accommodation or an activity, the school must ensure that relevant allergy arrangements, medication access, emergency information, food controls and safeguarding expectations are understood and recorded before participation begins.

9.9 Allergy safety must include consideration of a pupil's wellbeing, confidence, social inclusion and potential anxiety. Schools must respond sensitively to concerns about stigma, isolation, bullying, embarrassment, food differences or fear of allergic reaction.

10 Training, Competence, Communication and Local Readiness

10.1 Effective allergy safety depends on informed staff, appropriate competence, clear communication and workable local arrangements.

10.2 The Trust standard is that all staff must receive allergy-awareness training at induction and at least annually thereafter. This applies to teaching staff, support staff, catering staff, first aiders, staff supervising breakfast or after-school provision, temporary staff, agency workers and others who may supervise pupils.

10.3 Allergy-awareness training must be proportionate to the person's role and include recognition of allergy risk, common allergens, the distinction between allergy, intolerance and coeliac disease, the range of allergic-reaction symptoms, recognition of anaphylaxis, emergency response, access to prescribed and spare adrenaline devices, the importance of Individual Healthcare Plans, pupil wellbeing and local reporting routes.

10.4 Staff who may be required to respond to an allergic reaction or administer an adrenaline device must receive practical, device-specific instruction and scenario-based emergency preparation appropriate to their role. Completion of e-learning or attendance at a briefing will not ordinarily be treated as sufficient evidence of practical emergency competence.

10.5 Catering providers and catering staff must receive training appropriate to their food-safety and allergen-management responsibilities. This must include allergen information, ingredient changes, cross-contact, communication, serving controls, escalation and incident reporting.

10.6 A first aid certificate alone does not establish competence to support a pupil with an allergy, use an emergency adrenaline device or manage food-allergen controls.

10.7 Each school must maintain a current local allergy safety readiness plan. This must identify the Allergy Safety Lead, deputy or cover arrangements, emergency-device locations, first aid provision, local communication methods, procedure for updating staff, access arrangements for temporary or agency staff, catering communication, off-site arrangements and escalation contacts.

10.8 Schools must maintain secure contingency arrangements for access to essential emergency allergy information during a system outage, internet failure, evacuation, off-site activity or other disruption to normal records access. Those arrangements must protect confidentiality while enabling timely action by staff who need to respond.

10.9 Schools must ensure that emergency arrangements do not depend on a single individual, a single copy of an Individual Healthcare Plan or Allergy Action Plan, or one physical location for vital information or emergency devices.

11 Records, Information Governance and Assurance

11.1 Allergy, medical and dietary information is special category personal data. It must be handled lawfully, securely, accurately and only for legitimate educational, health, safety, safeguarding, legal or operational purposes.

11.1.1 The Trust will maintain approved systems of record for Individual Healthcare Plans, Allergy Action Plans, parent or carer consent, emergency-device arrangements,

stock checks, catering controls, training, incidents, near misses, assurance activity and related actions.

11.2 The relevant supporting procedure or evidence schedule will identify the approved system of record for each type of information. Different approved systems may be used where this supports safe operational delivery, access control, retention and assurance.

11.3 Access to detailed allergy information must be limited to those with a legitimate need to know. Confidentiality must not be used to withhold information required by staff to prevent foreseeable harm or take safe and timely action in an emergency.

11.4 Information shared with catering providers, transport providers, educational visits providers, alternative-provision providers, supply staff, volunteers or other third parties must be limited to what is necessary for the relevant activity. Sharing arrangements must be secure, controlled and consistent with the Trust's data protection and information security requirements.

11.5 Allergy information displayed, carried or communicated for operational reasons must be proportionate and avoid unnecessary disclosure. Schools must use controlled summaries, accessible emergency information or other practical arrangements where these are needed to support immediate action.

11.6 Schools must ensure that Individual Healthcare Plans, Allergy Action Plans, emergency-device records, food arrangements and dietary information are current. They must be reviewed and updated promptly following a change in diagnosis, symptoms, medication, food provision, contact details, school routine, incident, transition or other relevant change.

11.7 Records must be retained in accordance with the Trust's records-retention schedule, legal requirements, insurer requirements and the need to support safe ongoing care, investigation or legal defence. Records must be securely disposed of when the relevant retention period has ended.

11.8 The Trust will maintain proportionate assurance arrangements to test whether local allergy controls are complete and operating effectively. This may include review of Individual Healthcare Plan completion, training, emergency-device readiness, food and catering assurance, menu-change controls, incident trends, near misses, action completion, audit findings and local assurance returns.

11.9 Where a critical safety control, required training record, emergency-device check, food-allergen control or Individual Healthcare Plan cannot be evidenced, the school must assess the immediate risk and introduce suitable temporary controls. Where safe operation cannot be evidenced, the Trust may require restriction of an activity, food offer, catering process or site arrangement pending safe resolution.

11.10 Where the Trust replaces or materially changes a system used to manage allergy, medical, catering or emergency information, it must ensure continuity, record integrity, appropriate access, retention, audit trail and validation before withdrawing the existing system.

12 Incidents, Review and Escalation

12.1 The immediate priority in an allergic reaction or suspected anaphylaxis is to protect the pupil and obtain appropriate emergency help. Reporting and administration must not delay urgent action.

