Learning Accord Multi Academy Trust

Pupil Allergy Safety and Management Policy (2026)

Version	**09/26**
Name of Policy Writer	**LAMAT**
Last Reviewed	**September 2026**
Next Review Due	**September 2027**

Contents

1. Purpose and scope

This policy establishes the minimum arrangements that must operate across Learning Accord Multi Academy Trust to identify, reduce and respond to allergy-related risks. It applies to every academy in the Trust, including nursery and reception provision, breakfast and after-school clubs, educational visits, extracurricular activities, lettings and academy events.

The Trust is the proprietor and governing body of its academies and is responsible for ensuring that an allergy safety policy is in place. Each academy must implement this policy through local arrangements recorded in Appendix 1 and must publish this policy on its website.

Where provision is delivered for children within the Early Years Foundation Stage, the requirements of the statutory EYFS framework apply alongside this policy.

2. Legal and statutory framework

This policy has been prepared with regard to:

- section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026;
- the Department for Education statutory guidance, Allergy safety in schools (July 2026);
- the Department for Education statutory guidance, Supporting pupils at school with medical conditions;
- the Human Medicines Regulations 2012 and the Human Medicines (Amendment) Regulations 2017;
- the Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019;
- the Equality Act 2010, the Education Act 2002, the Health and Safety at Work etc. Act 1974, UK GDPR and the Data Protection Act 2018; and
- the statutory framework for the Early Years Foundation Stage, where applicable.

Trust standard: The Trust will implement annual allergy-awareness training, named academy leads, spare adrenaline auto-injectors and formal incident and near-miss recording as policy requirements now. This provides a consistent standard across all academies while further national regulations are developed.

Definitions

Term	Meaning
Allergy	An abnormal immune-system reaction to a normally harmless substance, including food, insect stings, contact allergens and airborne allergens.
Anaphylaxis	A potentially fatal allergic reaction affecting the airway, breathing or circulation. It always requires an immediate emergency response.
Adrenaline device (AD)	A prescribed or spare device used to administer adrenaline, including an adrenaline auto-injector (AAI). Only AAIs may currently be purchased by schools as spare devices.
Individual Healthcare Plan (IHP)	The written arrangements setting out what support a pupil requires, how it will be provided, when and by whom.
Allergy/Asthma Action Plan	A clinical emergency plan issued by an appropriate healthcare professional and attached to the pupil's IHP.

Term	Meaning
Near miss	An event or omission that did not result in harm but had the potential to expose a person to an allergen, delay treatment or otherwise compromise allergy safety.

4. Policy principles

- Allergies will be managed as a whole-academy safeguarding, inclusion and health-and-safety matter.
- Arrangements will be proportionate to the individual and based on clinical advice, the pupil's needs and the local environment.
- Pupils will not be unnecessarily separated from their peers or prevented from participating in normal academy life.
- Medication and help will be brought to a person experiencing anaphylaxis; the person must not be sent or walked to an office or medical room.
- The Trust promotes allergy-aware environments. Academies must not claim to be allergen-free or rely on a 'nut-free' label as their principal control.
- Information will be shared on a need-to-know basis, balancing safety with privacy, dignity and inclusion.
- Incidents and near misses will be reported, reviewed and used to improve practice.

5. Governance and responsibilities

5.1 Trust Board

- approves this policy and retains overall accountability as proprietor of the academies;
- ensures that appropriate resources, oversight and assurance arrangements are in place;
- receives assurance at least annually on implementation, training, serious incidents, near misses and areas requiring improvement; and
- ensures responsibilities are reflected in the Trust's scheme of delegation.

5.2 Chief Executive Officer and Executive Lead for Safeguarding

- ensure this policy is implemented consistently across all academies;
- maintain the Trust-wide policy, templates, training expectations and assurance framework;
- provide support and challenge to academy leaders;
- review serious incidents and significant near misses, identify Trust-wide learning and report material matters to Trustees; and
- coordinate the annual review of this policy, involving people with allergies where practicable.

