We are an ambitious and inclusive Trust of schools strengthening communities through excellent education.

Allergy Safety Policy

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1.0 Policy Statement

1.1 We are an ambitious and inclusive trust of schools, strengthening communities through excellent education. We believe that creating safe, supportive and empowering working environments enables our staff to thrive and deliver the highest standards of education and support to our pupils

1.2 Our Trust recognises that allergies can have a significant impact on an individual's health, wellbeing and educational experience and, in some cases, may result in serious or life-threatening reactions. We are committed to reducing, so far as is reasonably practicable, the risk of exposure to known allergens while ensuring effective arrangements are in place to prevent, recognise and respond to allergic reactions. This includes promoting awareness, understanding and shared responsibility across the whole school community and taking appropriate steps to support pupils, staff and visitors with known allergies.

1.3 This policy has been developed in accordance with the Department for Education's statutory guidance *Allergy Safety in Schools* and reflects the requirements introduced through Benedict's Law.

1.4 This policy applies to all pupils, employees, volunteers, contractors and visitors. It outlines how the Trust will support individuals with allergies and ensure that no person is disadvantaged or excluded from participating in everyday school activities because of their allergy.

1.5 This policy should be read in conjunction with:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Educational Visits Policy
- Safeguarding and Child Protection Policy
- Individual Healthcare Plans and clinical Allergy or Asthma Action Plans, where applicable.

Through this policy, our Trust seeks to uphold its vision and values by ensuring that every member of the school community is safe, included and able to achieve their full potential

2.0 Scope and purpose

2.1 Our Trust Allergy Safety Policy establishes the minimum standards and expectations for the safe management of allergies across all schools and settings within the Trust. It provides a consistent framework to support pupils, staff, volunteers and visitors with allergies, minimise the risk of exposure to allergens, and ensure effective arrangements are in place to respond to allergic reactions and anaphylaxis.

2.2 In line with the Department for Education's *Allergy Safety in Schools* statutory guidance and the requirements introduced through Benedict's Law, the purpose of this policy is to strengthen our duties in promoting allergy awareness, ensuring robust allergy management arrangements, providing appropriate staff training and ensuring effective emergency preparedness.

2.3 As a Trust-wide policy, this document sets out the core principles, responsibilities and standards that must be implemented across all Ted Wragg Trust schools. While schools may develop local procedures and operational arrangements to reflect their individual context, these must meet or exceed the minimum requirements outlined within this policy.

2.4 The purpose of this policy is to:

- Promote a safe, inclusive and supportive environment where pupils, staff and visitors with allergies can participate fully in all aspects of school life, reflecting the Ted Wragg Trust's values of belonging, equity and opportunity.
- Establish a consistent Trust-wide approach to the identification, assessment, management and monitoring of allergy-related risks.
- Support schools in meeting their statutory responsibilities in relation to health and safety, supporting pupils with medical conditions, safeguarding and equality.
- Ensure appropriate arrangements are in place to meet the individual needs of pupils, staff and visitors with allergies, including the use of Individual Healthcare Plans (IHPs) where required.
- Promote a culture of awareness, inclusion and shared responsibility, ensuring that all members of the school community understand their role in reducing allergy risks and supporting those affected.
- Ensure effective communication and partnership working between schools, pupils, parents/carers, healthcare professionals, catering providers and relevant external agencies.
- Provide appropriate training and guidance for staff to support allergy awareness, risk reduction and emergency response.
- Maintain effective procedures for responding to allergic reactions and anaphylaxis, including appropriate planning and access to emergency medication where required.
- Support the regular review and continuous improvement of allergy management arrangements to ensure they remain effective, proportionate and aligned with current legislation and best practice.

3.0 Definition

3.1 For the purpose of this document:

- The Ted Wragg Multi Academy Trust is referred to as **the Ted Wragg Trust or TWT** or **the Trust**
- Allergy refers to an adverse reaction by the body's immune system that would normally be considered harmless. Substances that cause allergic reactions are known as allergens and may include foods, medicines, insect stings, latex and other environmental substances
- Anaphylaxis refers to the severe and life-threatening allergic reaction that can develop rapidly. It may affect the airway, breathing and circulation.
- Adrenaline auto-injector (AAI) is a prescribed medical device containing a measured dose of adrenaline. It is designed to be administered promptly when anaphylaxis is suspected. Examples include EpiPen and Jext.
- Allergy Action Plan is a clinical document issued or approved by an appropriate healthcare professional.
- Individual Healthcare Plan, also referred to as an IHP, is a school document that records the arrangements required to support a pupil with a medical condition.
- Within this policy, the term *school*, includes every academy, school or educational setting operated by the Ted Wragg Trust.

