

Allergy Policy

Date of Review: September 2026

Reviewed by: Mrs T Galland, TFT & Mrs R Fawcett, Operations Manager

Agreed by Governors: First approval June 2026, final approval September 2026

Frequency of Review: Annually

Date of Next Review: September 2027

Table of Contents

1. Policy Statement	4
2. Legal and Regulatory Framework.....	4
3. Scope.....	5
4. Roles and Responsibilities	5
4.2 Allergy Lead	6
4.3 School First Aid Lead	6
4.4 Teaching and support staff	6
4.5 Catering and Food Provision Lead	6
4.6 Educational Visits, Clubs and Extended Provision Leads	7
4.7 Parents/carers.....	7
4.8 Students with allergies	7
4.9 Students without allergies.....	8
4.10 Trust Board/Local Governing Committee	8
4.11 External agencies, visitors and other organisations using the school site	8
4.12 Unacceptable practice	8
4.13 Bullying, Inclusion and Allergies	9
5. Identification of Individuals at Risk.....	9
6. Assessing risk	10
7. Managing risk.....	10
7.1 Hygiene procedures	10
7.2 Catering	10
7.3 Food Restrictions	11
7.4 Environmental Risks, Animals and Wellbeing	12
7.5 Asthma, allergy and emergency inhalers	12
7.6 Events and School Trips.....	12
8. Procedures for handling an allergic reaction	12
8.1 Register of students with AAls	12
8.2 Allergic reaction procedures	13
8.3 Allergy Safety Drills	14

8.4 Post Incident Wellbeing Support.....	14
9. Adrenaline auto-injectors (AAIs)	14
9.1 Purchasing of spare AAIs	14
9.2 Storage (of both spare and prescribed AAIs)	15
9.3 Maintenance (of spare AAIs)	15
9.4 Disposal	15
9.5 Use of AAIs off school premises	15
9.6 Emergency anaphylaxis kit.....	16
10. Training	16
11. Individual Healthcare Plans	16
12. Incident Reporting and Review	17
13. Data Protection and Information Sharing	17
14. Links to other policies	18
15. Sources of Additional Information and Guidance	18
16. Monitoring, Assurance and Continuous Improvement.....	18

1. Policy Statement

The Futures Trust and its schools are committed to ensuring that each school provides a safe, inclusive and supportive environment for all students, staff, visitors and others who may be affected by allergies.

We recognise that effective allergy management is essential to safeguarding the health and wellbeing of students, promoting inclusion and ensuring that all students are able to participate fully in school life.

We are committed to identifying and managing allergy risks, preventing avoidable exposure to allergens where reasonably practicable, and responding promptly and effectively to allergic reactions, including anaphylaxis.

This policy sets out our whole-school approach to allergy safety and has been developed in accordance with the Schools' (Allergy Safety) Act 2026 ("Benedict's Law"), and the Department for Education's *Allergy Safety in Schools* Statutory Guidance (July 2026).

Through the implementation of this policy, we will:

- Promote a culture of allergy awareness, inclusion and shared responsibility.
- Identify and manage allergy risks through effective planning, communication and risk assessment.
- Preventing avoidable exposure to allergens so far as is reasonably practicable.
- Providing appropriate training and emergency preparedness arrangements.
- Maintaining effective Individual Healthcare Plans (IHPs), Allergy Action Plans and emergency medication arrangements.
- Supporting physical wellbeing, emotional wellbeing and inclusion.
- Learning from incidents, near misses, complaints and exercises in order to continually improve allergy safety arrangements.

We are committed to working in partnership with students, parents and carers, staff, governors, healthcare professionals, catering providers and other relevant organisations to ensure that allergy safety remains an integral part of school life.

2. Legal and Regulatory Framework

This policy is based on:

- Schools (Allergy Safety) Act 2026 ("Benedict's Law")
- Children and Families Act 2014 (Section 100 duty to support students with medical conditions)
- Equality Act 2010
- Supporting Students with Medical Conditions (DfE statutory guidance)
- Allergy Safety in Schools (July 2026) (DfE statutory guidance)
- Food Information Regulations 2014 and 2019 amendments
- Department of Health and Social Care guidance on emergency adrenaline auto-injectors
- Human Medicines Regulations 2012 (as amended by the Human Medicines (Amendment) (No. 2) Regulations 2014 and the Human Medicines (Amendment) Regulations 2017), together with the Department of Health and Social Care guidance on emergency salbutamol inhalers and adrenaline auto-injectors in schools.

