Creating Tomorrow Trust

Allergy Safety 2026

Purpose

This policy is written to support staff to minimise the risk of any individual suffering an allergic reaction whilst at one of our schools or college or attending any education related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.

Role	Purpose
Trustees and Governors	Strategic oversight only. The Trust Board approves this policy, ensures it is reviewed at least annually and published, sets out in the Scheme of Delegation how oversight is exercised in each school and the College, receives assurance reports and ensures allergy risk is reflected on the Trust risk register. Local Governing Bodies monitor and challenge implementation at their setting as delegated.
Trust Allergy Lead	Quality assurance of the policy only. Maintains and reviews the Trust policy and templates, carries out periodic quality assurance of each setting's arrangements, reviews Trust-wide incident and near-miss trends and reports to the Trust Board. Not responsible for day-to-day implementation.
Headteachers / Principal and Site Allergy Leads	Accountable for implementing this policy at their school or the College. Each Headteacher/Principal appoints a named Site Allergy Lead from the senior leadership team, ensures appropriate provision of spare adrenaline auto-injectors (AAIs) where permitted, ensures relevant staff have completed the appropriate training, and ensures local risk assessments, Individual Healthcare Plans (IHPs) and Site Allergy Arrangements are in place.
Staff	Maintain a safe and inclusive environment by implementing frontline risk-mitigation measures, such as completing risk assessments for activities involving food or trips. Within their role, staff are expected to complete the allergy training assigned to them, recognise signs of allergic reactions, provide an immediate emergency response (including administering adrenaline), support Individual Healthcare Plans, and report "near misses" or incidents

Complied by: CEO	**Date:** Sep 26
Committee: Trust Board	**Date agreed by Trustees:** Nov 26
Review Cycle: Annually	**Review Date:** Sep 27

Wellbeing in our Trust

At Creating Tomorrow Trust, we believe that when our people thrive, our learners and communities thrive too.

Physical, emotional and mental wellbeing are essential to a thriving, collaborative and values-driven organisation, and we are committed to creating an environment where every colleague feels supported, respected and able to flourish.

We recognise that wellbeing needs can change over time, and anyone may experience challenges. We work together with openness, compassion and trust, ensuring that help is accessible when it is needed.

Health and wellbeing are everyone's responsibility, and we encourage a positive culture where concerns can be raised without judgement. The Trustees take their duty of care seriously and are committed to ensuring that support for all employees is available through:

- Effective and supportive line management
- A fair and manageable workload
- A professional, safe and inclusive working environment
- Access to wellbeing and employee support services through our Employee Assistance Programme:
    - *08000 856 148*
    - *educationsupport.org.uk*

We are committed to continuous improvement. All Trust policies are reviewed for their impact on staff wellbeing, ensuring our values are reflected not only in what we say, but in what we do.
Together, we create tomorrow by caring for one another today.

Creating Tomorrow Trust

Allergy Safety 2026

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1. Introduction and core principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death

– therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. Anaphylaxis always requires an emergency response

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. learners who have a skin reaction need monitoring for at least an hour.

Creating Tomorrow Trust expects each of its schools and the College to take a whole-setting, allergy-aware approach, so that staff and learners (as appropriate to their age and understanding) are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms, and how to respond to allergic reactions, and so that procedures are in place to minimise the risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma awareness and response is covered for relevant staff through each setting's Supporting Learners with Medical Conditions arrangements and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Creating Tomorrow Trust understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2. Legislation and guidance

This policy has been written having regard to the Allergy Safety in Schools (DfE July 2026) statutory guidance.
It draws on the DfE Allergy Safety Policy Template and the DfE Individual Healthcare Plan template (July 2026), adapted for a multi-academy trust of special schools and a specialist college. The statutory guidance applies to our schools as academies. For the College, the guidance is adopted as good

practice and this policy applies in full, except where the law differs (for example, the holding of spare adrenaline auto-injectors – see section 7.1).
This policy reflects the guidance written and reviewed by the team at Anaphylaxis UK who have worked with the Department for Education on creating the Allergy Safety in Schools statutory guidance.

