Bridge Academy Trust

ALLERGY SAFETY POLICY

September 2026

Summary of Changes

Section Number	Current wording	Proposed Amendment
All	New statutory requirement.	New Allergy Safety Policy drafted in response to the Department for Education statutory guidance published in July 2026 and the requirement for schools to have a whole-school allergy safety policy from September 2026.

Date of Draft Policy: (this is the month/year the policy was drafted)	August 2026	
Last approved version Frequency of review	New Policy Annually	
Consultation with Staff Required	Yes ☐	No ☒
Period of Consultation (if required)	From N/A	To N/A
Trustees Committee Reviewing Document	Trustee Policy Review Committee	
Date of Board of Trustees Meeting at which Policy Approved	3rd September 2026	
Date of Adoption of Policy	1st September 2026	
Date Policy available on Central Area/www (If appropriate)	1st September 2026	
Reviewer	CFOO	
Advice From	Department for Education The Key	
Website	This Policy is published on the website	

CONTENTS

INTRODUCTION

1.1 Following the Governments statutory guidance 2026 on Allergy Safety, the Trustees have introduced this new policy and are committed to providing a safe, inclusive and supportive environment for pupils with allergies. This policy sets out the Trust's approach to allergy safety across all schools.

SCOPE

2.1 This policy applies to all schools within Bridge Academy Trust and covers training requirements for staff, volunteers, supply staff, agency workers, governors, trustees, peripatetic staff.

ROLES AND RESPONSIBILITIES

BOARD OF TRUSTEES

3.1 The board of trustees is responsible for ensuring that:

a) The Trust has an Allergy Safety Policy which sets out:

i) Arrangements to reduce the risk of individuals coming into contact with their known allergens.

ii) Emergency response plans for cases of anaphylaxis.

b) Ensuring the Allergy Safety Policy is reviewed at least annually, updated when needed, and is published.

3.2 The board of trustees delegates the day-to-day implementation of this policy to the Headteachers and Allergy Safety Leads in each school as detailed below.

HEADTEACHER

3.3 The Headteacher is responsible for:

a) Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the Medical Conditions Policy or whether an Individual Healthcare Plan (IHP) is required to specify arrangements that reflect the pupil's circumstances.

b) Ensuring there is a named Allergy Safety Lead.

ALLERGY SAFETY LEAD (COULD BE THE HEADTEACHER)

3.4 The nominated Allergy Safety Lead should be a member of the senior leadership team (SLT).

3.5 They're responsible for:

a) Implementing this Allergy Safety Policy.

b) Promoting and maintaining allergy awareness across the school community.

c) Assuring that appropriate arrangements are in place for monitoring storage and replacement of emergency medication.

d) Ensuring:

i) All allergy information is up to date and readily available to relevant members of staff

ii) All pupils who require support with allergies have an up-do-date Individual Healthcare Plan (IHP)

iii) All pupils with a known food or insect sting allergy have up-to-date allergy action plan issued by a medical professional

iv) All staff receive regular allergy awareness training

v) All staff are aware of the Trusts policy and procedures regarding allergies

vi) Relevant staff are aware of what activities need an allergy risk assessment

vii) Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:

(1) What lessons there are to learn

(2) Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

ALL STAFF

3.6 All teaching and support staff are responsible for:

a) Completing any agreed training.

b) Promoting and maintaining allergy awareness amongst pupils.

c) Maintaining awareness of our Allergy Safety Policy and procedures.

d) Being able to recognise the signs of severe allergic reactions and anaphylaxis.

e) Being aware of specific pupils with allergies in their care.

f) Reducing the risk to pupils with known allergies coming into contact with known allergens.

g) Ensuring the wellbeing and inclusion of pupils with allergies.

h) Reporting any allergic reaction or case of anaphylaxis to the Allergy Safety Lead.

PARENTS/CARERS

3.7 Parents/Carers are responsible for:

a) Being aware of the Allergy Safety Policy.

b) Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.

c) If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.

d) Following the school's guidance on food brought in to be shared.

e) Updating the school immediately on any changes to their child's condition.

PUPILS WITH ALLERGIES

3.8 If age-appropriate, these pupils are responsible for:

a) Being aware of their allergens and the risks they pose.

b) Carrying their adrenaline auto-injector on their person and only using it for its intended purpose.

c) Understanding how and when to use their adrenaline auto-injector.

