Trinity

Allergy Policy

Policy information	Detail
Policy owner	Executive Headteacher
Delegated senior lead	Assistant Headteacher FPR
Governor oversight	Health and Safety governance arrangements
Applies to	Pupils, staff, volunteers, supply staff, contractors, visitors and third party providers
Date approved	September 2026
Next review	September 2027
Review cycle	Annually and sooner following significant change, incident, near miss or updated guidance

Contents

1. Purpose

1.1 This policy sets out Trinity Church of England School's arrangements for identifying, reducing and responding to allergy related risks, including anaphylaxis.

1.2 The policy supports a whole school approach to allergy safety. It is intended to help pupils with allergies participate safely in school life, while recognising that the school cannot guarantee an allergen free environment.

1.3 The policy sets out how the school will:

Area	Policy intention
Identification	Identify pupils with known or suspected allergies
Planning	Put individual arrangements in place where required
Medication	Manage prescribed and spare emergency medication
Training	Ensure staff receive allergy and anaphylaxis awareness training
Food controls	Reduce avoidable allergy risk linked to food and activities
Emergency response	Support staff to recognise and respond to anaphylaxis
Reporting	Record, investigate and learn from incidents and near misses
Communication	Share relevant information with staff, parents, carers, pupils and governors

1.4 This policy should be read alongside:

Related document or procedure	Purpose
Medical Policy	Wider medical needs, medicines, first aid and recording
Individual Healthcare Plans	Pupil specific school arrangements
Allergy Action Plans	Pupil specific emergency response information
Educational Visits Policy and risk assessments	Off site activities and visit planning
Food technology and curriculum risk assessments	Safe planning of food related learning
Catering allergen procedures	School meals and allergen information
First aid procedures	Emergency response and recording

Behaviour Policy	Deliberate exposure, teasing or bullying linked to allergies
Safeguarding procedures	Where allergy related concerns indicate possible neglect, abuse or harm

This policy links with the school's Medical Policy, which sets out wider arrangements for medicines, first aid and medical needs.

2. Scope

2.1 This policy applies across both the primary and secondary sites.

2.2 It applies during:

Setting or activity
Lessons
Food technology
Cooking and food tasting
Lunchtime and breaktime
Breakfast clubs, after school clubs and enrichment
Sports, PE and fixtures
Performances, celebrations and school events
Educational visits and residential visits
PTA and fundraising events
Off site school led activities
Activities led by third party providers on behalf of the school

2.3 This policy applies to pupils with diagnosed allergies, suspected allergies, known risk of anaphylaxis, prescribed allergy medication, and pupils whose allergy information is under review.

2.4 This policy also sets out proportionate arrangements for staff and visitors with allergies where relevant to school operations.

3. Key principles

3.1 Allergy safety is a whole school responsibility.

3.2 Pupils with allergies should be included in school life wherever this can be achieved safely and proportionately.

3.3 Staff must not make assumptions about whether a food, ingredient, material or activity is safe for a pupil with an allergy.

3.4 The school will reduce avoidable allergy risk as far as reasonably practicable.

3.5 The school cannot guarantee an allergen free environment.

3.6 Staff must act promptly where an allergic reaction or suspected anaphylaxis occurs.

3.7 Staff must not wait for certainty where symptoms suggest anaphylaxis.

3.8 Pupil health information will be shared on a need to know basis, so that staff can keep pupils safe while respecting confidentiality.

3.9 Allergy related incidents and near misses will be reported, investigated where appropriate, reviewed and used to improve practice.

4. Legal and guidance context

4.1 The school will have regard to statutory guidance on allergy safety in schools and statutory guidance on supporting pupils with medical conditions.

4.2 The DfE statutory guidance explains that it supports schools to create and publish an allergy safety policy, put allergy safety training in place for all staff, identify pupils who require Individual Healthcare Plans, and record and learn from serious incidents and near misses.

4.3 The guidance is for governing bodies of local authority maintained schools, including special schools, excluding local authority maintained nursery schools.

4.4 The school will maintain an Allergy Policy, publish it, review it at least annually, and update it sooner where guidance, risk, practice or incidents indicate that this is needed.

4.5 The school will maintain arrangements for:

Required arrangement
Allergy awareness training
Emergency response
Individual Healthcare Plans where required
Prescribed medication
Spare adrenaline auto injectors
Serious incident and near miss recording
Parent, carer and staff communication
Monitoring and review

5. Roles and responsibilities

5.1 Governing body

5.1.1 The governing body has strategic oversight of allergy safety through the school's health and safety governance arrangements.

5.1.2 The governing body will approve this policy and ensure that it is reviewed at least annually.

5.1.3 The governing body will receive assurance that allergy safety arrangements are in place, including training, emergency medication, incident learning and policy review.

5.1.4 The governing body is not responsible for day to day allergy management but must seek assurance that suitable systems are in place.

5.2 Executive Headteacher

5.2.1 The Executive Headteacher has overall responsibility for ensuring that effective allergy safety arrangements are in place.