Background:

Schools must make arrangements to support students with medical conditions, including allergies, and ensure their safety and inclusion. Students with allergies will be supported

through reasonable adjustments in accordance with the Equality Act 2010, so that they are not disadvantaged or unnecessarily excluded from education, school meals, visits, clubs or other school activities.

The policy also reflects the statutory requirement for schools to create and publish a dedicated allergy safety policy, provide allergy awareness and emergency response training for all staff, hold spare adrenaline devices for emergency use, identify students requiring Individual Healthcare Plans, and record and learn from serious incidents and near misses.

3. Scope

This policy applies to:

- All students with known or suspected allergies
- All staff, governors, volunteers, agency workers and contractors
- Visitors and third-party organisations using Trust premises
- All educational visits, clubs, enrichment activities, sporting activities and off-site provision

The Trust recognises that allergies and related medical, dietary or hypersensitivity conditions requiring school support may include:

- Food allergies.
- Medication allergies.
- Insect sting allergies.
- Latex allergies.
- Environmental allergies including dust.
- Asthma.
- Eczema.
- Allergic rhinitis (hay fever).
- Coeliac disease.
- Food intolerances.
- Other medically recognised hypersensitivity conditions requiring school support.

The Trust recognises that allergy management extends beyond food allergens and requires a whole-organisation approach involving leadership, education, health, wellbeing and emergency preparedness.

4. Roles and Responsibilities

4.1 Headteacher/Principal and Senior Leadership Team

The Headteacher/Principal and Senior Leadership Team are responsible for ensuring that allergy safety arrangements are implemented consistently across the school and that staff understand their responsibilities, and for:

- Appointing a named allergy lead and ensuring there is appropriate cover when that person is absent.
- Ensuring the policy is published on the school website, communicated, implemented and reviewed at least annually.
- Ensuring sufficient staff receive allergy awareness and emergency response training, including staff working on trips, clubs and extended provision.
- Ensuring systems are in place for Individual Healthcare Plans, Allergy Action Plans, Asthma Action Plans, emergency medication and incident learning.
- Reporting significant allergy risks, serious incidents and emerging trends to the Local Governing Committee and Trust as required.

4.2 Allergy Lead

The nominated Allergy Lead at President Kennedy School is Mr Richard Beattie. He is responsible for:

- Promoting and maintaining allergy awareness across the school community
- Recording and collating allergy and special dietary information for all relevant students (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer / the school nurse / administrative staff)
- Ensuring allergy-related risks are included within school risk management arrangements and escalated to senior leaders and governors where required
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All students with allergies have an allergy action plan completed by a medical professional
 - All staff receive an appropriate level of allergy training
- Staff working while students are on site, including supply, agency, catering, lunchtime, clubs, transport-related staff and volunteers, receive induction and annual allergy awareness and emergency response training appropriate to their role
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock and monitoring provision and condition of the school's adrenaline auto-injectors (AAIs)
- Reviewing and updating the allergy policy at least annually

4.3 School First Aid Lead

The School First Aid Lead is responsible for:

- Co-ordinating and managing documentation and communication with families.
- Co-ordinating medication with families and maintaining records.
- Carrying out compliance checks on AAIs and recording all checks.
- Ensuring students carry their own appropriate AAIs where agreed and appropriate, and/or ensuring safe management and local access to AAIs.
- Completing any other appropriate tasks delegated by the allergy lead.

4.4 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific students with allergies in their care
- Carefully considering allergy risks during curriculum and activity planning
- Ensuring the wellbeing and inclusion of students with allergies

4.5 Catering and Food Provision Lead

The catering lead, catering provider or person responsible for food provision is responsible for ensuring that food-related allergy controls are understood and implemented, and for:

- Maintaining accurate allergen information for school meals, snacks, breakfast clubs, after-school provision and food provided for events or trips.