PUPILS WITHOUT ALLERGIES

3.9 These pupils are responsible for:

a) Being aware of allergens and the risk they pose to their peers.

b) Older pupils might also be expected to support their peers and staff in the case of an emergency.

WHAT IS AN ALLERGEN?

4.1 Common allergic conditions include:

a) Hay Fever

b) Skin allergies

c) Food allergy

d) Asthma

e) Insect stings

4.2 Allergic reactions vary in severity: from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis. In general, most allergic reactions are not severe. Even for food allergy, most allergic reactions do not affect the Airway/Breathing/Circulation ("**ABC**") and can be treated with a non-drowsy oral antihistamine (available over the counter for those aged over 6 years) or local treatments such as nose sprays or eye drops. However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

4.3 Allergic reactions occur when a susceptible person is exposed to something (an "**allergen**") they are allergic to. Most allergic reactions do not affect the **A**irway/**B**reathing/ **C**irculation ("ABC") and can be treated with an oral antihistamine.

4.4 Allergic reactions are unpredictable. Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe (e.g. skin rash, vomiting) but then become anaphylaxis – so someone having a reaction should always be monitored (e.g. in a first aid room) for at least 60 minutes afterwards, just in case the reaction gets worse.

4.5 Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:

a) Swollen lips, face or eyes

b) Itchy/tingling mouth

c) Mild throat tightness

d) Hives or itchy skin rash

e) Abdominal pain or vomiting

f) Sudden change in behaviour

4.6 Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation ("ABC").

SIGNS OF ANAPHYLAXIS

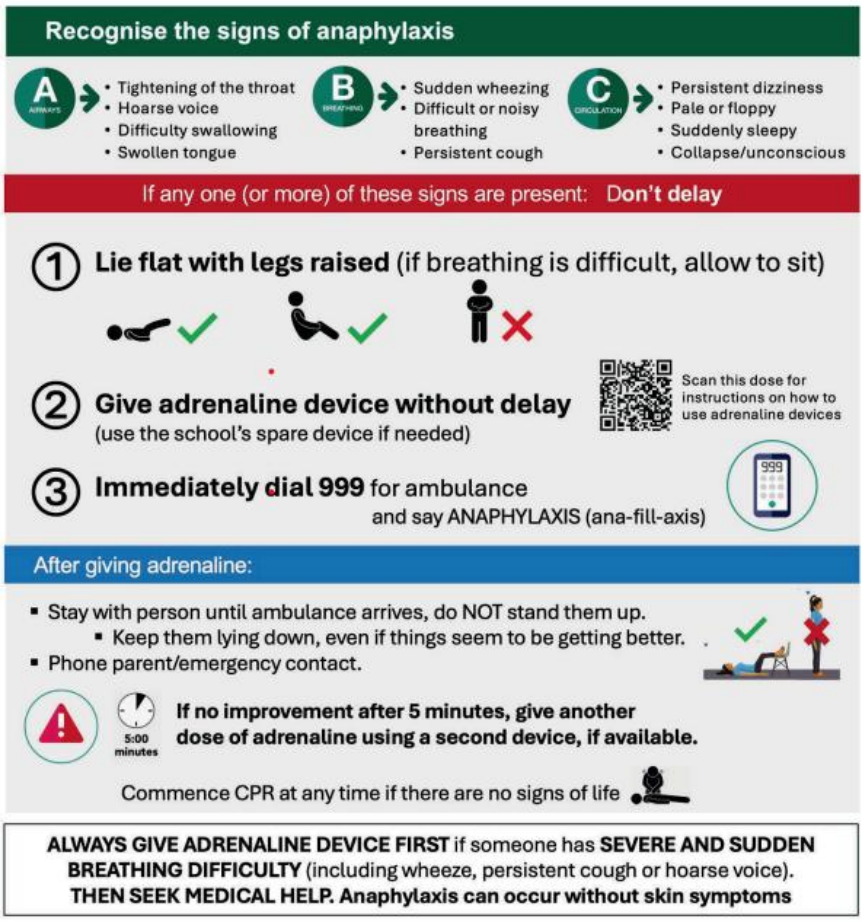
A: Airways: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing).

B: Breathing: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing.

C: Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

4.7 Anaphylaxis reactions involve the Airway/Breathing/Circulation ("**ABC**"). Reactions usually progress quickly and can be life-threatening – so anaphylaxis always requires an immediate emergency response.