5.2.2 The Executive Headteacher delegates operational implementation and oversight of allergy safety to the Assistant Headteacher FPR.

5.2.3 The Executive Headteacher retains overall accountability for ensuring that arrangements are suitable, communicated, resourced and reviewed.

5.3 Assistant Headteacher FPR

5.3.1 The Assistant Headteacher FPR is the senior leader responsible for allergy safety implementation.

5.3.2 The Assistant Headteacher FPR is responsible for:

Area	Responsibility
Policy	Ensuring the Allergy Policy is reviewed, updated and communicated
Risk register	Ensuring there is an allergy risk register process through Bromcom and related medical records
Training	Ensuring allergy and anaphylaxis training arrangements are in place
Training records	Ensuring records are kept of who has completed training and when
Emergency stock	Ensuring spare adrenaline auto injectors and emergency anaphylaxis points are provided and monitored
Locations	Ensuring emergency AAI locations are communicated to staff
Assurance	Reviewing evidence from phase medical officers, training records and incident reports
Concerns	Acting as the senior contact for allergy safety concerns and near misses
Investigation	Investigating or coordinating the investigation of allergy related near misses
Incidents	Ensuring serious allergy incidents and near misses are reviewed
Reporting	Providing assurance to senior leaders and governors through health and safety reporting

5.3.3 The Assistant Headteacher FPR may delegate operational tasks to appropriate staff but retains oversight of implementation.

5.4 Primary Phase Medical Officer

5.4.1 The Primary Phase Medical Officer has operational oversight of allergy information, medication, records and emergency arrangements for the primary site.

5.4.2 This includes:

Area	Responsibility
Bromcom	Maintaining and checking allergy information for primary pupils
Allergy risk register	Ensuring allergy records are current and usable
Individual plans	Supporting the creation and review of Individual Healthcare Plans and Allergy Action Plans
Medication	Monitoring pupil prescribed allergy medication held by the school
Expiry checks	Noting expiry dates and informing parents and carers before replacement is needed
Emergency stock	Checking emergency anaphylaxis points and portable packs
Parent contact	Supporting communication with parents and carers
Catering	Sharing relevant food allergy updates with catering where required
Educational visits	Supporting visit leaders with allergy arrangements where required
Incidents	Ensuring allergy related incidents are recorded and escalated where needed

5.5 Secondary Phase Medical Officer

5.5.1 The Secondary Phase Medical Officer has operational oversight of allergy information, medication, records and emergency arrangements for the secondary site.

5.5.2 This includes:

Area	Responsibility
Bromcom	Maintaining and checking allergy information for secondary pupils
Allergy risk register	Ensuring allergy records are current and usable
Individual plans	Supporting the creation and review of Individual Healthcare Plans and Allergy Action Plans
Medication	Monitoring pupil prescribed allergy medication held by the school

Expiry checks	Noting expiry dates and informing parents and carers before replacement is needed
Emergency stock	Checking emergency anaphylaxis points and portable packs
Parent contact	Supporting communication with parents and carers
Catering	Sharing relevant food allergy updates with catering where required
Educational visits	Supporting visit leaders with allergy arrangements where required
Incidents	Ensuring allergy related incidents are recorded and escalated where needed

5.6 School Office

5.6.1 The School Office is the formal route for parents and carers to notify the school of allergies, medication changes and emergency contact updates.

5.6.2 Any appropriate admin member of staff may update Bromcom, but must inform the relevant phase medical officer where allergy information or medication arrangements have changed.

5.6.3 The School Office will support termly parent and carer reminders requesting updates to medical and allergy information.

The Medical Policy already states that the School Office is the formal route for receiving medical updates and that phase medical officers provide oversight for updates and onward actions.

5.7 First aiders

5.7.1 First aiders will respond in line with their training, the pupil's Allergy Action Plan where available, and the school's emergency response arrangements.

5.7.2 First aiders must ensure allergy related first aid activity is recorded through the school's reporting arrangements.

5.7.3 First aiders attending educational visits may sign out and return portable anaphylaxis packs where required.

5.8 All staff

5.8.1 All staff must:

Responsibility	Required action
Training	Complete allergy and anaphylaxis awareness training annually
Awareness	Know where emergency adrenaline auto injectors are kept on the site where they work
Pupil information	Be familiar with the relevant arrangements for pupils they teach, supervise or support, where this information is needed for their role
Prevention	Follow the school's allergy safety measures and pupil specific arrangements
Food safety	Not give pupils food unless this is part of an agreed school activity and allergy controls have been checked
Emergency response	Act immediately where an allergic reaction or suspected anaphylaxis occurs
Reporting	Report allergic reactions, serious incidents and near misses through the school's reporting arrangements
Escalation	Report allergy related near misses promptly to the Assistant Headteacher FPR

5.8.2 Staff must not assume that another member of staff has already acted in an emergency.

5.8.3 Staff must not move a person suspected of anaphylaxis to the medication. The adrenaline devices should be brought to the person.