5.3 Headteacher

- is accountable for local implementation and must appoint a named senior leader as Academy Allergy Safety Lead;
- ensures allergy risks are included within the academy risk register and actively managed;
- ensures pupils requiring additional or different arrangements have a suitable IHP;
- ensures staff training, induction, cover arrangements, emergency medication and local records meet this policy;
- ensures the academy-specific schedule at Appendix 1 is completed, reviewed and available with this policy; and
- ensures this policy is published on the academy website and available in hard copy on request.

5.4 Academy Allergy Safety Lead

- coordinates the academy allergy register and relevant IHPs and Action Plans;
- checks that local arrangements are understood and operate in practice;
- coordinates training and ensures temporary, supply, agency and relevant third-party staff receive appropriate information;
- ensures prescribed and spare medication is accessible, correctly stored, checked and replaced;
- coordinates communication with pupils, parents, caterers, staff and healthcare professionals;
- leads or contributes to investigation and learning following incidents and near misses; and
- reviews the academy schedule at least annually and whenever arrangements materially change.

5.5 Designated Safeguarding Lead, SENDCO and pastoral staff

These staff will support the Academy Allergy Safety Lead in addressing allergy-related bullying, anxiety, attendance, reasonable adjustments, inclusion and safeguarding concerns. They will ensure that allergy-related needs are reflected in relevant plans and that parents are not expected to attend routinely to provide support that the academy should reasonably arrange.

5.6 Catering provider and catering staff

- comply with food-information and food-safety law and provide clear, accurate and accessible allergen information;
- maintain robust controls for purchasing, storage, preparation, cleaning, cross-contact, service, substitutions and recalls;
- work with the academy, families and pupils to provide suitable meals and reasonable adjustments;
- use the academy's agreed pupil-identification controls at the point of service;
- ensure catering staff complete the required training and report errors, incidents and near misses immediately; and
- provide assurance and evidence reasonably requested by the Trust or academy.

5.7 Estates and premises staff

- support suitable, unlocked and temperature-appropriate locations for emergency medication;
- consider emergency access, dining arrangements, cleaning, air quality and known contact or airborne allergens when planning premises changes or works;
- include appropriate allergen and cross-contact controls in relevant cleaning, catering, waste and facilities specifications;
- support prompt correction of premises-related findings arising from risk assessments, drills, incidents or near misses; and
- ensure contractors with pupil-facing roles receive relevant site information. Ad-hoc builders, electricians and maintenance personnel with no pupil-facing role do not require whole-staff allergy training.

5.8 All staff, volunteers and relevant third-party personnel

- complete required training and understand the academy's local arrangements;
- know how to identify an allergic reaction, summon help, locate medication and report an incident or near miss;
- take reasonable steps to prevent known allergen exposure and follow individual plans;
- never delay an emergency response while seeking permission or waiting for a named member of staff; and
- raise concerns promptly with the Academy Allergy Safety Lead or Headteacher.

5.9 Parents, carers and pupils
Parents and carers should provide accurate and current information, clinical Action Plans and prescribed medication; tell the academy promptly about changes; and participate in preparing and reviewing IHPs. Pupils will be encouraged, according to age and competence, to understand their allergy, avoid sharing food and medication, recognise symptoms, seek help and carry or access their medication safely.

6. Culture

6.1 Awareness training
All staff present when pupils are scheduled to be on site must receive allergy-awareness and emergency-response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school clubs. First-aid training alone is not sufficient.
Training must be included in induction. The Headteacher must ensure that effective arrangements are available for staff joining between scheduled sessions and for supply and cover staff before they assume responsibility for pupils.