4.8 The vast majority of anaphylaxis reactions require the individual to have eaten food to which they are allergic. Contact through skin or the air tends to produce less severe allergic reactions. Anaphylaxis reactions solely due to skin contact are very rare. As noted above, anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger. Emergency planning should therefore be based on the individual child or young person's documented triggers and clinical history, rather than any assumption over whether the person has eaten a trigger food.



STAFF TRAINING

5.1 The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

5.2 This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

5.3 Allergy awareness training will ensure that all staff understand how to recognise, prevent and respond to allergic reactions, including the use of emergency medication.

IDENTIFYING INDIVIDUALS AT RISK

6.1 Schools will identify pupils with allergies and maintain an up to date allergy register. This will include:

a) Known allergens and risk factors for anaphylaxis.

b) Whether a pupil has been prescribed an adrenaline auto-injector (and if so, what type and dose).

c) Where a pupil has been prescribed an adrenaline auto-injector, whether parental consent has been given to administer emergency medication.

6.2 Allowing all secondary school pupils to keep their adrenaline auto-injectors with them will reduce delays and allows for confirmation of consent without the need to check the register.

6.3 Schools must ensure that this information is regularly updated and current.

INDIVIDUAL HEALTHCARE PLANS (IHP)

6.4 Pupils should have an IHP if they:

a) Have an allergy which has a functional impact on them in the school environment.

b) They are at risk of harm as a result of their allergy; and

c) Require arrangements which are additional to or different from those made generally.

6.5 It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

6.6 The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within the first half-term, or by the beginning of the relevant term for pupils who are new to our school.

6.7 Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

6.8 The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

6.9 The school will consider the following principles:

a) If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required.

b) If the pupil only needs non-prescription medication and the medical conditions policy would permit them to carry and administer it, an IHP may not be required.

6.10 IHPs will be reviewed annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

ALLERGY/ASTHMA ACTION PLANS

6.11 All pupils who have a known allergy and are not covered by an IHP should have an action plan issued by their Healthcare professional.

RISK

7.1 The school will complete a risk assessment for any pupil at risk of anaphylaxis who is taking part in specific activities or events. Examples are but not limited to food technology, science lessons or school trips.

MINIMISING RISK

8.1 The following measures are in place to reduce allergy-related risks and help to prevent exposure to know allergens.

a) Pupils are reminded to wash their hands before and after eating and after any interaction with animals.

b) Sharing of food, food containers, and food utensils is not allowed.

c) Pupils have their own named water bottles and lunch boxes provided to pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

d) Shoes should always be worn when outdoors.

CATERING

8.2 All catering provision complies with the Food Information Regulations 2014, ensuring that allergen information is clear and accessible. In line with Benedict's Law, additional controls are implemented to minimise the risk of allergen exposure and cross-contamination.

8.3 These include robust communication between school and catering staff, clear identification of pupils with allergies, and strict food handling and preparation procedures. Staff are trained to understand allergen risks and to ensure that food provision is safe, inclusive, and carefully managed at all times.

TRIPS AND VISITS

8.4 Pupils with allergies will not be excluded from taking part in trips and visits.

8.5 The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training.

8.6 The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip.

8.7 For educational visits, pupils at risk of anaphylaxis must have immediate access to their prescribed adrenaline auto-injector. Secondary-aged pupils should carry their own adrenaline auto-injector where appropriate. For primary-aged pupils, the adrenaline auto-injector will be carried by a designated member of staff, as identified within the visit risk assessment and the pupil's individual healthcare plan.

8.8 Appropriate measures will be taken in line with the school's adrenaline auto-injector protocols for off-site events and school trips.

ADRENALINE AUTO-INJECTORS

9.1 Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, school's procedures for adrenaline auto-injectors are as follows:

PRESCRIBED ADRENALINE AUTO-INJECTORS

9.2 Pupils who are prescribed adrenaline auto-injectors are encouraged to always keep them near or on their person including when travelling to or from the school and on school trips. It is recommended that 2 adrenaline auto-injectors are always carried. Pupils with prescribed adrenaline auto-injectors should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

9.3 If a pupil cannot keep their adrenaline auto-injector with them in the classroom (due to age or other considerations), then the adrenaline auto-injector will be stored:

a) In an appropriate central location that is always unlocked and accessible.

b) No more than 5 minutes away from where they may be needed (larger schools may require adrenaline auto-injectors to be stored in multiple locations, such as near the dining area and playground)

c) Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

9.4 A copy of the pupil's allergy action plan is kept alongside their medication.

SPARE ADRENALINE AUTO-INJECTORS

9.5 The Trust will ensure schools have a ongoing supply of adrenaline auto-injectors, helping maintain readiness for emergency situations.