This reflects the staff quick reference, which states that staff should keep the person where they are and send someone to bring the adrenaline devices to them.

5.9 Parents and carers

5.9.1 Parents and carers are responsible for informing the school of any allergy, suspected allergy or change in allergy information.

5.9.2 Parents and carers must keep information up to date, including:

Information to keep updated
Known allergens
Suspected allergens
Symptoms and previous reactions
Medication

Emergency contacts
Medical advice
Allergy Action Plan
Safe food arrangements where relevant

5.9.3 Parents and carers must provide prescribed medication in date, in original packaging and clearly labelled with the pupil's name and dosage instructions.

5.9.4 Parents and carers are responsible for replacing prescribed medication before expiry.

5.9.5 Parents and carers must respond promptly to requests for allergy information, consent, medical plans and updates.

The Trinity Medical Policy already places responsibility on parents and carers to inform the school of medical conditions, keep information up to date, provide medicines in date and original packaging, complete consent forms, and replace medicines before expiry.

5.10 Pupils

5.10.1 Pupils are expected to follow school allergy safety rules in an age appropriate way.

5.10.2 Pupils must not share food.

5.10.3 Pupils must not bring nuts or products containing nuts onto the school site.

5.10.4 Pupils who are prescribed adrenaline auto injectors must follow the arrangements set out in their Individual Healthcare Plan or Allergy Action Plan, including whether they carry medication or access it through an agreed storage arrangement.

5.10.5 Pupils should seek help immediately if they feel unwell, believe they may have been exposed to an allergen, or notice another pupil showing signs of an allergic reaction.

5.11 Catering provider

5.11.1 The catering provider must maintain appropriate allergen information for food served.

5.11.2 The catering provider must maintain a current food allergy list for pupils taking school meals, where relevant information has been provided to the school.

5.11.3 Catering staff must follow agreed controls, cooperate with the school's incident reporting arrangements and raise allergy concerns promptly with the relevant phase medical officer.

5.11.4 Where there is uncertainty about whether a food is suitable for a pupil with a known allergy, the food must not be provided until the matter is checked.

6. Identifying allergies and maintaining the allergy risk register

6.1 Allergy risk register

6.1.1 Bromcom is the school's main internal system for recording pupil allergy information and medical alerts.

6.1.2 The allergy risk register will be maintained through Bromcom, supported where necessary by uploaded documents, medical notes, medication records, Individual Healthcare Plans, Allergy Action Plans and emergency medication check logs.

6.1.3 The allergy risk register will identify, where known and where the system allows:

Information	Purpose
Pupil name	Identification
Year group and class	Location and responsibility
Site	Primary or secondary arrangements
Known allergen or allergens	Risk reduction
Type of reaction or symptoms	Emergency response
Medication prescribed	Treatment planning
Whether adrenaline auto injectors are prescribed	Emergency planning
Brand and dose of AAI, where known	Correct emergency use
Medication storage location	Rapid access
Whether the pupil carries medication	Rapid access
Expiry date of medication held by school, where recorded	Replacement planning
Whether an Individual Healthcare Plan is held	Individual support

Whether an Allergy Action Plan is held	Emergency response
Emergency contact information	Parent and carer contact

6.1.4 Expiry dates for prescribed medication held by the school and school spare emergency medication will be monitored through the school's medication checking process. Bromcom may also be used to record or reference this information where appropriate.

6.1.5 Where proportionate and necessary for safety, the school may use current pupil photographs in Bromcom, staff only medical information, Individual Healthcare Plans, Allergy Action Plans or agreed staff only areas so that pupils are easily recognisable to relevant staff.

6.1.6 Relevant allergy information will be made available to staff at least termly and whenever circumstances change, including when a new pupil with an allergy joins the school, an allergy changes, medication changes or a plan is updated.

6.2 New information and changes

6.2.1 Parents and carers can update medical information through Bromcom and may also notify the School Office.

6.2.2 Where the school receives new or changed allergy information, the School Office must inform the relevant phase medical officer.

6.2.3 The relevant phase medical officer will review the information and decide what updates are required to:

Area for update
Bromcom
Allergy risk register
Individual Healthcare Plan
Allergy Action Plan
Medication record
Staff information
Catering information
Educational visit arrangements

Emergency response arrangements

6.3 Termly parent and carer reminders

6.3.1 The school will remind parents and carers each term to review and update their child's medical and allergy information.

6.3.2 Parents and carers of pupils with known allergies may be asked to confirm whether there have been changes to:

Information to confirm
Allergens
Symptoms
Previous reactions
Medication
Emergency contacts
Allergy Action Plan
Individual Healthcare Plan
Safe food arrangements
Whether medication is carried or stored

6.3.3 The termly reminder supports accuracy but does not replace the parent or carer responsibility to notify the school immediately of changes.

7. Individual Healthcare Plans and Allergy Action Plans

7.1 When an Individual Healthcare Plan is required

7.1.1 An Individual Healthcare Plan will be put in place where a pupil's allergy requires specific arrangements in school.