- Ensuring menu changes, substitutions and supplier changes are checked before food is served.
- Ensuring staff understand the 14 regulated allergens, cross-contact controls, prepacked for direct sale (PPDS) requirements and safe service procedures.
- Working with parents, students, the allergy lead and school staff to agree safe and inclusive meal arrangements for students with allergies, intolerances, coeliac disease or other medical dietary needs.
- Escalating any allergen-related incident, near miss, inaccurate information or unsafe food concern immediately through school reporting procedures.

4.6 Educational Visits, Clubs and Extended Provision Leads

Staff leading trips, curriculum activities, breakfast clubs, after-school clubs, enrichment activities or third-party provision must ensure allergy arrangements remain effective whenever students are in the care of the school, and for:

- Checking whether any participating student has an allergy, Asthma Action Plan, Allergy Action Plan or Individual Healthcare Plan.
- Completing activity-specific risk assessments where allergens, food, animals, travel, venues or emergency access may create additional risk.
- Ensuring trained staff, student medication, spare emergency medication where appropriate, emergency contact details and action plans are immediately available.
- Ensuring students with allergies are included wherever reasonable adjustments, in accordance with the Equality Act 2010, and proportionate controls can make participation safe.
- Ensuring external providers understand and comply with the school's allergy arrangements

4.7 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- 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
- Carefully considering the food they provide for their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Parents/carers must notify the school immediately of:

- A new allergy diagnosis.
- A change in prescribed medication.
- Hospital treatment or admission related to allergy.
- A revised Allergy Action Plan or Asthma Action Plan.
- Significant allergic reactions occurring outside school.

Where symptoms become apparent after a student has returned home, parents/carers are encouraged to notify the school to support investigation and learning.

4.8 Students with allergies

These students are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector

- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose
- Notifying supervising staff of any issues arising from potential contact with allergens, including irresponsible and dangerous behaviour

4.9 Students without allergies

These students are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Students should alert a member of staff immediately if they become aware that someone may be experiencing an allergic reaction
- Ensuring inclusive, supportive and positive behaviour and reporting any known concerns to staff

4.10 Trust Board/Local Governing Committee

The Trust Board establishes the Trust-wide allergy safety framework and keeps this policy under review. Each school is responsible for implementing the policy locally, taking account of its site, students, staffing, catering arrangements, activities and risk assessments.

The Local Governing Committee seeks assurance, through existing governance reporting routes, that school arrangements are being implemented effectively.

This will include seeking assurance that:

- The policy is published, communicated and reviewed at least annually.
- Appropriate systems are in place to identify and manage allergy risks.
- Significant incidents, repeated near misses and emerging trends are reported and reviewed through appropriate routes.
- Relevant improvement actions are identified, implemented and monitored following incidents, reviews or changes in guidance.

4.11 External agencies, visitors and other organisations using the school site

The school will ensure that relevant allergy information is shared with external agencies, visitors and third-party organisations where necessary to support student safety. All external parties using the school site must comply with the school's allergy arrangements and consider allergy risks when undertaking activities involving students, food, animals, materials or shared spaces.

Visitors, contractors and external providers must inform the school in advance of any known allergens, substances, materials or activities they intend to bring onto site that could present an allergy risk. Any allergy-related incident or concern involving an external party must be reported to the school and managed in accordance with this policy.

4.12 Unacceptable practice

The school will not adopt practices that place students with allergies or related medical conditions at avoidable risk or exclude them from school life. Unacceptable practice includes:

- Preventing or delaying access to prescribed medication, adrenaline devices, asthma reliever inhalers or other agreed emergency medication.
- Sending a student who may be experiencing an allergic reaction or anaphylaxis to another location unaccompanied; help and medication must be brought to the student.
- Excluding students from trips, clubs, curriculum activities, meals or enrichment opportunities because of allergy where reasonable adjustments and risk controls can be put in place.

- Relying on parents or carers to attend school to administer medication or provide routine allergy support that the school should reasonably provide.
- Assuming that all students with the same allergy require the same support, or ignoring the views of the student, parents, carers or relevant healthcare professionals.
- Using attendance, behaviour or reward systems in a way that penalises absence or support needs directly related to a medical condition or allergy.

4.13 Bullying, Inclusion and Allergies

The Trust is committed to ensuring that students with allergies are treated with dignity, respect and inclusion at all times. It is recognised that students with medical conditions, including allergies, may be vulnerable to bullying, teasing, social exclusion or inappropriate behaviour from others.