9.6 The number of adrenaline auto-injectors will be 2 per location and age appropriate.

9.7 Spare adrenaline auto-injectors will be stored:

a) In an appropriate central location that is always unlocked and accessible to staff only

b) **No more than** 5 minutes away from where they may be needed (larger schools may require adrenaline auto-injectors to be stored in multiple locations, such as near the dining area and playground)

c) Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

d) See Appendix 1 for a specific location in each school.

9.8 Spare adrenaline auto-injectors will be kept:

a) In pairs, in case a second one is necessary.

b) Separate from any pupils' prescribed adrenaline auto-injector and clearly labelled to avoid confusion.

c) Checked monthly to ensure they are present and in date.

USE OF ADRENALINE AUTO-INJECTORS OFF SCHOOL PREMISES

9.9 Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own adrenaline auto-injectors with them on school trips and off-site events.

9.10 The school trips risk assessment will identify those pupils that require adrenaline auto-injectors.

SERIOUS INCIDENTS AND NEAR MISSES

10.1 A '**serious incident**' is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

10.2 A '**near miss**' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

INCIDENT RECORDING

10.3 Any allergic reaction, suspected allergic reaction, use of an adrenaline auto-injector, serious incident or 'near miss' relating to allergy safety will be recorded as soon as practicable. The incident will be recorded in the accident book and reported to the Allergy Safety Lead.

WELLBEING

11.1 Pupils with allergies will have additional support through:

a) Pastoral care.

b) Regular check-ins with their class teacher/form teacher.

c) Pupils with allergies will be included in all aspects of school life.

11.2 Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis.

11.3 The school will respond to any instance of bullying in line with its Behaviour Policy.

WELLBEING SUPPORT FOLLOWING AN INCIDENT OR 'NEAR MISS'

11.4 The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

11.5 The school will support staff involved in any incident or 'near miss'.

11.6 See section 10 of the policy for more detail on incidents and 'near misses'.

INFORMATION SHARING

12.1 Information about an individual's health is considered special category data under UK GDPR. It will therefore be managed in line with our data protection policy.

APPENDIX 1A – LOCATION OF ADRENALINE PENS FOR ACORN ACADEMY

Acorn Academy

Named Allergy Safety Lead:	Emma Daniels
Staff member responsible for monthly checks:	Nikki James
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	Cupboard in Magnolia Class - only accessible by adults - high on wall.
	Cupboard in Hazel Class - only accessible by adults - high on wall
Location of spare adrenaline auto-injectors. Please give full details.	Medical room cupboard. Medical room is located next to the main office. Cupboard is only accessible by adults as high on wall.

APPENDIX 1B – LOCATION OF ADRENALINE PENS FOR CHIPPING ONGAR PRIMARY SCHOOL

Named Allergy Safety Lead:	Claire Hollingsworth-Turner
Staff member responsible for monthly checks:	Rebecca Jessop
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	In main school office, on large green labelled board above cabinets. Opposite the sink.
Location of spare adrenaline auto-injectors. Please give full details.	In main school office, on large green labelled board above cabinets. Opposite the sink.

APPENDIX 1C – LOCATION OF ADRENALINE PENS FOR HIGH ONGAR PRIMARY SCHOOL

Named Allergy Safety Lead:	Stephanie Kilbey
Staff member responsible for monthly checks:	Sharon Lockett
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	In the Office in a drawer labelled 'Epi-Pens'
Location of spare adrenaline auto-injectors. Please give full details.	In the Office in a drawer labelled 'Epi-Pens'

APPENDIX 1D – LOCATION OF ADRENALINE PENS FOR MILDMAY PRIMARY SCHOOL

Named Allergy Safety Lead:	D Mulholland - Headteacher/DSL
Staff member responsible for monthly checks:	K Hatcher/J Phillips/P Hatcher
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	Lower School Medical cupboard - School Office
	Upper School medical cupboard - School Office
	One with child in classroom for one extreme allergy case - care plan in place for use.
Location of spare adrenaline auto-injectors. Please give full details.	Lower School - Main Corridor with the AED
	Upper School - Blue Central Corridor with AED