Training will enable staff to:

- understand allergy, co-existing conditions and the difference between allergy, coeliac disease and food intolerance;
- locate information about known triggers and use an Allergy or Asthma Action Plan;
- recognise mild and moderate reactions and signs affecting airway, breathing or circulation;
- recognise anaphylaxis and respond immediately, including administering adrenaline and calling 999;
- locate and use prescribed and spare emergency medication;
- understand their role in reducing exposure, supporting wellbeing and inclusion, and reporting incidents and near misses; and
- understand this policy and the academy's local arrangements.

Training records must identify the participant, content, provider, completion date and refresher date. Additional role- or pupil-specific competency arrangements must be made where a pupil requires healthcare support beyond whole-academy allergy safety arrangements.

6.2 Wellbeing, inclusion and bullying
Academies will recognise that the risk of allergen exposure and anaphylaxis can cause significant anxiety. Pupils with allergies will be listened to, involved in decisions and reassured through clear, reliable arrangements. Reasonable adjustments will enable them to participate fully in meals, curriculum activities, clubs, performances, visits and trips.

Threatening a pupil with an allergen, deliberately exposing them to an allergen, excluding them because of their allergy or mocking their precautions will be treated seriously under the academy's behaviour and safeguarding arrangements. Staff must record and report concerns promptly and provide appropriate pastoral support.

6.3 Minimising the risk of exposure
Each academy must take reasonable and proportionate steps to reduce exposure to known food, airborne and contact allergens. Controls must reflect the pupils and adults present, their documented triggers and the activities taking place.

- Food provided by the academy and food brought in by pupils, families, staff or visitors must be considered.

- Staff planning cooking, science, art, craft, music, animal-handling or similar activities must check for relevant allergens and use suitable alternatives where needed.
- Food packaging, play dough, glues, bird feed, animal products and reused food containers must not be assumed to be allergen-free.
- Food and utensils must not be shared or traded where this could create a risk.
- Drinks, lunch boxes and academy-provided items for a pupil with food allergy must be clearly identifiable.
- Suitable handwashing and cleaning controls must be used; food-preparation surfaces and utensils must be cleaned effectively to manage cross-contact.
- Environmental and indoor-air-quality factors must be considered where a known allergy or asthma trigger is relevant.
- Activities must be adapted for the group where practicable rather than isolating the pupil with an allergy.

Allergy-aware, not allergen-free: An academy may discourage particular foods where locally justified, but must not suggest that this removes risk. Active awareness, individual planning, effective controls and a robust emergency response remain essential.

6.4 Food allergy and catering

The Headteacher will engage with the catering provider to understand and assure the controls in place. Allergen information for food supplied regularly and in an organised way must be accurate, clear and accessible to pupils and parents. Prepacked-for-direct-sale food must carry the legally required name, ingredients list and emphasised regulated allergens; allergen information must also be available for non-prepacked food.

Academies will use at least two proportionate methods to identify pupils with known food allergies at mealtimes. Methods may include trained staff checks, secure photo information in staff-only areas and agreed point-of-service controls. Identification must be discreet and must not result in routine segregation from peers.

Menu substitutions and short-notice changes must not bypass allergy controls. Academies, caterers, parents and pupils will agree reasonable adjustments, including access to free school meals, and record additional or different arrangements in the pupil's IHP.

Food supplied occasionally by PTAs, at celebrations, lettings or community events may fall outside some food-business requirements, but the academy must still set clear expectations and ensure proportionate allergen information and controls are provided.

7. Individual pupils and other persons

7.1 Identification and allergy register

Each academy must obtain allergy information through admissions, transition, annual data checking and ongoing communication with families. Information should include known allergens, symptoms, prescribed medication, healthcare contacts, existing IHPs and Allergy or Asthma Action Plans.

Arrangements should be ready before a pupil starts. For a mid-year admission or newly identified need, every effort must be made to put appropriate arrangements in place within two weeks, or sooner where the level of risk requires immediate interim controls.
The academy must maintain a current allergy register. Appropriate photo lists may be displayed in staff-only food preparation, serving or relevant curriculum areas. Staff and visitors should be invited to identify allergies where this is relevant, particularly where food may be served, while recognising that pupil safety duties remain the policy's primary focus.