Bullying, teasing, intimidation, harassment or the deliberate exposure of a student to known allergens will be treated as a serious matter and addressed in accordance with the school's Behaviour & Rewards Policy and Anti-Bullying Policy.

All members of the school community are expected to promote a safe, supportive and inclusive environment. Concerns relating to bullying, exclusion or behaviours that may place a student with allergies at risk should be reported promptly and investigated appropriately.

The school will take reasonable steps to raise awareness of allergies, encourage understanding amongst students and staff, and foster a culture in which individual medical needs are respected and supported. Appropriate action will be taken where behaviour compromises the safety, wellbeing or inclusion of a student with allergies.

5. Identification of Individuals at Risk

The school will maintain practical arrangements to ensure allergy safety is embedded in day-to-day operations.

The school will maintain robust arrangements to identify and monitor students, staff, volunteers and visitors who may be affected by allergies. Allergy information will be obtained from parents/carers prior to admission, during enrolment processes and through ongoing medical information updates. Medical information will be reviewed at least annually, and any changes to a student's allergy status, medication, Allergy Action Plan, Asthma Action Plan or Individual Healthcare Plan must be communicated to the school promptly and recorded without delay.

The school will maintain processes for identifying new starters with allergies, existing students whose medical needs change during their time at the school, and any student who receives a new diagnosis or updated clinical advice. Where necessary, appropriate risk assessments, support arrangements, Allergy Action Plans and Individual Healthcare Plans will be reviewed and updated to reflect changing needs.

The main purpose of this policy is to support allergy safety for students. The Trust also recognises that staff, volunteers, contractors and visitors may have allergies. Where an adult has a significant allergy that may be affected by their work or presence on site, relevant information may be shared confidentially with the school so that proportionate workplace arrangements, emergency response arrangements or risk assessments can be considered where appropriate. Staff allergies will be managed through the Trust's wider health and safety, HR and occupational health arrangements, rather than through student Individual Healthcare Plans.

Information relating to students, staff and visitors will be shared only on a need-to-know basis in order to support effective risk management and emergency response arrangements, while

maintaining confidentiality and complying with data protection requirements. Through these arrangements, the school seeks to ensure that individuals at risk of allergic reactions are identified at the earliest opportunity, appropriate control measures are implemented, and allergy safety remains embedded within day-to-day school operations.

Overall, the School will:

- Identify individuals who may be affected by allergies.
- Maintain suitable records and plans.
- Ensure rapid access to medication.
- Share relevant information appropriately.
- Include allergy considerations within risk assessments.
- Record and investigate incidents and near misses.

6. Assessing risk

The school will conduct a risk assessment for any student at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Risk assessments will consider ingestion, contact and airborne routes of exposure, the student's Allergy Action Plan and/or Asthma Action Plan, supervision, access to medication, food provision, emergency services access, transport, communication with parents and whether spare adrenaline devices or emergency asthma reliever inhalers should accompany the activity.

7. Managing risk

7.1 Hygiene procedures

The school will ensure good hygiene procedures are followed including:

- Students are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Students have their own named water bottles

7.2 Catering

The school is committed to ensuring, so far as is reasonably practicable, that all students with food allergies are able to access safe and suitable food provision.

- Catering staff receive appropriate and regular training in food safety, allergen awareness, and the management of students with medical dietary needs.
- Robust systems are in place to ensure that students with known allergies are clearly identified and that relevant information is accessible to catering staff at the point of service.
- Menus are published and made available to parents/carers in advance, with clear and accurate ingredient and allergen information provided to support informed decision-making.

- Any changes to menus are subject to appropriate checks to ensure that the dietary needs of students with allergies or intolerances continue to be met.
- All food provided complies with UK food information regulations, including the clear identification of the '*Top 14*' allergens, in line with Food Standards Agency (FSA) guidance.
- Catering staff follow strict food preparation, storage, and handling procedures to minimise the risk of cross-contamination, supported by documented controls and supervision.
- President Kennedy School's catering is provided by Taylor Shaw. Its audit process is managed through Alert65; the service has achieved Gold Standard and is audited annually.
- Two members of the Taylor Shaw catering team are designated Allergy Champions and wear different-coloured aprons during till service so that students can identify staff who can advise and support them when making food choices.