APPENDIX 1E – LOCATION OF ADRENALINE PENS FOR MOULSHAM HIGH SCHOOL

Named Allergy Safety Lead:	Mark Blenkin
Staff member responsible for monthly checks:	Laura Mansfield
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	Students to carry their two of their own prescribed adrenaline auto-injectors
	Any spare prescribed adrenaline auto-injectors for individual students will be kept in the Student Medical Room
Location of spare adrenaline auto-injectors. Please give full details.	School Visitor Reception
	Entrance to the Sports hall
	Entrance to the Pavillion Changing Rooms

APPENDIX 1F – LOCATION OF ADRENALINE PENS FOR NOTLEY HIGH SCHOOL

Notley High
School and Sixth Form
Enjoy, Enrich, Achieve, Aspire.

Named Allergy Safety Lead:	Katie Murdoch
Staff member responsible for monthly checks:	Julie Simpson
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	Student Services
Location of spare adrenaline auto-injectors. Please give full details.	Student Services
	Main Reception
	4G pitch

APPENDIX 1G – LOCATION OF ADRENALINE PENS FOR OAKLANDS INFANT SCHOOL

Named Allergy Safety Lead:	Cath Williams
Staff member responsible for monthly checks:	Catherine Cameron
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	Year 1 Willow classroom in medical cupboard.
Location of spare adrenaline auto-injectors. Please give full details.	On the wall beside the AED by the Hall toilets.

APPENDIX 1H – LOCATION OF ADRENALINE PENS FOR ONGAR PRIMARY SCHOOL

Named Allergy Safety Lead:	Jenny Greensted - Debbie Attridge
Staff member responsible for monthly checks:	Jess Cooper
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	Medicine cupboard in school office
Location of spare adrenaline auto-injectors. Please give full details.	Medicine cupboard in school office

APPENDIX 1I – LOCATION OF ADRENALINE PENS FOR RICHARD DE CLARE

Named Allergy Safety Lead:	Jodie Evans
Staff member responsible for monthly checks:	Kelly Smith
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	School office In First Aid Cupboard on the wall in the office - labelled Epi-Pens
Location of spare adrenaline auto-injectors. Please give full details.	School office In First Aid Cupboard on the wall in the office - labelled Epi-Pens

APPENDIX 1J – LOCATION OF ADRENALINE PENS FOR THE ONGAR ACADEMY

Named Allergy Safety Lead:	William Ritchie
Staff member responsible for monthly checks:	Victoria Clarke Vicky Phillipou If 2nd needed
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	On the student's person if they have an IHCP Any spare prescribed adrenaline auto-injectors for individual students will be kept in the Admin Office G3, opposite the lift on the ground floor
Location of spare adrenaline auto-injectors. Please give full details.	Admin Office G3 Opposite the lift on the ground floor

APPENDIX 1K – LOCATION OF ADRENALINE PENS FOR THE RAMSEY ACADEMY

Named Allergy Safety Lead:	Sam Hurst
Staff member responsible for monthly checks:	Catherine Downes
Location of prescribed adrenaline auto-injectors within the school. Please give full details.	Main reception (cabinet top drawer) x 6 (named)
	*6 x students prescribed Epi Pens
Location of spare adrenaline auto-injectors. Please give full details.	• Main reception (cabinet top drawer)
	• Humanities Office
	• SEND / Pathways Office
	• SEND / Pathways Office

APPENDIX 2 – SCHOOL CHECKLIST

Signage	Clear allergy awareness signage is displayed where appropriate	
Inspection Checks	Adrenaline auto-injectors (AAIs) are in date. Adrenaline auto-injectors are undamaged. Adrenaline auto-injectors are stored correctly in line with manufacturer guidance. Regular checks of emergency medication are completed and recorded.	
Emergency Response	Staff know how to recognise anaphylaxis. Staff know where emergency medication is located. In a suspected anaphylaxis emergency, an adrenaline auto-injector is administered without delay. If 999 is called "anaphylaxis" is stated immediately The school's Allergy and Anaphylaxis Policy is followed.	
Training Requirements	Staff have completed allergy awareness training. Training records are up to date.	
Record Keeping	An up-to-date allergy register is maintained. Individual healthcare plans are in place where required. Any use of an adrenaline auto-injector is recorded and reported in line with school procedures.	
Review Date	Checklist reviewed on: _____ Next review due: _____	

Important: All staff should be aware of the location of adrenaline pens and the actions required in an anaphylactic emergency.