7.2 Individual Healthcare Plans

A pupil must have an IHP where their allergy has a functional impact in the academy, creates a risk of harm and requires arrangements additional to or different from those made generally. The academy must not wait for every clinical document before putting reasonable interim safety measures in place.

The IHP will be developed with the pupil, parent or carer, relevant academy staff and healthcare professionals where available. It will identify:

- the allergy, known triggers, signs and symptoms and the support required;
- preventive controls and reasonable adjustments;
- medication, storage, access and administration arrangements;
- the emergency response and who must be contacted;
- arrangements for meals, curriculum activities, wraparound care, visits and trips;
- information-sharing and staff-training requirements; and
- review arrangements and any contingency for staff absence.

Any clinician-issued Allergy Action Plan or Asthma Action Plan must be attached or clearly linked. The IHP must be reviewed at least annually and whenever needs, medication or clinical advice change, or following a relevant incident or near miss.

7.3 Prescribed adrenaline and other emergency medication

Pupils prescribed adrenaline should have access to two in-date devices at all times, including while travelling to and from the academy, at lunch, in classrooms, playgrounds and sports areas, and on visits. Where age, competence and the IHP allow, pupils should be encouraged to carry their own devices.

Where medication is stored centrally, it must be unlocked, readily accessible, known to staff and capable of being brought to the pupil within five minutes. Devices must be kept at room temperature, away from direct sunlight and extremes of heat, and out of reach of pupils where necessary without compromising rapid access. A copy of the Action Plan should be kept with the medication where practicable.

The academy will record medication received, checks completed, expiry dates and arrangements for medication to accompany the pupil home. Prescribed medication remains individual to the pupil; spare devices supplement rather than replace it.

8. School-wide arrangements

8.1 Spare adrenaline auto-injectors

Every academy must maintain spare AAIs of the appropriate dose or doses for its age profile, stocked in pairs. Primary-age academies will normally require a pair of 150 microgram devices and a pair of 300 microgram devices, subject to current national guidance and the needs of pupils on roll. Separate or split sites must hold appropriate stock on each site.

- Spare AAIs must be readily accessible, unlocked, clearly labelled and stored at room temperature away from direct sunlight and extremes of heat.
- They must be capable of reaching any relevant part of the site within five minutes. Additional kits must be provided where site size, layout or activities make this necessary.
- The kit should contain the devices in pairs, instructions, a record of checks and any emergency salbutamol inhaler and spacers held by the academy.
- A named member of staff and deputy must check stock at least monthly and after use, recording quantity, condition and expiry dates.
- Used or expired AAIs must be handed to ambulance staff, returned to a pharmacy or placed in an appropriate pre-ordered sharps container. They must not be placed in general waste.

- The Headteacher or principal must sign requests to purchase spare AAIs in accordance with current pharmacy requirements.

8.2 Emergency response

> **Anaphylaxis is a medical emergency:** If airway, breathing or circulation is affected, administer adrenaline immediately. If in doubt, treat as anaphylaxis and call 999.

1. Stay with the person and summon help. Bring medication to them; do not make them stand or walk.
2. Follow the individual's clinical Action Plan where available, but do not delay life-saving treatment while locating paperwork or seeking consent.
3. Use the person's prescribed adrenaline device first where available; otherwise use a suitable spare AAI.
4. Administer adrenaline as soon as possible and within five minutes, then call 999 and request an ambulance.
5. If there is no improvement after five minutes, give a second dose using another device.
6. Place the person flat with legs raised unless breathing difficulty means they need to sit up; do not allow them to stand or walk, even if they appear to recover.
7. Contact the parent or emergency contact after emergency treatment has begun. A member of staff must accompany a pupil to hospital if a parent has not arrived.
8. Never give a reliever inhaler instead of adrenaline where anaphylaxis is suspected.