7.1.2 This includes pupils whose allergy:

Criteria	Example

Creates a risk of harm in school	Risk of anaphylaxis
Requires emergency medication	Prescribed adrenaline auto injectors
Requires specific avoidance measures	Significant food allergy
Affects participation	Trips, food technology, catering, sport or clubs
Requires adult awareness or supervision	Younger pupils or pupils needing support to manage risk
Requires reasonable adjustments	Modified food provision or curriculum arrangements

The DfE guidance says pupils should have an Individual Healthcare Plan if their allergy has a functional impact in school, they are at risk of harm, and they require arrangements which are additional to or different from those made generally.

7.1.3 Not every mild allergy or intolerance will require a full Individual Healthcare Plan. The decision will be based on the level of risk and the arrangements needed in school.

The guidance makes clear that not all pupils with an allergy will require an Individual Healthcare Plan, for example where the allergy has little or no impact in school or does not require additional arrangements.

7.2 Content of Individual Healthcare Plans

7.2.1 Individual Healthcare Plans will include, where relevant:

Information	Detail
Pupil details	Name, year group, site and photograph where appropriate
Allergy information	Known allergens and typical symptoms
Risk controls	Avoidance and day to day management arrangements
Medication	Medication name, dose, storage location and expiry monitoring
Access arrangements	Whether medication is carried, stored or otherwise managed
Emergency response	Clear steps to follow in an allergic reaction or suspected anaphylaxis
Food arrangements	Catering, packed lunch, food technology and events
Activities	Adjustments for lessons, sport, trips, clubs and events
Contacts	Parent and carer emergency contacts
Staff awareness	Which staff groups need to know the arrangements
Review	Review date and review triggers

7.2.2 Allergy Action Plans should be attached to, or clearly referenced within, the Individual Healthcare Plan.

7.2.3 The Individual Healthcare Plan is a school document. It records how the school will respond to the information and advice received from parents, carers, pupils and healthcare professionals.

7.2.4 Staff are not expected to make clinical judgements.

The DfE guidance says Individual Healthcare Plans are not clinical documents, that schools are not responsible for clinical judgement, and that relevant clinical care or action plans should be attached or referenced.

7.2.5 Plans will be agreed with parents and carers and, where appropriate, with the pupil and healthcare professionals.

7.2.6 Plans will be reviewed at least annually, following any significant change, and after any relevant incident or near miss.

This is consistent with Trinity's Medical Policy, which states that individual healthcare plans are reviewed at least annually and after significant change or incident.

8. Reducing allergy risk

8.1 Whole school controls

8.1.1 The school will apply proportionate controls to reduce avoidable allergy risk.

8.1.2 The school operates a no food sharing rule for pupils.

8.1.3 Staff must not assume that food, ingredients, materials or activities are safe for a pupil with an allergy.

8.1.4 Staff planning activities must consider allergy risk where food, plants, animals, latex, chemicals, art materials or other potential allergens may be involved.

8.1.5 Where there is uncertainty about whether an activity is safe, staff must seek advice before proceeding.

8.2 Nuts and products containing nuts

8.2.1 Nuts and products containing nuts are not permitted on the school site.

8.2.2 This applies during the school day, clubs, trips, fixtures, performances, PTA events and school events.

8.2.3 Parents, carers, pupils and staff are asked to check product labels carefully and not bring food into school where they are unsure whether it contains nuts.

8.2.4 Where nuts or products containing nuts are found, staff will remove the item from pupil access. The item will normally be disposed of to reduce risk, unless it can be safely retained for return to a parent, carer or staff member at the end of the day.

8.2.5 The school does not describe itself as allergen free or nut free, because it cannot guarantee that traces of nuts or other allergens will not be present.

8.3 Food technology and curriculum food activities

8.3.1 Food technology, cooking, food tasting and any curriculum activity involving food must include allergy checks at the planning stage.

8.3.2 The responsible department and the teacher leading the activity are responsible for checking relevant allergy information and applying appropriate controls.

8.3.3 Where a pupil has an Individual Healthcare Plan or Allergy Action Plan, staff must follow the documented arrangements.

8.3.4 Ingredients must be checked before use.

8.3.5 Staff must not use ingredients that conflict with known pupil arrangements or the school's rule that nuts and products containing nuts are not permitted.

8.3.6 Where there is uncertainty about safety, the activity must be adapted, paused or referred to the relevant phase medical officer or a senior leader.

8.4 Food for pupils, cake sales and events

8.4.1 Food consumed by pupils on site for shared events, cake sales, class celebrations or similar activities must be shop bought with clear ingredient information available.

8.4.2 Homemade food must not be used for pupil shared consumption because ingredients, preparation controls and cross contamination cannot be reliably verified.

8.4.3 Cake sales and pupil food events must only proceed where ingredient information is available and the school's rule that nuts and products containing nuts are not permitted can be followed.