APPENDIX 3 – EXAMPLE OF INDIVIDUAL HEALTHCARE PLAN

<table>
<tr><th colspan="3">Individual healthcare plan</th></tr>
<tr><td colspan="2">Name:
Date of birth:</td><td rowspan="4">Picture:</td></tr>
<tr><td colspan="2">Class:</td></tr>
<tr><td colspan="2">Emergency contact:</td></tr>
<tr><td colspan="2">People who need to know:</td></tr>
<tr><td colspan="3">Information sharing:
Parental consent:</td></tr>
<tr><td>Date issued:
Next review:</td><td colspan="2">Last discussed with parents:</td></tr>
<tr><td colspan="3">Medical condition:</td></tr>
<tr><td colspan="3">My medical condition means that:

Are there any physical restrictions caused by the medical condition(s)?</td></tr>
<tr><td colspan="3">How my condition is managed:</td></tr>
<tr><td colspan="3">How my condition affects my education:
<u>Impact on health</u>
<u>Impact on learning</u>
<u>Impact on wellbeing</u></td></tr>
<tr><td colspan="3">How my conditions affects my life:
Are there any considerations needed at meal or snack times?</td></tr>
<tr><td colspan="3">School’s arrangements to support me:
<u>Medication:</u>
<u>Awareness:</u>
<u>Curriculum:</u>
<u>Training:</u></td></tr>
<tr><td colspan="3">School environment:</td></tr>
<tr><td colspan="3">Visits and trips:</td></tr>
<tr><td colspan="3">Emergency response:</td></tr>
<tr><td colspan="3">Is the student aware of their health worsening? Are they able to alert an adult?</td></tr>
<tr><td colspan="3">Student’s comments:</td></tr>
<tr><td>Signed: School: name and role
Date:</td><td colspan="2">Signed: parent or carer
Date:</td></tr>
</table>

APPENDIX 4 – EXAMPLE OF ALLERGY INCIDENT FORM

Following a near miss, reaction or anaphylaxis a thorough review needs to be undertaken to understand why the incident happened and to identify the measures needed to prevent future occurrences.

Completed by		**Role**		**Date**	
Date of incident		**Type of incident**	**Near miss/reaction/anaphylaxis**		
Location of incident		**Person affected**	**Student/employee**		
What happened – the cause?					
Were ADRENALINE AUTO-INJECTORs administered?	Yes No				
What action was taken?					
What were the contributory factors?					
What needs to happen in future to avoid a recurrence?					
Are there any training needs?	Yes No				
Does the policy need reviewing?	Yes No				

Have staff (and students) involved been debriefed?	Yes No	**Have staff (and students) involved been offered support?**	Yes No
Does the student have an allergy action plan?	Yes No	**Has the allergy action plan been updated if needed?**	Yes No
Does the student have an IHP?	Yes No	**Has the IHP been updated?**	Yes No
Has replacement medication been obtained?	Yes No		
Is this RIDDOR reportable?	Yes No		
Parent/staff comments			
Date reported to manager			
Manager's comments			
Manager's signature			
Form completer's signature			

APPENDIX 5 – EXAMPLE OF WHOLE SCHOOL ALLERGY MANAGEMENT RISK ASSESSMENT

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
Storage: Location of each student's medication Location of generic 'spare' ADRENALINE AUTO-INJECTOR Consider: • is there consistency of container throughout the school to make it easily identifiable? • Is the student able to self-carry their own medication? • Is the back-up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication? • Is the students and back up medication always accessible regardless of the time of day?			
Training:			
Training will be updated annually All staff will be trained. Consider: Will there always be a member of staff available to administer an ADRENALINE AUTO-INJECTOR throughout the school day who is not further than 5 minutes away from the student at any given point. All Courses are available on the Trusts CPD Platform			

Food and drink:			
Catering: • What systems are in place to ensure that the student eats safely? Do all the catering and lunchtime staff know who has allergies and how to ensure that they are safe. Do they know how to report near misses and what to do should a reaction occur? • What measures do you have in place for liaison with the catering contractor and lunchtime supervisory staff? • Ensure up to date allergen information is available for each menu and that it is easily accessible, ideally on school website. • Make sure that any unexpected changes to the menu and allergens are communicated urgently to student/parent/guardian so that a different choice can be made. • Ensure that allergen matrix is available and kept up to date. The FSA have a free to download one: https://www.fooddocs.com/food-safety-templates/food-allergen-chart Consider: wrap round care break times lunch times			
Events involving food: Cake sales Parties Other PTA events Drinks • How can these be made inclusive?			