Mild or moderate reactions that do not affect airway, breathing or circulation must be managed in accordance with the pupil's Action Plan. The pupil must not be left unattended and must be monitored because symptoms can progress.

8.3 Visits, trips and off-site activities

Pupils with allergies must be included in visits and trips wherever reasonably possible. The trip leader must complete a pupil-specific assessment for any pupil at risk of anaphylaxis and address travel, food, accommodation, activities, communication, access to emergency care and staff competence.

The pupil's own prescribed devices and Action Plan must accompany them, with trained staff available. The academy will consider taking suitable spare AAIs where this is appropriate, but sufficient spare stock must remain available for pupils on the academy site. Parents must not be required to attend a trip solely because the academy has failed to make reasonable arrangements.

8.4 Serious incidents and near misses

All allergic reactions, suspected anaphylaxis, medication administration, food-service errors, unintended allergen exposures, unavailable or expired medication, delayed access and other significant near misses must be recorded promptly through the academy's incident-reporting arrangements.

- The Headteacher must ensure that:
- the pupil is supported and parents or carers are informed;
- evidence is preserved where relevant, including menus, labels, batch details, medication and witness accounts;
- the Academy Allergy Safety Lead, Designated Safeguarding Lead and relevant central Trust lead are notified according to severity;
- statutory notifications and RIDDOR, safeguarding, environmental-health, food-safety, RPA or insurer referrals are considered;
- the IHP, Action Plan, risk assessment and local controls are reviewed; and

- lessons and actions are assigned, tracked to completion and shared across the Trust where relevant.

Reports received later from pupils, families or healthcare professionals must be accepted and investigated. Serious incidents and significant near misses must be escalated to the Executive Lead for Safeguarding without delay. Complaints will be handled under the Trust Complaints Policy.

8.5 Information sharing and data protection

Allergy and medical information is special category personal data. The Trust and its academies may hold and share information where necessary to protect health, provide education safely, meet legal duties and make reasonable adjustments. Information must be accurate, current, proportionate and shared only with people who need it for their role.

Parents and pupils will be involved in decisions about routine information sharing wherever appropriate. Photo registers and plans must be restricted to staff areas or secure systems. Public displays, unnecessary labelling or arrangements that embarrass or single out a pupil must be avoided. Records must be retained and disposed of in accordance with the Trust Data Protection Policy and retention schedule.

8.6 Awareness and publication

This policy will be published on the Trust website and on each academy website and made available in hard copy on request. The academy's local schedule will identify its named lead and practical arrangements without publishing personal or sensitive pupil information.

Staff will be reminded of the policy through annual training, induction and relevant briefings. Age-appropriate pupil awareness will promote help-seeking, discourage food sharing and address bullying. Any discussion of an individual pupil's allergy with peers must be agreed carefully with the pupil and their parents and must not replace trained adult supervision.

9. Unacceptable practice

The following practices are not acceptable within Learning Accord:

- locking away emergency medication or locating it where access depends on a particular key holder;
- sending a person experiencing an allergic emergency to an office or medical room, or allowing them to stand or walk;
- delaying adrenaline, a 999 call or other emergency action while seeking consent, paperwork or a named member of staff;
- ignoring clinical advice or the views of the pupil and their parents or carers;
- assuming all people with allergies need the same arrangements, or that a person has no allergy because diagnosis is still being investigated;
- routinely segregating pupils at mealtimes or excluding them from curriculum, clubs, visits or trips without first considering reasonable adjustments;
- requiring parents to attend routinely to administer medication or enable participation where the academy should reasonably provide support;
- penalising allergy-related absence or excluding pupils from attendance rewards because of medical appointments or health management;
- relying on a 'nut-free' or allergen-free label as a substitute for active controls and emergency preparedness; and
- failing to record, investigate or learn from an incident or near miss.