8.4.4 Food event organisers must consider allergy risk in advance and must seek advice from the relevant phase medical officer where pupils with significant allergies may be affected.

The DfE guidance notes that food provided occasionally, such as by a parents' association at events or cake sales, may not always fall within food information law, but says that as good practice clear information about potential allergens should be provided for food brought in by others.

8.5 Food brought in by staff for the staff community

8.5.1 Staff may bring food into school for personal consumption or to share with other staff.

8.5.2 Food brought in by staff for the staff community must not contain nuts or products containing nuts.

8.5.3 Staff shared food must be kept in staff only areas and must not be offered to pupils.

8.5.4 Where food is shared with staff, staff should clearly identify the food item and any known allergens, where known.

8.5.5 Staff must recognise that homemade food may contain unverified allergens or traces from preparation.

8.5.6 Staff with allergies remain responsible for checking suitability before consuming shared staff food.

8.5.7 The school does not certify homemade staff food as allergen free.

8.5.8 If a member of staff has a significant allergy which requires workplace adjustments or specific arrangements, this should be discussed with their line manager, the Assistant Headteacher FPR or the relevant senior leader so that appropriate arrangements can be considered.

9. Catering arrangements

9.1 The catering provider is responsible for providing allergen information for food served.

9.2 The school and catering provider will maintain arrangements to identify pupils with known food allergies at mealtimes and at the point of service, appropriate to age and setting.

9.3 The relevant phase medical officer will share updated food allergy information with the catering provider where this is necessary for pupil safety.

9.4 Secondary phase pupils with food allergies are expected, where appropriate and in line with their age and plan, to check safe choices with catering staff at the point of service.

9.5 Primary phase arrangements will be adapted to the age and needs of pupils, recognising that younger pupils may require more adult support.

9.6 Pupils must not purchase or consume food where they are unsure whether it is safe for them.

9.7 Where a pupil's allergy affects access to school meals, the school will work with the catering provider, parents, carers and, where appropriate, healthcare professionals to agree proportionate arrangements.

The DfE guidance states that schools should work with caterers, pupils, families and other professionals to agree necessary support for food provision, and that reasonable adjustments should be captured through an Individual Healthcare Plan.

10. Medication and emergency adrenaline auto injectors

10.1 Pupil prescribed medication

10.1.1 Parents and carers must provide prescribed allergy medication in date, in original packaging and clearly labelled with the pupil's name and dosage instructions.

10.1.2 Where a pupil is prescribed adrenaline auto injectors, the pupil must have rapid access to them during the school day and during school led activities.

10.1.3 The pupil's Individual Healthcare Plan or Allergy Action Plan will state whether the pupil carries the device, whether it is held centrally, or whether another agreed arrangement applies.

10.1.4 Pupils' own prescribed devices must not be mixed with school spare devices.

10.1.5 The relevant phase medical officer will monitor expiry dates for pupil prescribed allergy medication held by the school and will inform parents and carers in advance where replacement medication is needed.

10.1.6 Parents and carers remain responsible for ensuring prescribed medication is supplied in date.

10.2 School spare adrenaline auto injectors

10.2.1 The school will hold spare adrenaline auto injectors for emergency use.

10.2.2 Spare devices will be stored separately from individually prescribed pupil medication.

10.2.3 Spare devices will be clearly identified, accessible to staff, out of reach of pupils, and located so they can be brought quickly to likely incident locations.

10.2.4 Spare adrenaline auto injectors will be stocked and stored in pairs.

The DfE allergy safety policy template says schools should ensure that no pupil is more than five minutes from adrenaline devices, that devices should be stocked and stored in pairs, and that multi site schools should have spare devices of the appropriate dosage on each site.

10.2.5 Spare adrenaline auto injectors may be used in line with official guidance, manufacturer instructions, staff training and emergency circumstances.

10.2.6 The school will seek advance parental consent for use of spare adrenaline auto injectors where this is appropriate and practicable, but emergency action must not be delayed where anaphylaxis is suspected.

The DfE guidance states that it is good practice to obtain advance consent, but that in an emergency anyone may take reasonable action to save a life without checking prior consent in order to avoid delay.

10.2.7 The school will maintain records of pupils who have prescribed adrenaline auto injectors and Allergy Action Plans.

10.3 Fixed emergency anaphylaxis points

10.3.1 Emergency anaphylaxis points will be located at:

Site	Location	Status
Primary site	Infirmary	Active
Primary site	Second floor Art Supply Room, opposite the training rooms	To become active once fob access and staff access arrangements are confirmed
Secondary site	Infirmary	Active
Secondary site	Staff Room	Active

10.3.2 Staff will be informed of emergency anaphylaxis point locations through staff communications, StaffShare, training and site based briefings.

10.3.3 Quick reference notices will be displayed next to emergency anaphylaxis points.

10.3.4 Emergency anaphylaxis points must remain accessible to staff during lessons, lunch, clubs, PE, after school activities and emergency situations.