In accordance with "Benedict's Law" and the Department for Education's Allergy Safety in Schools Statutory Guidance (July 2026), the school adopts a proactive and preventative approach to allergen management, ensuring that systems, training, and communication reduce the likelihood of accidental exposure.

7.3 Food Restrictions

The school recognises that it is not reasonably practicable to guarantee an allergen-free environment. The school therefore operates an allergy-aware risk reduction approach, rather than describing any school site as allergy-free or nut-free. Proportionate controls will be used to reduce exposure to known allergens while maintaining inclusion and avoiding a false sense of security.

To support this, students, staff, and visitors are strongly discouraged from bringing the following items onto the school site:

- Packaged nuts
- Cereal, granola, or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based products or sauces (e.g. satay)
- Sesame seeds and food products containing sesame

This approach supports a *risk reduction culture*, rather than reliance on individual avoidance alone.

Where such items are brought into school, a risk-based and proportionate response will be applied.

This may include:

- Requiring the food to be consumed in a designated area away from others
- Supervised consumption where appropriate
- Restricting or removing the item where there is a clear and immediate risk to another student

These measures are intended to minimise the risk of accidental exposure, while promoting shared responsibility across the school community.

Food used in lessons, science, craft, cooking, rewards, celebrations and special events will be considered in advance. Where an ingredient or material may expose a student to a known allergen, suitable alternatives and reasonable adjustments will be used wherever reasonably practicable so that the student is not disadvantaged or excluded from the activity.

7.4 Environmental Risks, Animals and Wellbeing

The school will take reasonable steps to minimise allergy risks arising from outdoor activities, insects, animals and other environmental factors. Allergy considerations will be included in risk assessments, staff will ensure appropriate medication is accessible where required, and reasonable adjustments will be made to support students' safe participation in school activities.

President Kennedy School has a school intervention dog, Rupert. Parents/carers provide allergy information when their child joins the school and annually thereafter, including information about dog allergies. Students with animal allergies will not interact with animals, and all students will wash their hands after animal contact to reduce the risk of later exposure to others.

The school also recognises that allergies can impact a student's emotional wellbeing and confidence. Appropriate pastoral and wellbeing support will be provided where needed, including pastoral care and regular check-ins with the student's form tutor.

7.5 Asthma, allergy and emergency inhalers

Where a student has both allergy and asthma, their Asthma Action Plan will be attached to or referenced within their Individual Healthcare Plan. Students with asthma should have rapid access to their own reliever inhaler. Where the school holds an emergency salbutamol inhaler, it will be stored, checked, used and recorded in line with national guidance and parental consent arrangements.

Adrenaline must always be given first where anaphylaxis is suspected. A reliever inhaler must never be used instead of adrenaline to treat anaphylaxis, although it may be used after adrenaline where the Allergy Action Plan indicates ongoing wheeze or asthma symptoms.

7.6 Events and School Trips

The school will take reasonable steps to ensure students with allergies can participate safely in educational visits, trips and extracurricular activities. Allergy risks will be considered as part of planning and risk assessments, relevant staff and external providers will be informed where necessary, prescribed medication will remain accessible, and appropriate control measures and emergency arrangements will be in place to support safe inclusion.

Spare AAI's will be included in the first-aid kits carried in both school minibuses. Where school minibuses are not used, the trip leader must take a first-aid kit containing AAI's and return it to the School First Aid Lead the following school day.

8. Procedures for handling an allergic reaction

8.1 Register of students with AAI's

The school maintains a register of students who have been prescribed AAI's or where a doctor has provided a written plan recommending AAI's to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed AAI(s) (and if so, what type and dose)

- Where a student has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the student
- A photograph of each student to allow a visual check to be made

The register is kept in an easily accessible location and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all students to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

8.2 Allergic reaction procedures

The school is committed to ensuring that any allergic reaction is recognised promptly and managed without delay. All suspected cases of anaphylaxis will be treated as a medical emergency.