10. Monitoring, assurance and review

Each Headteacher will complete and review the academy schedule in Appendix 1 at least annually. The Trust will undertake proportionate central assurance, which may include review of published policies, named leads, training records, allergy registers, IHP arrangements, spare-medication checks, drills, catering assurance, incidents, near misses and outstanding actions.

Academies should undertake a simulated allergy emergency drill at least annually and whenever significant changes to site layout or procedures justify retesting. Drills must be planned sensitively, recorded and used to improve arrangements.

The Executive Lead for Safeguarding will review this policy at least annually and sooner following a serious incident, significant near miss, legislative change or revised statutory guidance. Material amendments require approval in accordance with the Trust's policy framework.

11. Related Trust documents

- Supporting Pupils with Medical Conditions / Administration of Medicines Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Risk Assessment Procedure
- Behaviour and Anti-Bullying Policy
- Educational Visits Policy
- Data Protection Policy and retention schedule
- Incident Reporting and RIDDOR arrangements
- Complaints Policy
- Catering, cleaning, lettings and event-management procedures

12. References

- Department for Education, Allergy safety in schools: statutory guidance and templates (published 6 July 2026): https://www.gov.uk/government/publications/allergy-safety-in-schools
- Department for Education, Supporting pupils at school with medical conditions: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
- Food Standards Agency, Allergen guidance for food businesses: https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- British Society for Allergy and Clinical Immunology resources: https://www.spareadrenalineinschools.uk/

Appendix 1: Academy implementation schedule

This schedule must be completed by each academy and retained with the Trust policy. It records local implementation only and must not contain pupil names or other sensitive personal information in any version published online.

Academy	**[Insert academy name]**
Headteacher	Lisa Hoyle
Academy Allergy Safety Lead	Sharon Parker
Deputy / operational contact	Hayley Bardsley
Catering provider	Riverside School
Date schedule completed	11/09/2026
Next local review	11/09/2027

Local emergency medication arrangements

Location / kit	**Medication and dose**	**Area served**	**Monthly checker**
Office – visible on top of cupboard	Salbutamol – 2 puffs	Office	Sharon Parker
Office – visible on top of cupboard	EpiPen Jnr Adrenaline Auto-Injector – 150 mcg 1 x auto-Injector	Office	Sharon Parker
Office – visible on top of cupboard	EpiPen Jnr Adrenaline Auto-Injector – 300 mcg 1 x auto-Injector	Office	Sharon Parker

Local implementation confirmation

Requirement	**Confirmed**	**Evidence / location**	**Action and due date**
This policy is published on the academy website and available in hard copy.	Yes	Website/Staffroom/ class medical files/whole school medical file in office/kitchen	11/09/2026
The named senior lead and deputy understand their responsibilities.	Yes	Training	11/09/2026
The allergy register is current and appropriate IHPs and clinical Action Plans are in place.	Yes / No	Staff room/class medical files/whole school medical file in office/kitchen	11/09/2026
All required staff have completed annual training; induction and supply-cover arrangements are documented.	Yes	Training and Training Log	11/09/2026
Prescribed and spare medication is accessible, unlocked, in date and stored correctly.	Yes	[Staff room/class medical files/whole school medical file in office/kitchen	11/09/2026
A timed check confirms medication can reach all relevant areas within five minutes.	Yes	No area is more than 5 minutes	11/09/2026

		away from medication	
Catering and mealtime identification controls have been reviewed with the provider.	Yes	Allergens sheet in kitchen	11/09/2026
Relevant cleaning, curriculum, wraparound, event, letting and trip controls are in place.	Yes	Yes RA are completed for school trips	11/09/2026
Incident and near-miss reporting and escalation routes are understood.	Yes	Reporting sent to HQ and reported via RIDDOR if approrpriate	11/09/2026
An allergy emergency drill has been completed and learning recorded.	Yes	Training	11/09/2026

Sign-off

Role	Name / signature	Date
Headteacher	Lisa Hoyle	11/09/2026
Academy Allergy Safety Lead	Sharon Parker	11/09/2026