- The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;
- The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;
- The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
- The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.
- The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.
- The Early Years Foundation Stage (EYFS) statutory framework.
- The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 require LA-maintained schools, academies and PRUs to have an allergy safety policy. For an academy trust, the Trust Board is the governing body responsible for this policy.

This policy also complies with our funding agreement and articles of association.

3. Emergency treatment and management of anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

4. Roles and responsibilities

4.1 Trust Board (strategic oversight)
The Trust Board is the governing body responsible for having an allergy safety policy. Its role is strategic oversight and assurance; it does not manage allergy safety operationally. The Trust Board will:

- Approve this policy and ensure it is reviewed at least annually and published.
- Receive at least an annual assurance report from the Trust Allergy Lead on policy compliance, training, and incident and near-miss trends across settings, and provide challenge where needed.
- Ensure that risks pertaining to learners and staff with allergies are reflected on the Trust's strategic risk register, with site-level risks managed through each setting's risk assessments.
- Ensure, through the Scheme of Delegation, that each Headteacher/Principal appoints a named Site Allergy Lead from their senior leadership team.
- Set out in the Scheme of Delegation how oversight is exercised in each school and the College, including the role of Local Governing Bodies.

4.2 Trust Allergy Lead (quality assurance)
The Trust Allergy Lead's role is quality assurance of this policy. They are not responsible for its day-to-day implementation, which sits with each Headteacher/Principal and Site Allergy Lead. The Trust Allergy Lead will:

- Maintain this policy and lead its annual review, updating it in response to changes in legislation, statutory guidance, or learning from incidents and near misses.

- Provide Trust templates to support consistency (site allergy risk assessment, Site Allergy Arrangements and an IHP template based on the DfE template).
- Carry out periodic quality assurance of each setting's arrangements against this policy (for example, an annual desktop review or sample audit of the allergy register, IHPs, training records and spare AAI checks) and feed back findings to the Headteacher/Principal.
- Review Trust-wide incident and near-miss data recorded on Evolve to identify themes and lessons that should inform the policy.
- Provide an annual assurance report to the Trust Board.

4.3 Local Governing Bodies (as delegated)

- Monitor and challenge the implementation of this policy at their school or the College, as set out in the Scheme of Delegation.
- Receive information on allergy safety (including serious incidents, near misses, training completion and spare AAI checks) as part of the Headteacher/Principal's regular reports.
- Ensure the policy is accessible on the school or College website.
- A Local Governing Body may choose to nominate a link governor for medical conditions and allergy; this is not a statutory requirement.

4.4 Headteachers and the College Principal

The Headteacher/Principal is accountable for the implementation of this policy at their setting. They will:

- Appoint a named member of the senior leadership team as the Site Allergy Lead and ensure staff know who this is. Responsibility for allergy safety should not sit with a catering manager.
- Ensure a site allergy risk assessment and Site Allergy Arrangements (Appendix A) are in place and reviewed at least annually.
- Ensure appropriate provision of spare AAIs for the site (schools only – see section 7.1), including signing the request to purchase them.
- Ensure relevant staff have completed the appropriate training (see section 10) and that training records are kept.
- Ensure catering arrangements at their site meet the requirements of this policy.
- Ensure serious incidents and near misses are recorded, reviewed and reported to families, the Local Governing Body and the Trust, including RIDDOR reporting where applicable in line with the Trust Health and Safety Policy.

4.5 Site Allergy Lead (named senior leader)

Each school and the College has a named Site Allergy Lead, who is a member of the senior leadership team and leads the day-to-day implementation of this policy. They will:

- Maintain an accurate local register of learners and staff with allergies, including their triggers, medication, and Allergy Action Plans.
- Work directly with the school chef or catering team to ensure robust identification methods (e.g., allergy champions or photos) are used at mealtimes.
- Coordinate the co-creation of Individual Healthcare Plans (IHPs) with families and ensure these are communicated to relevant teaching and support staff.
- Ensure spare AAIs (where held) are checked monthly and replaced before expiry, and that they are stored in unlocked, accessible central locations.
- Arrange opportunities during the year for staff to practise with trainer adrenaline devices, and an annual anaphylaxis emergency drill (see section 11).
- Monitor completion of allergy training by staff and keep training records up to date.
- Oversee the local recording of incidents and "near misses" in the Evolve Accident Book and lead the subsequent "lessons learned" reviews.

