2026-2027

Our Community Multi Academy Trust
CEO – David Whitehead

Allergy and Anaphylaxis Policy

Approved by	Board of Directors
Version	1.1
Author	Trust Safeguarding Lead (Sarah Baker)
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Next Review Date	September 2027

Policy Statement

The Trust is committed to providing a safe, inclusive and supportive environment for all pupils, staff, visitors and contractors with allergies.

The Trust recognises that severe allergic reactions (anaphylaxis) are medical emergencies requiring immediate treatment.

This policy has been developed in accordance with:

- Benedict's Law and associated statutory guidance (September 2026)
- Supporting Pupils with Medical Conditions statutory guidance
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Children and Families Act 2014
- Human Medicines (Amendment) Regulations relating to spare Adrenaline Auto-Injectors (AAIs)

The Trust adopts a whole-school approach to allergy management and expects every member of staff to contribute to maintaining a safe environment.

Purpose

This policy aims to:

- Protect pupils with diagnosed allergies.
- Reduce the risk of accidental exposure to allergens.
- Ensure rapid and effective emergency responses.
- Provide clear responsibilities for staff.
- Meet statutory safeguarding duties.
- Promote inclusion whilst avoiding unnecessary restrictions.

Scope

This policy applies to:

- Pupils
- Employees
- Volunteers
- Agency staff
- Contractors
- Visitors
- Breakfast Clubs
- After School Clubs
- Holiday Provision
- Educational Visits

- Transport organised by the Trust

Definitions

Allergy An immune system response to an allergen.

Anaphylaxis A severe, life-threatening allergic reaction requiring immediate treatment with adrenaline.

AAI Adrenaline Auto Injector (e.g. EpiPen®, Jext®, Emerade®, or other licensed devices).

Guiding Principles

The Trust will:

- Maintain an Allergy Aware culture.
- Never guarantee an allergen-free environment.
- Focus on risk reduction rather than prohibition.
- Promote inclusion.
- Respect confidentiality.
- Encourage shared responsibility between school and families.

Responsibilities

Trust Board

The Trust Board will:

- Approve this policy.
- Monitor Trust compliance.
- Receive annual assurance reports.
- Ensure adequate resources.

Headteachers

Will ensure:

- Local procedures reflect this policy.
- Annual staff training.
- Individual Healthcare Plans are maintained.
- Spare AAIs are available.
- Incidents are investigated.

Designated Medical Needs Lead

Each school will appoint a named lead responsible for:

- Maintaining allergy register.
- Reviewing Healthcare Plans.
- Liaising with parents.
- Monitoring medication expiry dates.
- Coordinating training.

All staff must:

- Attend annual allergy awareness training.
- Know emergency procedures.
- Recognise symptoms.
- Administer AAIs where required.
- Report concerns promptly.

Parents are responsible for:

- Informing school of allergies.
- Providing medical evidence where appropriate.
- Supplying prescribed medication.
- Updating emergency contacts.
- Informing school of any changes.

Identification of Pupils with Allergies

Prior to admission, schools will obtain:

- Medical information.
- Allergy diagnosis.
- Emergency contact details.
- Prescribed medication details.
- Consent forms.

The school will maintain an Allergy Register reviewed at least termly.

Individual Healthcare Plans

Every pupil at risk of anaphylaxis will have an Individual Healthcare Plan including:

- Photograph
- Allergens
- Symptoms
- Emergency treatment

- Medication details
- Storage arrangements
- Educational visit arrangements
- Review date

Plans will be reviewed:

- Annually
- Following any allergic reaction
- Following changes in medical advice

Medication

Named pupil medication

Every pupil prescribed adrenaline auto-injectors (AAIs) should normally have two prescribed devices available at school.

Spare AAIs

Every OCMAT primary school will maintain at least two spare 150 microgram AAIs and at least two spare 300 microgram AAIs.

Storage

Medication will be stored in one central location (normally the school office or medical room) together with a portable emergency allergy kit for PE, Forest School, educational visits and sports activities.

Schools will:

- Hold prescribed medication supplied by parents.
- Maintain at least two in-date prescribed AAIs where clinically advised.
- Hold spare AAIs in accordance with legislation.
- Check expiry dates monthly.
- Replace expired medication promptly.

Medication will be:

- Easily accessible
- Clearly labelled
- Never locked away during the school day

Staff Training

All staff will receive annual training covering:

- Common allergies
- Recognising allergic reactions
- Anaphylaxis symptoms
- Administration of AAIs
- Calling emergency services
- Incident recording
- Preventative measures

Training records will be maintained.