• What are the risks if the allergens are present during the events? Is handwashing possible? • What information has to be shared ahead of the event to remind all about the exclusion of an allergen if this has been agreed. Allergen Matrix can be found here: https://www.fooddocs.com/food-safety-templates/food-allergen-chart • Are allergens displayed, where appropriate to the event?			
Celebrations: • Consider discouraging cake and sweets for children as treats both for birthdays and school celebrations. • Where food is used, consider the impact for the students with allergies and discuss with parent/carer/student at the earliest opportunity to plan for a safe and inclusive event.			
Curriculum activities:			
Cooking: • Adapt recipes for all to create a safe cooking space. If a recipe cannot be adapted, can a different recipe be used? • Has the allergic student got their own set of cooking materials? • Are allergies included in the food technology curriculum so that all students have awareness of the impact of allergies to the health of the allergic person.			

• Are all students made aware of the impact of their actions on an allergic person should the specific allergens not be excluded? • Are all students taught about cross contamination and the impact of this?			
<u>Creative activities: e.g. junk modelling, pasta</u> • When using packaging ensure that the allergens have not been in those packets; for example: crunchy nut cornflakes should not be in a classroom where a student has a peanut allergy. When students are bringing in materials from home, ensure that communication is sent to parent/carers to specify what they are unable to bring in and monitor this when the packaging comes into school. • Plastic containers should be washed in hot soapy water to remove allergens.			
<u>Music: instrument sharing (cross contamination issue)</u> • Do instruments have to be shared? • Do blowing percussion instruments have to be shared? How can they be sterilised if they do? Can the allergic student have their own blowing instrument that they don't need to share?			
<u>Science activities:</u> • Review the science curriculum and see where allergens are used. Consider whether these have to be used and whether there are alternates that can be used? If essential, the activity needs to be individually risk assessed for the allergic student. How can that lesson be made inclusive and safe? • Consider the impact of cross contamination and whether this could cause a reaction for the allergic student.			

PE: Consider: Indoor Outdoor Forest Schools • Where emergency medication is kept during PE and how quickly it can be accessed. If it is left in the classroom/changing room and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins? • Is there an allergy trained member of staff present during after school clubs? • Is there an allergy trained member of staff accompanying away sporting events?			
Break time: Consider: Playground Field • Where emergency medication is kept during breaktimes and how quickly it can be accessed. If it is left in the classroom and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins? • Is there an allergy trained member of staff present during break times?			
School animals:			
Consider: Therapy dogs and the access they have to children with allergies. Is there an allergen free area that the student will be safe in? We have Dogs in School guidance that will assist with this section.			

Visitors & supply staff:			
Consider: • Has the visitor been made aware of the school's policy? • If there is an allergy free zone that has been created due to a student's individual risk assessment, how has this been communicated to the visitor/supply staff? • Does the visitor need to know about the student's allergy? Will they be using the student's allergen? Do they need to know they have to have eliminated cross contamination from themselves through handwashing after eating?			
Offsite activities:			
<u>Day trips:</u> Consider: • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Storage of ADRENALINE AUTO-INJECTORs • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • Is food being taken or served? It may be necessary to request that other students do not bring specific allergens on the trip to reduce risk during the day. Communication with venues and parent/carers to set out expectations. • Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity.			

<u>Residential visits including D of E:</u> Consider: • Storage of Adrenaline auto-injectors for each activity being undertaken & overnight • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • What food is being served? Consider cross contamination. Do any menu changes need to be made to ensure safety? Will the allergic person have sufficient to eat? Does any food need to be taken? • Can students eat food in rooms? • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Do other students need to understand signs, symptoms of allergy, how to call for help and administer an ADRENALINE AUTO-INJECTOR?			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	**Rare**	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

APPENDIX 6 – EXAMPLE OF ALLERGY REGISTER

Name	Year group & class	Allergy	Medication	Allergy Action Plan signed Y/N	Spare pen consent Y/N	Expiry date of adrenaline auto-injectors	Date information checked