- Ensure age- and ability-appropriate learner awareness activities are planned (for example, assemblies or PSHE) to develop understanding of allergies and prevent bullying.

The Site Allergy Lead may delegate specific tasks (for example, monthly spare AAI checks to a lead first aider or school nurse) but retains oversight. Delegated tasks and named post-holders are recorded in the Site Allergy Arrangements.

4.6 Staff
Staff are expected, within their role, to:

- complete the allergy training assigned to them
- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the learners IHP
- implementing the learners IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- complete or contribute to risk assessments for activities they plan or lead that involve food or other allergens, including trips, visits and sporting events
- Building proactive relationships with families
- Reporting near misses and incidents

4.7 Families:
Families are asked to:

- Work with the school or College in line with this policy
- Providing school /college with the information they need to create individual health care plans
- Updating school / college when reactions happen outside of school / college or there are any changes to their child's allergy and its management.
- Ensure that their child has two in-date prescribed adrenaline devices (where prescribed) with them at school / college

4.8 Learners
Depending on their age, understanding and needs, learners are encouraged to:

- tell a member of staff straight away if they feel unwell or think they have been exposed to an allergen
- avoid sharing food, drinks or utensils
- carry their own adrenaline devices where they are able to do so (see section 9)

5. Minimising risk and exposure to allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and our schools and college will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the learner with allergy is cooking. Blanket bans, especially to nuts,

create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Our schools and college are allergy aware ensuring that the staff and learners are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Each school and the College completes a site allergy risk assessment, led by the Site Allergy Lead, using the Trust template and approved by the Headteacher/Principal. It seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the learner who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, learners, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after learners have worked with the therapy dog

Staff planning activities that may involve allergens (for example, cooking, science, art and craft, sensory activities and animal contact) will consider allergy within the relevant activity risk assessment.

Each school and the College will minimise the risk of exposure through measures such as:
Setting-specific control measures are recorded in the site allergy risk assessment.

- staff completing allergy awareness training in line with section 10
- Educating learners through awareness assemblies and within PSHE
- Educating families, for example through newsletters, parent forums and IHP meetings, about Trust expectations for allergy management
- informing supply, cover and temporary staff of learners with allergies in the groups they work with, and ensuring they have received allergy awareness training or an induction briefing before working with those learners
- Working closely with families and health professionals to understand the learner's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, learners and visitors

6. Food provision and catering

Each school and the College will manage the risk of food allergy and provide clear information on allergens in food by:
Site-specific catering arrangements are recorded in the Site Allergy Arrangements.

- The Trust will ensure the contract with the Trust's catering company is compliant with the Food Standards Agency allergen management requirements

- Ensuring caterers provide information on food allergens to families and have this available for the leaners to check independently
- Provide learners' allergen information to the caterers in a timely manner to ensure that learners can eat safely
- Enabling families to liaise with the catering company or school chef
- Identify learners with allergies at point of service using the method set out in the Site Allergy Arrangements (for example, photo cards in the kitchen, coloured trays or allergy champions). The method must not rely on one person, with two people checking that the correct meal goes to the correct learner.
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the kitchen.
- Teach learners not to food share, trade food or share utensils or food containers with the reasons why

Staff who prepare or serve food to learners (including curriculum cooking) will complete food allergen training appropriate to their role, so they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school / college (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for learners with allergies.

These procedures apply to school / college led breakfast and after school / college provision. Where breakfast or after-school provision on site is run by a third party, the Headteacher/Principal will ensure the provider is given this policy and that the letting or contract agreement requires equivalent arrangements.

Learners eligible for benefits based Free School Meals are entitled to their free school meal entitlement. The schools, and college for learners pre-16 who may still be entitled to free school meals, will work with families to determine the best way of ensuring that learners receive their meal.