- As part of the school's whole-school approach to allergy safety, all staff will receive appropriate training to recognise the signs and symptoms of allergic reactions, including anaphylaxis, and understand the school's emergency response procedures.
- Staff who may be required to administer adrenaline auto-injectors (AAIs) will receive appropriate practical training to minimise delays in the administration of life-saving medication.
- Where a student has an Allergy Action Plan or Individual Healthcare Plan, staff will follow the agreed emergency procedures without delay.
- Where adrenaline is required, the student's own prescribed AAI should normally be used. If this is not immediately available or cannot be used, a suitable spare school AAI will be administered in accordance with current legislation, Department of Health and Social Care guidance and the school's emergency medication procedures.
- If a student does not have an Allergy Action Plan but anaphylaxis is suspected, staff will treat the situation as a medical emergency. This will include:
 - keeping the person lying flat with their legs raised wherever possible, unless breathing difficulties make an alternative position more appropriate;
 - bringing help and emergency medication to the person rather than moving them unnecessarily;
 - administering adrenaline immediately without delay;
 - dialling **999**, stating that **anaphylaxis is suspected** and requesting an emergency ambulance;
 - contacting parents, carers or emergency contacts as soon as reasonably practicable; and
 - remaining with the person until responsibility is transferred to the ambulance service, administering a second dose of adrenaline after five minutes if there is no improvement and a second device is available.
- A spare school AAI may be used where the necessary medical authorisation and parental consent arrangements are in place, or where the student's own prescribed AAI is unavailable, inaccessible, out of date, damaged, has misfired or has already been administered.
- Any student who receives adrenaline must be assessed by the ambulance service and taken to hospital for further medical assessment and observation, even if symptoms appear to have resolved.
- Where a student is conveyed to hospital before a parent or carer arrives, a suitable member of school staff will accompany the student where appropriate, or remain with them until responsibility has been formally transferred to the ambulance service.
- Where a student experiences a mild allergic reaction that does not indicate anaphylaxis, staff will provide appropriate care, monitor the student closely, and inform parents or carers in accordance with school procedures.

- Students experiencing mild or moderate allergic reactions will normally be observed for at least **60 minutes**, as symptoms may worsen or progress. The student must not be left unattended during this period.
- In a life-threatening medical emergency, any member of staff, volunteer or other person present may take **reasonable action to preserve life**. This includes the prompt administration of adrenaline where anaphylaxis is suspected, acting in accordance with the school's emergency procedures and summoning emergency medical assistance without delay.
- Following any allergic reaction or anaphylaxis, the incident will be recorded, parents or carers informed, and the circumstances reviewed to identify any lessons learned or additional control measures required to reduce the risk of recurrence.

8.3 Allergy Safety Drills

Regular allergy safety drills should be undertaken to ensure that staff are familiar with emergency anaphylaxis procedures and can respond effectively in a real-life incident. Drills provide an opportunity to test the practical implementation of arrangements, identify any weaknesses in procedures, and build staff confidence in managing anaphylaxis emergencies.

8.4 Post Incident Wellbeing Support

Following any significant allergic reaction, anaphylaxis event, or near miss, appropriate wellbeing and pastoral support will be offered to those affected, recognising the potential emotional impact of such incidents.

Support may be provided to:

- The student involved in the incident.
- Family members or carers who may be affected by the event.
- Staff involved in the emergency response, including those who administered treatment or provided support.

Where appropriate, support may include pastoral care, opportunities to discuss concerns, reassurance regarding ongoing safety arrangements, and signposting to additional support services. Following a significant incident, the organisation will review the circumstances of the event and consider any further measures required to support the wellbeing of those involved.

Any lessons learned from the incident will be documented and incorporated into subsequent reviews of allergy management procedures, risk assessments, staff training, and emergency response arrangements to promote continuous improvement and help prevent future incidents.

9. Adrenaline auto-injectors (AAIs)

The school will maintain spare AAIs as part of its emergency preparedness arrangements, in line with national expectations for allergy safety.

The school's arrangements for spare AAIs follow Department of Health and Social Care guidance and the July 2026 statutory allergy safety guidance. Spare AAIs are held for emergency use where a student's own device is unavailable, has misfired or cannot be accessed quickly, and may be used to save life in exceptional circumstances where any child, adult or visitor is experiencing anaphylaxis.

9.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

Spare AAI's will be purchased by written request signed by the Headteacher or Principal, normally through a local pharmacy or pharmaceutical supplier. The school will hold an appropriate number and dosage of spare devices for its age range and site layout, normally in pairs, so that a second dose is immediately available if required. The school will aim to use a consistent device type where practicable to reduce confusion, while ensuring staff are trained on all devices held or prescribed to students.