10.3.5 If access arrangements change, the Assistant Headteacher FPR must review whether the location remains suitable.

10.4 Portable anaphylaxis packs

10.4.1 The school will maintain portable anaphylaxis packs for educational visits where required.

10.4.2 One portable pack will be available for primary phase visits and one portable pack will be available for secondary phase visits.

10.4.3 Portable packs will be held in the infirmary and monitored by the relevant phase medical officer.

10.4.4 Portable packs will hold live spare adrenaline auto injectors and must be checked as part of the school's emergency medication checking process.

10.4.5 A first aider or responsible staff member attending the visit must sign the portable pack out before the visit and sign it back in after the visit.

10.4.6 Portable packs must be checked before departure and after return.

10.4.7 Taking a portable pack on a visit must not remove necessary emergency cover from pupils remaining on site.

10.4.8 Visit leaders must also ensure that pupils who are prescribed adrenaline auto injectors have their own prescribed devices with them, in line with their Individual Healthcare Plan or Allergy Action Plan.

The DfE guidance says pupils at risk of anaphylaxis should have their own adrenaline device with them on trips, and that there should be staff trained to administer adrenaline in an emergency.

10.5 Monthly checks of emergency medication

10.5.1 Spare adrenaline auto injectors will be checked monthly.

10.5.2 Checks will include:

Check	Required record
Presence	Device present
Brand	Brand recorded
Dose	Dose recorded
Batch number	Batch number recorded
Expiry date	Expiry date recorded
Condition	Device appears intact and ready for use
Storage	Stored correctly and accessible
Contents	Kit contents complete
Action	Replacement ordered where required
Signature	Name and date of person completing check

10.5.3 Devices that are expired, damaged, tampered with, used or otherwise not ready for use must be removed from use and replaced.

10.5.4 Used or expired adrenaline auto injectors will be disposed of safely through the school's agreed medicines, sharps or clinical waste arrangements.

The DfE guidance says used and expired AAIs should be disposed of according to manufacturer guidance and notes that used AAIs can be given to paramedics, taken to a pharmacy or disposed of in a pre ordered sharps bin.

11. Emergency asthma inhalers

11.1 Some symptoms of asthma and anaphylaxis can overlap.

11.2 Detailed arrangements for asthma, emergency asthma inhalers and wider medical needs are set out in the Medical Policy and relevant pupil plans.

11.3 Where the school holds emergency salbutamol inhalers, these will be stored and checked alongside emergency anaphylaxis arrangements where appropriate.

11.4 Emergency asthma inhalers may only be used in line with the relevant asthma inhaler guidance, pupil eligibility and written consent requirements.

The DfE allergy guidance recommends that schools keep emergency asthma reliever inhalers alongside spare adrenaline devices and notes that emergency asthma inhalers can only be used where written consent has been obtained.

12. Recognising and responding to allergic reactions

12.1 Early signs of an allergic reaction

12.1.1 Allergic reactions can be unpredictable and can worsen quickly.

12.1.2 Early signs may include:

Possible sign
Swollen lips, face or eyes
Itchy or tingling mouth
Mild throat tightness
Hives or itchy skin rash
Abdominal pain or vomiting

Sudden change in behaviour

12.1.3 A mild reaction can become anaphylaxis.

12.1.4 Staff must not leave the person unattended.

These signs mirror the staff quick reference notice uploaded for Trinity.

12.2 Recognising anaphylaxis: ABC

12.2.1 Staff must think ABC when recognising possible anaphylaxis.

ABC	Signs
Airway	Swelling of the throat, tongue or upper airway, throat tightness, hoarse voice or difficulty swallowing
Breathing	Sudden wheezing, difficulty breathing, persistent cough or noisy breathing
Circulation	Dizziness, faintness, sudden sleepiness, confusion, pale clammy skin or loss of consciousness

12.2.2 Anaphylaxis can occur without a rash.

12.2.3 If in doubt, staff must treat as anaphylaxis.

The Trinity staff quick reference states that anaphylaxis can occur without a rash and that staff should treat as anaphylaxis if in doubt.

12.3 Emergency response

12.3.1 If anaphylaxis is suspected, staff must act immediately.

Step	Action
1	Keep the person where they are and stay with them
2	Send someone to bring the adrenaline devices to the person
3	Lay the person flat with legs raised
4	If breathing is difficult, allow the person to sit up, but do not let them stand or walk
5	Give adrenaline immediately

6	Use the person's own prescribed device first if available
7	If the person's own device is unavailable or misfires, use the school spare device
8	Call 999 immediately and say "anaphylaxis"
9	Do not delay adrenaline while waiting to contact emergency services
10	Follow the pupil's Allergy Action Plan if available
11	If there is no improvement after five minutes, give a second dose of adrenaline
12	Continue to monitor the person until emergency help arrives

12.3.2 Staff must not stand the person up or allow them to walk.

12.3.3 Parents and carers must be informed as soon as practicable after emergency action has been taken.

The Trinity quick reference includes immediate adrenaline, use of the pupil's own device first if available, use of Trinity's spare device if unavailable or misfires, calling 999 and saying anaphylaxis, and giving a second dose after five minutes if there is no improvement.