New staff will receive induction before working unsupervised.

Reducing Risk

Schools will undertake risk assessments for:

- Classrooms
- Dining areas
- Forest School
- Cooking
- Science
- Art
- Educational visits
- Clubs
- Sports events
- Residential visits

Control measures may include:

- Cleaning procedures
- Hand washing
- Supervision
- Safe food handling
- Communication with catering teams

Extended school provision

This policy applies to all Trust-operated Breakfast Clubs, After School Clubs, Holiday Clubs, Sports Clubs and extra-curricular provision. Staff working in these settings must

know the allergy register, emergency procedures, have access to AAIs and receive appropriate training.

Third-party use of school premises

Organisations hiring school premises are responsible for managing the medical needs of their participants and ensuring appropriate first aid arrangements. Where school emergency medication is held on site, arrangements for emergency access will be agreed through the letting agreement. The Trust remains responsible only for pupils participating in Trust-operated activities unless otherwise agreed in writing.

Catering

The Trust catering provider will:

- Comply with food allergen legislation.
- Maintain ingredient information.
- Prevent cross contamination where practicable.
- Train catering staff.
- Work with parents regarding individual dietary needs.

Educational Visits

Visit leaders will ensure:

- Risk assessments include allergies.
- Medication accompanies pupils.
- Trained staff attend.
- Emergency contacts are available.
- Local emergency arrangements are known.

Emergency Procedure

Where anaphylaxis is suspected, adrenaline should be administered without delay. Staff should not delay treatment while attempting to confirm the existence of an Individual Healthcare Plan or locate a pupil's prescribed medication. If, in the reasonable judgement of trained staff, a pupil is experiencing anaphylaxis and an appropriate AAI is available, it should be administered immediately in accordance with current national guidance.

Any member of school staff may administer an adrenaline auto-injector in an emergency where they reasonably believe a pupil is experiencing anaphylaxis. Staff acting honestly, reasonably and in accordance with their training and this policy will be fully supported by

the Trust. No member of staff will be criticised or subject to disciplinary action for administering adrenaline in good faith where anaphylaxis is suspected.

If anaphylaxis is suspected:

1. Administer adrenaline immediately.
2. Call 999 stating: “Child suffering anaphylaxis.”
3. Contact parents/carers.
4. Monitor airway and breathing.
5. Administer second AAI after 5 minutes if symptoms persist and another device is available.
6. Send used injector with ambulance.
7. Record incident.

No pupil treated with adrenaline should remain in school.

Recording Incidents

Schools will record:

- Allergic reactions.
- Near misses.
- Medication administration.
- Parent communication.
- Lessons learned.

Communication

Schools will communicate:

- Allergy arrangements to families annually.
- Relevant information to staff.
- Necessary information to supply teachers.
- Emergency arrangements to trip leaders.

Confidentiality will be maintained while ensuring safety.

Inclusion

No pupil will be excluded from activities solely because of an allergy where reasonable adjustments can safely support participation.

Risk assessments will seek to enable participation rather than prevent it.

Monitoring

Each school will complete an annual compliance audit covering:

- Staff training
- Healthcare Plans
- Medication checks
- Incident reporting
- Policy review

The Trust will report compliance annually to Trustees.

Policy Review

This policy will be reviewed:

- Annually
- Following significant incidents
- Following changes in legislation or statutory guidance

Appendix A – Signs of Anaphylaxis

Possible symptoms include:

- Difficulty breathing
- Wheezing
- Persistent cough
- Swollen tongue
- Swollen throat
- Hoarse voice
- Difficulty swallowing
- Collapse
- Pale, floppy child
- Confusion
- Loss of consciousness

Treat immediately with adrenaline if anaphylaxis is suspected.

Appendix B – Annual School Compliance Checklist

Each school must confirm:

☐ Published Allergy Policy on website

☐ Named Medical Needs Lead

☐ Allergy Register maintained

☐ Individual Healthcare Plans completed

☐ Spare AAIs available

☐ Monthly medication checks

☐ Annual staff training completed

☐ Induction completed for new staff

☐ Educational visit procedures in place

☐ Catering allergen procedures reviewed

☐ Incident log maintained

☐ Governors receive annual report

☐ Portable emergency allergy kit available for off-site activities.

☐ Spare 150 microgram and 300 microgram AAIs checked monthly.