7. Medication and adrenaline devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- School / college
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the learning space, the adrenaline device should be stored

in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

7.1 Spare Adrenaline Devices
The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Each of our schools holds spare adrenaline devices for use in emergency situations. These are not a replacement for a learner's own adrenaline device. Learners prescribed adrenaline are expected to have their own adrenaline devices with them at school or college for use in an emergency.
College: The 2017 Regulations allowing spare AAIs apply to schools and not to FE colleges. The Trust will confirm the College's legal status before the College holds any spare AAIs. Where the College cannot lawfully hold spares, its site allergy risk assessment and learners' IHPs will set out how prescribed devices are kept with, or within five minutes of, each learner at all times.

Each school will hold, as a minimum, one pair of 150 microgram and one pair of 300 microgram spare AAIs per site, in line with the DfE recommendation for special schools. Additional pairs will be held where needed so that no learner is more than five minutes from adrenaline, including on multi-site campuses.
The brand, doses, quantities and locations of spare AAIs are recorded in each setting's Site Allergy Arrangements. They are stored in clearly labelled containers marked 'Emergency Anaphylaxis Kit' (avoid green, which is commonly used for first aid).

The Site Allergy Lead is responsible for ensuring that spare AAIs are checked monthly to confirm they are in date and remain clear (not cloudy), with each check recorded. This check may be delegated to a named member of staff. Replacements will be obtained one month before the current device expires.

Adrenaline devices that are used will be disposed of in a sharps box (kept in the location set out in the Site Allergy Arrangements) or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. Sharps boxes are collected through the setting's licensed clinical waste arrangement.

8. In the event of anaphylactic reaction

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The learner or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the learner or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the learner or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.
- If the learner's or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.

- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. Schools will seek advance consent from families or the young person, as part of the IHP process, for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

9. Student self-management

Depending on their level of understanding and competence, learners will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container. The Trust recommends a consistent design across settings for ease of identification (for example, a red drawstring bag); the design used is recorded in the Site Allergy Arrangements.

Older learners should, whenever possible, assume responsibility for their emergency kit under the guidance of their family. However, symptoms of anaphylaxis can come on very suddenly, so staff need to be prepared to administer medication if the young person cannot.
Many of our learners will not be able to manage their own devices. In these cases, the learner's IHP will set out which staff carry or hold the devices, and how they travel with the learner across the site, on transport and on visits.

10. Staff training and emergency response

The Headteacher/Principal is responsible for ensuring that staff who are present when learners are on site (including teaching, support, catering and breakfast or after-school club staff, regular volunteers, and supply, agency, cover and peripatetic staff) have completed allergy awareness and emergency response training, refreshed at least annually. Contractors with no learner-facing role are not included. New and temporary staff will receive an allergy briefing on induction, including who has an allergy in the groups they work with and where adrenaline is kept, and will complete the training at the earliest opportunity. The Site Allergy Lead will monitor completion and keep training records.
First aid training on its own is not sufficient to meet this requirement.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a learner can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
    - All adrenaline devices should be used to train with as the learner may have different ones to the spare adrenaline
- How to report an allergic reaction including

  - Mild to moderate
  - Anaphylaxis
  - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that learners prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a learner's wellbeing
- Understand the Trust's allergy safety policy and their setting's Site Allergy Arrangements
  - How to check if a learner is on the record of those with a known allergy
  - How to use an allergy or asthma action plan

11. Emergency preparedness

The Site Allergy Lead will arrange at least one anaphylaxis emergency response drill each year at each site, review how it went and update the Site Allergy Arrangements. Learning relevant to the Trust policy is shared with the Trust Allergy Lead.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Our schools and college will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

Fire evacuation and lockdown procedures at each site will include arrangements for learners' prescribed adrenaline devices to go with them. Should a real evacuation happen, the learner may have to go home without adrenaline if this has not been taken out during the evacuation.

12. Identification of individuals with allergies

12.1 Admissions Data Collection
Our schools and college collect detailed medical information from families regarding known allergies, dietary restrictions, and treatment histories prior to admission. This is gathered through the admissions and enrolment process and recorded on Arbor.