At President Kennedy School, spare AAI's are purchased from Eureka Direct. The school currently purchases EpiPen 300 microgram devices.

9.2 Storage (of both spare and prescribed AAI's)

The allergy lead will make sure all AAI's are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes (return journey) away from where they may be needed; will hold more than one emergency kit where required, for example near the dining area, playground, within separate buildings and within/close to sports facilities.

It is recognised that exercise can lead to anaphylaxis so additional precautions will be taken both for internal and external sports activities. This will be reflected in risk assessment.

Spare AAI's will be kept separate from any student's own prescribed AAI, and clearly labelled to avoid confusion.

At President Kennedy School, spare AAI's are kept in Main Reception, Post 16 and the PE block.

9.3 Maintenance (of spare AAI's)

Emily Wright-Thompson and Ashley Burke are responsible for checking monthly that:

- The AAI's are present and in date
- Replacement AAI's are obtained when the expiry date is near

9.4 Disposal

AAI's can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council or given to the ambulance service where they attend site).

9.5 Use of AAI's off school premises

The school is committed to ensuring that students at risk of anaphylaxis are appropriately protected

during educational visits, residential visits, sporting activities and all other off-site events.

- Students who are prescribed AAI's and are assessed as competent to carry and administer their own medication should have their prescribed AAI's with them throughout the visit, in accordance with their Individual Healthcare Plan or Allergy Action Plan.
- Where a student is unable to carry or self-administer their medication, a suitably trained member of staff will be responsible for ensuring that the student's prescribed medication remains immediately accessible at all times and is not stored in luggage, vehicle compartments or other inaccessible locations.

- As part of the educational visit risk assessment, the visit leader will consider the allergy risks associated with the activity, venue, travel arrangements, food provision, environmental factors and access to emergency medical assistance.
- The visit leader will determine whether spare AAIs and/or an emergency asthma reliever inhaler should accompany the visit, taking account of the needs of participating students, the nature of the activity and the duration and location of the visit.
- Trained members of staff, prescribed medication, emergency contact information and relevant Individual Healthcare Plans or Allergy Action Plans will be immediately available throughout the visit, including during travel.
- Where external providers, activity centres or transport operators are involved, relevant allergy information and emergency arrangements will be communicated where necessary to support the safe inclusion of students.
- Following any administration of adrenaline during an off-site activity, emergency medical assistance must be sought immediately, and the school's emergency procedures and incident reporting arrangements followed.

9.6 Emergency anaphylaxis kit

The school holds clearly labelled emergency anaphylaxis kits in agreed accessible locations. Each kit includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of students to whom the AAI can be administered
- A record of when AAIs have been administered

10. Training

The school will ensure that all staff receive allergy awareness training at induction and at least annually thereafter. Training will cover the prevention, recognition and management of allergic reactions and anaphylaxis, including the use and location of emergency medication. Additional training will be provided where required to support specific students or roles, and will include consideration of student wellbeing, inclusion and allergen risk reduction.

11. Individual Healthcare Plans

An Individual Healthcare Plan will be put in place for any student whose allergy, asthma, coeliac disease, food intolerance or other related medical condition requires active management, medication, dietary arrangements, environmental controls, emergency response arrangements, reasonable adjustments or staff support during the school day or school activities.

The IHP will include or attach any Allergy Action Plan and/or Asthma Action Plan, known allergens and triggers, medication details and dosages, storage and access arrangements, consent for use of prescribed and spare emergency medication where applicable, mealtime and trip arrangements, reasonable adjustments, emergency procedures, staff awareness requirements and review dates. IHPs will be reviewed at least annually, whenever an updated action plan is received, following any significant incident or near miss, or when a student's needs, medication or circumstances change.

12. Incident Reporting and Review

The school is committed to promoting a positive reporting culture in which allergic reactions, anaphylaxis, medication errors, food safety concerns and near misses are reported promptly, investigated appropriately and used to support continual improvement in allergy safety. All allergy-related incidents and near misses will be recorded in accordance with the school's incident reporting procedures. Records should include, where applicable:

- The person or persons affected.
- The date, time and location of the incident.
- The known or suspected allergen or cause.
- The nature and severity of the reaction.
- The actions taken by staff, including any medication administered.
- Whether emergency services were contacted.
- How parents, carers or emergency contacts were informed.
- The outcome of the incident, including any hospital treatment where applicable.
- Any immediate corrective actions taken to prevent recurrence.