4.0 Legal Framework

4.1 This Policy will be published on our Trust website and will be included in the Trust's Policy Monitoring Schedule.

4.2 This policy is underpinned by legislative requirements:

- DfE Allergy Safety in Schools Statutory Guidance
- Benedicts Law

- Section 34 of the Children's Wellbeing and Schools Act 2026
- Children and families Act 2014
- Equality Act 2010
- Health and Safety at work Act 1974
- Management of health and safety at Work Regulations 1999

5.0 Roles and Responsibilities

5.1 Board of Trustees

The Board of Trustees is responsible for ensuring that appropriate arrangements are in place across the Trust for the effective management of allergies and the implementation of this policy.

The Board of Trustees will monitor the following via the termly Health and Safety compliance report:

- Seek assurance that all schools have effective arrangements in place to meet the requirements of this policy and relevant statutory guidance.
- Ensure appropriate resources are available to support allergy management, staff training and emergency preparedness.
- Monitor compliance with Trust policies through established governance, risk and assurance processes.
- Ensure lessons learned from significant incidents are reviewed and acted upon where appropriate.

5.2 Headteacher

The Headteacher is responsible for implementing this policy within their school and ensuring that effective local procedures are in place to manage allergy risks.

The Headteacher will:

- Ensure this policy is implemented throughout the school.
- Appoint a suitably trained Designated Allergy Lead and Deputy (as required)
- Ensure appropriate systems are in place to identify and support pupils with allergies.
- Ensure staff receive appropriate allergy awareness and emergency response training.
- Ensure Individual Healthcare Plans are implemented where required.
- Ensure appropriate risk assessments are undertaken for school activities, educational visits and other events.
- Ensure parents, carers, staff and relevant stakeholders are aware of the school's allergy management arrangements.
- Monitor compliance with this policy and take appropriate action where improvements are required.

5.3 SLT Designated Allergy Lead

Each school will nominate a member of SLT Designated as Allergy Lead who will be responsible for coordinating the day-to-day implementation of this policy.

The SLT Designated Allergy Lead will:

- Coordinate the operational implementation of this policy.
- Maintain oversight of allergy records, Allergy Action Plans and Individual Healthcare Plans, and ensure delegated checks are completed and recorded.
- Support the identification and assessment of allergy-related risks.
- Coordinate staff training and awareness activities and ensure records are maintained.

- Ensure emergency medication arrangements are in place and regularly monitored and ensure delegated checks are completed and recorded.
- Coordinate communication with families, healthcare professionals and relevant external agencies.
- Lead or support investigations following allergy incidents and near misses and ensure lessons learned are shared.
- Support the review of local procedures and contribute to policy reviews as required.

5.4 Staff

All staff have a responsibility to support the effective implementation of this policy and to take reasonable care of the health and safety of pupils and others who may be affected by their actions.

Staff will:

- Complete allergy awareness and anaphylaxis training as required and participate in refresher training.
- Familiarise themselves with pupils' Allergy Action Plans and Individual Healthcare Plans where relevant to their role.
- Take reasonable steps to reduce exposure to known allergens.
- Follow school procedures for the storage, access and administration of emergency medication.
- Respond appropriately and promptly to signs of an allergic reaction or anaphylaxis.
- Report allergy-related incidents, concerns and near misses in accordance with school procedures.
- Know how to summon assistance and where emergency medication is located within the areas in which they work.

5.5 Parents and Carers

Parents and carers play a vital role in supporting the safe management of allergies.

Parents and carers are responsible for:

- Informing the school of any allergy, medical condition, previous serious allergic reaction, history of anaphylaxis, or changes to their child's health that may affect allergy management.
- Providing accurate and up-to-date medical information, including details of prescribed medication, healthcare advice and a current Allergy Action Plan. Where an Allergy Action Plan is not yet in place, parents/carers should work with the relevant healthcare professional to obtain one as soon as possible.
- Working in partnership with the school to develop, implement and review an Individual Healthcare Plan (IHP), where required.
- Providing all prescribed allergy medication, including two adrenaline auto-injectors (AAIs) where prescribed, and ensuring that medication is clearly labelled, in date and available for use in school.
- Replacing medication promptly when it approaches its expiry date or has been used.
- Keeping the school informed of any changes to prescribed medication, treatment, allergy management arrangements or emergency contact details.

5.6 Pupils

Where age and understanding allow, pupils are encouraged to take an active role in managing their allergies.

Pupils should:

- Follow agreed allergy management arrangements.
- Carry prescribed medication where this has been agreed within their Individual Healthcare Plan.

- Inform a member of staff immediately if they believe they have been exposed to an allergen or feel unwell.
- Support the school's efforts to create a safe and inclusive environment for everyone affected by allergies.