12.2 Information Sharing
UK GDPR does not prevent the sharing of a learner's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is managed through Arbor, our Management Information System (MIS)

12.3 Transition
Allergy information and existing care plans are shared as part of a learner's transition. Our schools / college request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. We will work with families and the learner

(as appropriate) to write a new IHP. Staff will provide information about learners for transition visits ahead of a formal move.

12.4 Staff
Staff are asked through the pre-employment health questionnaire whether they have any allergies. If an allergy is declared, there will be a discussion and an individual action plan agreed between the member of staff and their line manager, with support from the Site Allergy Lead and HR, to ensure that the member of staff has a safe working environment.

12.5 Visitors and regular volunteers
Regular volunteers, and visitors who will be on site for an extended period or will be eating on site, are asked about allergies through the visitor and volunteer arrangements. If an allergy is declared, the Site Allergy Lead will be notified, and this information will be communicated as necessary to ensure a safe environment. The process is set out in the Site Allergy Arrangements.

13. Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

13.1 Individual Healthcare Plans (IHPs)
Individual Healthcare Plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a learner is fully included in the life of the school / college. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school / college owned documents that are co-created by school nurse (if applicable), school / college, families and learners (as appropriate).

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school, college, or setting.

The Site Allergy Lead will ensure that, using the Trust IHP template (based on the DfE template):

- learners with an allergy action plan and/or an asthma plan have an individual healthcare plan
- learners without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other learners need will have an individual healthcare plan
- individual healthcare plans are created whilst learners are waiting for a diagnosis
- an IHP is in place where a learner's allergy has a functional impact in school or college, puts them at risk of harm, and requires arrangements that differ from or add to those for other learners

13.2 Allergy action plans
Allergy Action Plans are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the learner's / individual's allergy and medication.

Allergy action plans contain family contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.

These will only be updated by the medical professional following a review of the learner's / individual's allergy management, this could be annually or 5 yearly. Families or school / college need to update the photo of the learner annually so that the student is recognisable.

Allergy action plans are issued for learners / individuals who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Individuals with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

14. School trips and external visits

14.1 Trips

Each school and the College will plan trips, sporting events and extracurricular activities so that learners with allergies can take part safely. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified, and approved through Evolve. Where a specific activity cannot be made safe, a suitable alternative will be planned. This will include the safe storage of adrenaline for the duration of the trip.

Staff leading trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all learners have their medication including adrenaline devices with them before departure. Learners without their required medication will not be able to attend the excursion unless suitable alternative arrangements can be made.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the setting's spare adrenaline devices should be taken on the trip. The school / college will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that learners remaining on site still have access to spare adrenaline devices should the need arise.

14.2 Sporting events

The school / college will notify the host setting, when arranging a sporting fixture, that a member of the team has an allergy. Where a sports tea is provided, the learner's school /college will ensure the learner's allergies are communicated and appropriate food is provided.

15. Serious incidents and "near misses"

Creating Tomorrow Trust approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that learners are better protected in the future.

Our schools and college are aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Creating Tomorrow Trust uses Evolve Accident Book to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The Site Allergy

Lead will review the incident or near miss and a report will be written. Families, learners or healthcare professionals can also report reactions that become apparent after the learner has left site, and these will be recorded and reviewed in the same way.

The school or college will share the report with the learners family, the learner and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school or college will confirm what it has learned from the incident and outline any actions it is taking as a result. The learner's IHP will be updated if necessary.

If unsafe food was supplied by the school / college operating as a food business, the incident must be reported to the local authority environmental health team.

Serious incidents are reported to the Headteacher/Principal, the Local Governing Body and the Trust in line with the Trust incident reporting procedure, and to the HSE under RIDDOR where applicable. The Trust Allergy Lead reviews Trust-wide trends as part of quality assurance.