It is recognised that allergic reactions may not always become apparent while a student is in the organisation's care and, in some cases, symptoms may develop or worsen after the student has returned home. Parents/carers should inform the school, academy or setting as soon as possible of any suspected allergic reaction, anaphylaxis event, or allergy-related medical treatment that occurs outside normal attendance hours where it may have implications for the student's safety, care, or allergy management arrangements.

13. Data Protection and Information Sharing

The organisation recognises that information relating to a student's allergy, medical condition, treatment and emergency care needs constitutes personal data and, in many cases, special category personal data. Such information will be collected, stored, used and shared in accordance with UK data protection legislation and the Trust's Data Protection Policy.

Information will be shared only with those members of staff and relevant third parties who need it to safeguard the health, safety and wellbeing of the student. This may include teaching staff, support staff, catering personnel, first aiders, educational visit leaders, transport providers and emergency services, where appropriate.

The organisation will ensure that:

- Allergy and medical information is accurate, kept up to date and reviewed regularly.
- Access to information is restricted to those who have a legitimate need to know.
- Appropriate measures are in place to maintain the confidentiality and security of personal information.
- Parents/carers and, where appropriate, students are informed about how allergy-related information is used and shared.
- Information is retained and disposed of in accordance with the organisation's data retention arrangements.

The sharing of allergy information for safeguarding and medical purposes is essential to enable the organisation to provide appropriate care, respond effectively to emergencies and fulfil its duty of care to students with allergies. Staff must handle all such information sensitively and in accordance with data protection requirements at all times.

14. Links to other policies

This policy must be read alongside, aligned with and cross-referenced against the school's wider policy framework. Where procedures overlap, the most specific allergy safety requirement should be followed, while ensuring consistency with safeguarding, health and safety, medical needs, first aid, educational visits, food safety and staff training arrangements. This policy links to the following policies and procedures:

- Supporting Students with Medical Conditions
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Staff Training Matrix, including allergen awareness, anaphylaxis response, emergency AAI use and emergency asthma inhaler awareness where relevant

15. Sources of Additional Information and Guidance

The following legislation, statutory guidance and recognised professional resources support the implementation of this policy. Schools should ensure they refer to the most up-to-date versions of these publications.

- Department for Education (DfE) – *Allergy Safety in Schools: Statutory Guidance*.
- Department for Education (DfE) – *Supporting Students at School with Medical Conditions* (Statutory Guidance).
- Department for Education (DfE) – School Food Standards and associated guidance relating to allergy management and medical needs.
- Department of Health and Social Care (DHSC) – *Guidance on the Use of Emergency Adrenaline Auto-Injectors (AAIs) in Schools*.
- Department of Health and Social Care (DHSC) – *Guidance on the Use of Emergency Salbutamol Inhalers in Schools*.
- Food Standards Agency (FSA) – Guidance on food allergen management, food information requirements and allergen labelling, including foods Prepacked for Direct Sale (PPDS) where applicable.
- British Society for Allergy and Clinical Immunology (BSACI) – Nationally recognised Allergy Action Plans and clinical guidance relating to allergy management.
- Anaphylaxis UK – AllergyWise training, Safer Schools Programme and practical guidance to support allergy awareness and anaphylaxis management.
- Allergy UK – Educational resources, best practice guidance and information to support schools, families and childcare settings.
- Spare Pens in Schools – Guidance and practical resources relating to the provision, storage and management of spare adrenaline auto-injectors within educational settings.

16. Monitoring, Assurance and Continuous Improvement

The school is committed to continually improving allergy safety arrangements. Compliance with this policy will be monitored through:

- Annual policy review
- Review of allergy incidents and near misses
- Monitoring completion of staff training
- Review of Individual Healthcare Plans

- Governance oversight and assurance through the Trust Board and/or Local Governing Committee
- Periodic health and safety or medical needs audits
- Implementation of lessons learned following incidents

Findings will be used to improve procedures, training, communication and risk management, supporting continual improvement in accordance with recognised health and safety management principles.