13. Training and awareness

13.1 All staff will complete allergy and anaphylaxis awareness training annually through the school's agreed training platform.

13.2 The policy will not name a specific training provider, as the provider may change.

13.3 Training will cover, as appropriate:

Training content
Allergy awareness
Recognition of allergic reactions
Recognition of anaphylaxis
Emergency response
Use of adrenaline auto injectors
School policy and procedures
Incident and near miss reporting
Relevant staff responsibilities

13.4 New staff will receive allergy safety information as part of induction.

13.5 Supply staff and temporary staff will receive essential allergy safety information proportionate to their role and placement.

13.6 Termly reminders will be issued to staff. These may include briefings, StaffShare notices, staff bulletins, site reminders or training refresh messages.

13.7 Practical adrenaline auto injector familiarisation will be included through first aid training for relevant staff groups.

13.8 Practical familiarisation will prioritise staff who are more likely to respond to an incident, including first aiders, teaching assistants, PE staff, relevant teachers, trip leaders, lunchtime staff, office staff and senior leaders.

13.9 Training records will be maintained and monitored, including who has completed training and when.

The DfE guidance says all staff should be aware of and understand the allergy safety policy as part of annual allergy awareness training.

14. Educational visits, sport, clubs and school events

14.1 Visit leaders must check relevant medical and allergy information before educational visits.

14.2 Visit risk assessments must consider allergy arrangements where a pupil with allergy needs is attending.

14.3 The visit leader must ensure that prescribed medication, emergency arrangements and relevant staff awareness are in place before the visit.

14.4 A pupil prescribed emergency allergy medication should not leave site for a school visit unless their medication and emergency arrangements are confirmed, or a senior leader has made and recorded a specific risk decision.

14.5 Portable anaphylaxis packs must be signed out and returned where required by the visit risk assessment.

14.6 Sport, fixtures, clubs, performances and events must include allergy considerations where relevant.

14.7 Medicines and emergency equipment required for a visit must be accessible at all times during the activity.

This is consistent with Trinity's Medical Policy, which says visit leaders must check relevant medical information in advance, complete risk assessments including medical needs, and ensure medicines and emergency arrangements are in place.

15. Pupil awareness, inclusion and wellbeing

15.1 The school will promote age appropriate allergy awareness among pupils.

15.2 This may take place through assemblies, tutor time, PSHE, class discussion, pastoral work or other suitable routes.

15.3 Pupil awareness should support kindness, inclusion and safety.

15.4 Pupil awareness must not single out or stigmatise pupils with allergies.

15.5 Allergy related bullying, teasing, deliberate exposure to allergens or misuse of allergy information will be treated seriously and managed through the school's behaviour and safeguarding arrangements as appropriate.

The DfE guidance says schools should consider raising allergy safety awareness among pupils, particularly to combat bullying, but that wider awareness should be considered carefully and should not replace staff emergency response arrangements.

16. Incidents, near misses, recording, investigation and learning

16.1 What must be recorded

16.1.1 The following must be recorded through the school's reporting arrangements:

Incident type
Allergic reaction
Suspected allergic reaction
Suspected or confirmed anaphylaxis

Use of pupil prescribed allergy medication
Use of school spare adrenaline auto injector
Missing, expired, damaged or inaccessible medication
Food or allergen exposure concern
Allergy related near miss
Any allergy event requiring emergency services
Any concern that an allergy control failed or nearly failed

16.1.2 Records should include, as far as practicable:

Information
Date and time
Pupil or person involved
Location
Description of incident or near miss
Symptoms observed
Suspected allergen or trigger
Action taken
Medication administered
Staff involved
Whether 999 was called
Parent or carer notification
Immediate follow up actions
Review outcome

16.2 Near miss reporting to Assistant Headteacher FPR

16.2.1 All allergy related near misses must be reported promptly to the Assistant Headteacher FPR.

16.2.2 The Assistant Headteacher FPR will investigate, or coordinate the investigation of, allergy related near misses.

16.2.3 The purpose of the investigation is to establish:

Investigation question
What happened?
Who was affected or potentially affected?
Whether the pupil or staff information was accurate and accessible
Whether the relevant plan was available and followed
Whether medication was available, in date and accessible
Whether staff knew what to do
Whether food, trip, activity or supervision controls were followed
Whether parents, carers, staff, catering or senior leaders need to be informed
What action is needed to reduce the risk of recurrence

16.2.4 The Assistant Headteacher FPR will ensure that actions from near miss investigations are recorded, followed up and reported through health and safety arrangements where appropriate.

The DfE statutory guidance says schools should record and learn lessons from serious incidents and near misses.

16.3 Serious incidents

16.3.1 Serious allergy incidents must be escalated promptly to the Assistant Headteacher FPR.

16.3.2 The Assistant Headteacher FPR will review the incident, ensure that immediate follow up actions are completed, and determine who else needs to be informed or involved.