12.2 Allergic reactions, suspected anaphylaxis, emergency adrenaline-device use, allergen exposure, food-service error, menu or ingredient failure, missing emergency medication, equipment failure, near misses, concerns about staff competence and other material weaknesses must be reported through approved Trust arrangements.

12.3 A near miss is an event that did not result in harm but had a clear potential to do so, including an error, omission or system failure that could reasonably have led to serious harm if circumstances had been slightly different.

12.4 The level of investigation and record keeping must reflect the seriousness and complexity of the event. Records must be factual, proportionate and sufficient to show what occurred, the action taken, the people involved, the immediate controls, the learning identified and the basis for closing any actions.

12.5 Where proportionate, parents, carers and pupils should be offered the opportunity to discuss a significant incident or near miss, contribute relevant information and understand the resulting improvements to support arrangements.

12.6 Immediate escalation to the Headteacher and Allergy Safety Lead is required where there is suspected anaphylaxis, emergency medication use, hospital attendance, credible risk of serious harm, significant food or catering error, missing emergency medication, failure of a critical Individual Healthcare Plan control or a need to restrict participation.

12.7 The Director of Safeguarding must be informed promptly where a matter creates significant pupil-safety risk, repeated or systemic failure, material reputational concern, inability to evidence safe arrangements, significant exclusion from education, possible safeguarding concern or a need for wider Trust action.

12.8 The Director of Estates and Facilities must be informed promptly where a food-safety, catering, premises, equipment, environmental, contractor or other health-and-safety factor may have contributed to the risk.

12.9 The CISCO must be informed where an incident may involve a personal-data breach, information-security concern, system failure, record-access issue or wider information-governance risk.

12.10 Where an allergy incident identifies a potential safeguarding concern, including possible neglect, unsafe family arrangements, deliberate exposure, bullying, coercion or a wider risk to a child, the safeguarding procedure must be followed without delay.

12.11 The Trust must consider whether an incident requires notification to insurers, regulators, the local authority, health services, food-safety authorities or another body through the relevant Trust procedure. Allergy-incident reporting, RIDDOR assessment, food-safety reporting, insurer notification and personal-data breach assessment are separate but connected processes.

12.12 The Allergy Safety Lead, Headteacher, Director of Safeguarding, Director of Estates and Facilities and the designated trustee or Trust committee must ensure that serious incidents and near misses result in documented learning, action tracking and review of this policy, relevant procedures, local controls and Individual Healthcare Plans where appropriate.

13 Related Policies, Standards and Guidance

13.1 This policy forms part of the Trust's wider governance and operational-control framework. It should be read alongside relevant policies, procedures, standards, local arrangements and specialist guidance.

13.2 Relevant Trust documents include those relating to pupil medical conditions, health, safety and welfare, safeguarding and child protection, first aid and incident management, food safety and catering, educational visits and off-site activity, emergency planning, business continuity, SEND, inclusion, attendance, equality, data protection, information security, records retention, personal data incident management, procurement, contract management, insurance and complaints.

13.3 The legal and regulatory framework includes, where relevant, section 100 of the Children and Families Act 2014, the allergy-safety provisions inserted into that framework by the Children's Wellbeing and Schools Act 2026, the Equality Act 2010, the Health and Safety at Work etc. Act 1974, the Food Information Regulations 2014, requirements relating to prepacked for direct sale food, the Human Medicines (Amendment) Regulations 2017, food-safety legislation and current guidance from the Department for Education, Department of Health and Social Care, Food Standards Agency, NHS bodies, the Information Commissioner's Office and other competent bodies.

13.4 Where a supporting document sets out more specific operational requirements, those requirements must be followed in addition to this policy. Where an apparent inconsistency arises, the more specific approved document will ordinarily apply to the subject matter concerned, provided that it does not reduce a legal requirement or an expressly stated Trust standard in this policy. Uncertainty must be escalated before relying on an alternative approach.

13.5 The Trust will review this policy promptly when revised statutory guidance, regulations or other material national requirements relating to allergy safety are published or brought into force.

14 Contact and Escalation

14.1 Questions about this policy or local allergy-safety arrangements should ordinarily be raised through line management, the relevant Allergy Safety Lead, school business operations manager, Headteacher or central service leader.

14.2 Where there is an immediate allergic reaction or suspected anaphylaxis, staff must take urgent protective action and contact emergency services where necessary before completing reporting or administrative requirements.

14.3 Concerns about Individual Healthcare Plans, Allergy Action Plans, food provision, catering controls, emergency devices, training, records or safe participation must be escalated promptly where they cannot be resolved safely at school level.

14.4 Material pupil-safety, safeguarding, policy, assurance or cross-functional matters should be escalated to the Director of Safeguarding or the appropriate central Trust lead.

14.5 Food-safety, catering, premises, equipment, environmental, contractor or related health-and-safety concerns should be escalated to the Director of Estates and Facilities or through approved Trust arrangements.

14.6 Information-governance, system, record-access or personal-data concerns should be escalated to the CISCO or through the Trust's personal data breach and incident-management arrangements.

14.7 Staff must not provide unauthorised external statements, admit liability, make formal notifications to regulators or insurers, or make commitments on behalf of the Trust unless authorised through the relevant Trust arrangements.

14.8 Current reporting routes, contact details, templates, emergency protocols and supporting guidance will be maintained through approved Trust communications, procedures and internal systems.