16. Wellbeing and support

At Creating Tomorrow Trust allergy safety is a priority and actions to ensure that learners are included and safe are embedded into our culture. Learners with allergies can become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Our schools and college will, as appropriate to their learners:

- regularly communicate to learners, families and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- include allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- plan celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involve learners and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understand that allergy bullying is extremely serious and actively monitor, prevent and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promote "allergy champion" roles for staff and learners (not just within the catering team) who act as a point of contact for learners and staff with allergies, they can share feedback and support new joiners or anxious learners
- invite new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify learners with allergies in the dining hall

- have proactive engagement with new joiners with known allergies, setting out the school's or college's policies and the support available

17. Safeguarding

17.1 Child Protection
At Creating Tomorrow, we recognise that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school or the college, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

17.2 Unacceptable practice
Staff are made aware of what constitutes unacceptable practice through training and induction. Should unacceptable practice occur the Headteacher/Principal will follow the Trust's procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their family or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring families / carers (or otherwise making them feel obliged) to attend the school or college to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school or college life, including external visits and trips, e.g. by requiring families to accompany the child.

18. Policy review and publication

This policy is published on the Trust website and on each school's and the College's website, and is available in hard copy on request. The Trust Allergy Lead reviews it at least annually, or more

frequently in response to incident trends or updated statutory guidance, and it is approved by the Trust Board (or the committee to which this is delegated). Each setting reviews its Site Allergy Arrangements at least annually.

19. Links with other policies

This policy links with our policies on:

- Safeguarding
- Behaviour
- Anti-bullying
- Health and Safety
- Supporting Learners with Medical Conditions
- First Aid
- Educational Visits
- Data Protection
- Scheme of Delegation

20. Further reading

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools
DfE Allergy Safety Policy Template and Individual Healthcare Plan template (July 2026): https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

Food:
Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Appendix A – Site Allergy Arrangements

Each school and the College completes this appendix and keeps it with the site allergy risk assessment. It records the local details referred to throughout this policy. The Site Allergy Lead completes it, the Headteacher/Principal approves it, and it is reviewed at least annually, when key staff change, or after an incident or near miss. A copy is shared with the Trust Allergy Lead for quality assurance.

A1. Setting details and named roles

School / College	
Site(s) / campus(es) covered	
Headteacher / Principal	
Site Allergy Lead (name and role – must be a member of SLT)	
Site Allergy Lead contact (phone / email)	
Deputy for the Site Allergy Lead (cover when absent)	
Lead first aider / school nurse (if applicable)	
Link governor (optional)	
Date completed	
Approved by Headteacher / Principal (signature and date)	
Next review date	

A2. Delegated tasks

The Site Allergy Lead retains oversight of any task delegated below.

Task	Named post-holder	Frequency
Maintain the allergy register (learners and staff)		Ongoing; check termly
Co-ordinate IHPs with families		On admission; annually; after any incident
Check spare AAIs (in date, clear, complete)		Monthly
Order replacement spare AAIs		One month before expiry
Liaise with catering on learner allergen information		On change; at least termly
Keep allergy training records and chase completion		Ongoing; report termly
Brief new, supply and temporary staff on induction		Each new starter / placement
Arrange anaphylaxis emergency drill		At least annually
Review allergy incidents and near misses on Evolve		Each incident
Update visitor / volunteer allergy information		Ongoing

A3. Spare adrenaline auto-injectors (schools only – see section 7.1)

Minimum one pair of 150 microgram and one pair of 300 microgram AAIs per site. No learner should be more than five minutes from adrenaline.

Location (building / room)	Brand	150mcg pairs	300mcg pairs	Earliest expiry	Container colour

A4. Local arrangements

How learners with allergies are identified at mealtimes (must not rely on one person; two-person check)	
Catering provider and kitchen contact	
Design of learner adrenaline device bag / grab bag	
How learners' devices travel with them (classrooms, transport, evacuation, lockdown)	
Where allergy information is held and who can access it (e.g. Arbor)	
How allergy information is collected on admission	
How visitors and regular volunteers declare allergies	
Sharps box location and clinical waste collection arrangement	
Breakfast / after-school provision – provider and how this policy is shared with them	
Date of last anaphylaxis drill and key learning	
Other site-specific control measures (or reference to site allergy risk assessment)	

A5. Monthly spare AAI check log

Date	Location	All in date? (Y/N)	Solution clear? (Y/N)	Checked by	Action taken