16.3.3 The Assistant Headteacher FPR will consider whether further reporting or escalation is required, including:

Possible reporting route	When this may be relevant
Executive Headteacher	Serious incident, significant risk, reputational concern or strategic decision needed
Health and safety reporting	Where the incident involves injury, unsafe arrangements, failed controls or wider organisational learning
Safeguarding team	Where the facts indicate a safeguarding concern, including deliberate exposure, bullying, neglect or harm
Local authority	Where local authority notification or support is required

RIDDOR consideration	Where the incident may meet statutory reporting criteria
Governors	Where the incident or learning needs to be reported through health and safety governance arrangements

16.3.4 Parents and carers must be informed where their child is involved in an allergic reaction, suspected allergic reaction, medication issue or near miss.

16.3.5 The Assistant Headteacher FPR will ensure that serious allergy incidents are reviewed, actions are recorded, and learning is shared with relevant staff where appropriate.

16.4 Debrief and support

16.4.1 Following an allergy related incident or serious near miss, the school will consider whether a debrief is required for:

Person or group
The pupil involved
Parents or carers
Staff involved
Other pupils who witnessed the incident
The class, tutor group or year group where appropriate
Catering or support staff where relevant

16.4.2 The purpose of the debrief is to provide support, confirm facts, identify learning and agree follow up actions.

16.4.3 Reviews and investigations should be proportionate and focused on learning, prevention and accountability.

16.5 Safeguarding distinction

16.5.1 An allergy incident does not automatically become a safeguarding matter.

16.5.2 Where the facts indicate a safeguarding concern, the matter must be referred through the school's safeguarding procedures.

16.5.3 Examples may include deliberate exposure to an allergen, bullying linked to allergy, repeated failure to provide essential medication where this places a child at risk, or any concern that a child is being neglected or harmed.

17. Communication

17.1 The updated Allergy Policy will be published on the school website.

17.2 Staff will be informed when the policy is updated and where it can be accessed.

17.3 Key staff guidance will be made available on StaffShare.

17.4 Quick reference notices will be displayed next to emergency anaphylaxis points.

17.5 Parents and carers will receive termly reminders to review and update medical and allergy information.

17.6 All parents and carers will be reminded to inform the school immediately of any new allergy diagnosis, suspected allergy, change in symptoms, change in medication or change in emergency contact details.

17.7 Relevant allergy information will be shared with staff at least termly and whenever circumstances change.

17.8 Communication will be proportionate, controlled and respectful because pupil health information is sensitive.

The DfE guidance states that health information is special category data under UK GDPR and should be shared in a controlled and respectful way.

18. Monitoring and review

18.1 This policy will be reviewed annually.

18.2 The policy will also be reviewed sooner where:

Trigger
Statutory guidance changes
School arrangements change

Emergency medication locations change
A significant allergy incident occurs
A serious near miss occurs
Training identifies a policy gap
Monitoring identifies weak implementation
Pupil needs change significantly
Catering arrangements change
Educational visit procedures change

18.3 The Assistant Headteacher FPR will oversee implementation monitoring.

18.4 Monitoring will include:

Area	Evidence
Training	Completion records and practical familiarisation records
Allergy risk register	Bromcom checks and phase medical officer review
Individual plans	Annual review and update records
Allergy Action Plans	Attachment or reference within IHPs
Emergency kits	Monthly AAI check records
Portable packs	Sign out and return records
Medication expiry	Parent and carer reminder records
Catering	Allergy list update records where applicable
Food activities	Risk assessment and planning checks
Incidents	Incident records, near miss records and learning actions
Parent communication	Termly reminder records
Staff communication	StaffShare, briefing and training records

18.5 The governing body will receive assurance through health and safety reporting arrangements.

Appendix 1: Emergency AAI locations

Site	Emergency AAI location	Notes
Primary	Infirmary	Fixed emergency anaphylaxis point
Primary	Second floor Art Supply Room, opposite training rooms	Fixed emergency anaphylaxis point
Secondary	Infirmary	Fixed emergency anaphylaxis point
Secondary	Staff Room	Fixed emergency anaphylaxis point

Appendix 2: Portable anaphylaxis packs

Pack	Location	Use	Sign out
Primary portable pack	Primary infirmary	Primary educational visits where required	First aider or responsible staff member attending the visit
Secondary portable pack	Secondary infirmary	Secondary educational visits where required	First aider or responsible staff member attending the visit

Portable packs must be checked before departure and after return.

Appendix 3: Emergency response quick guide

Step	Action
1	Keep the person where they are
2	Send someone to bring adrenaline devices
3	Lay the person flat with legs raised
4	If breathing is difficult, allow sitting, but do not allow standing or walking
5	Give adrenaline immediately
6	Use the person's own device first if available
7	Use the school spare device if the person's device is unavailable or misfires
8	Call 999 and say "anaphylaxis"
9	Stay with the person
10	Give a second dose after five minutes if there is no improvement