Reference: DfE Allergy Safety in Schools Statutory Guidance pp20-24

5.7 Trust Health and Safety Team

The Trust Health and Safety Team will:

- Provide professional advice and guidance on allergy management and policy compliance to health and safety leads and Designated Allergy Leads and Deputies.
- Support schools following significant incidents or changes in legislation and guidance.
- Monitor emerging best practice and statutory requirements and recommend policy updates where necessary.
- Provide assurance reporting to Trust leaders and Trustees as required.

6.0 Training and awareness

6.1 Our Trust schools will ensure that all staff who may supervise or support pupils receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary staff, supply staff, volunteers and relevant contracted personnel in pupil-facing roles.

6.2 All staff will complete the iAM Compliant adrenaline auto-injector (AAIs) (EpiPen) Use & Severe Allergy Response training on TedLearn annually at the start of every new academic year. This training will also be undertaken at induction for any new members of staff. Where access to TedLearn is not available, the Shared Services Estates and Health & Safety Team will provide schools with alternative training resources, including presentation materials, transcripts and other relevant learning materials. It is the responsibility of school leaders to ensure that all relevant staff receive appropriate instruction, information and training to enable them to fulfil their responsibilities under this policy. Contact estates@tedwraggtrust.co.uk for these resources.

The training includes:

- What an allergy is
- Knowing the common allergens and triggers of allergy
- Recognising and responding to an emergency
- A step-by-step guide to administering an adrenaline auto-injector (AAI)
- Overview of procedures and storage
- Our legal and moral duty

At the end of the course the learner will be able to:

- Recognise the signs of an allergic reaction and anaphylaxis so they can act quickly
- Identify the correct response to an anaphylaxis emergency giving treatment without delay
- Recognise how to use an adrenaline auto-injector (AAI- e.g. EpiPen or Jext) safely and confidently

6.3 In addition to the above, schools will establish, document and communicate robust local procedures for allergy management. As a minimum local arrangements must include:

- Leadership and responsibilities for allergy management.
- Identification, record keeping and information sharing arrangements.
- Medication storage, monitoring and emergency response procedures.
- Staff training, awareness and access to allergy management information.

- Catering and food allergen management arrangements.
- Management of allergies during trips, visits, sporting activities and extracurricular provision.
- Incident reporting, investigation, inclusion and anti-bullying arrangements.
- Any additional site-specific arrangements required to support the safe and effective management of allergies.

Each school will document these arrangements using the School Local Arrangements Schedule.
Reference: DfE Allergy Safety in Schools Statutory Guidance pp25-26

7.0 Identification of individuals with an allergy

7.1 Schools will keep a record of all individuals with allergies, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plan.

7.2 This information will not just be limited to pupils but will also extend to staff and visitors of the school. Schools will use proportionate arrangements to identify relevant allergies among staff and visitors. Where visitors will be on site for an extended period, participate in school activities or be provided with food, relevant allergy information should be sought in advance wherever reasonably practicable.

7.3 The Designated Allergy Lead keeps a register which will identify individuals prescribed AAIs and indicate whether an Allergy Action Plan, Asthma Action Plan or IHP is in place. The current Allergy Action Plan will be kept alongside the individual's medication.

7.4 For children and young people starting at the school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as children and young people enrolling at the school during the academic year, interim arrangements will be put in place without delay and every effort will made to ensure a full plan completed within two weeks.

7.5 Records will be reviewed regularly and updated whenever changes are notified or after an incident or near-miss.

Reference: DfE Allergy Safety in Schools Statutory Guidance pp34-35

8.0 Allergy Action Plans and Individual Healthcare Plans

8.1 Children and young people will have an Individual Healthcare Plan (IHP) if:

- They have an allergy which has a functional impact on their everyday life
- They are at risk of harm as a result of their allergy
- They require arrangements which are additional to or different from those made generally

8.2 The IHP will set out the additional and/or different arrangements put in place by the school to support the pupil, including emergency actions. They should be developed in collaboration with the child or young person and their parents and will be completed by The Designated Allergy Lead or Deputy or other responsible person delegated by the school.

8.3 IHPs are school and not clinical documents. They will be informed by a relevant Allergy or Asthma Action Plans issued by healthcare professionals with particular reference to prescribed medications and emergency actions. Schools will have local arrangements for incorporating clinical documents into IHP's.

8.4 In cases where pupils have or are suspected of having an allergy, but clinical advice is not yet available (e.g. where the process of diagnosis is still under way), the school will not dismiss the information they receive from the pupil/parent/carer. The Designated Allergy Lead or Deputy will work closely with the pupil and their parent/carer to establish appropriate support arrangements, based on the most robust assessment possible of the likely risk to the individual, pending receipt of clinical advice. It is the parent/carer's responsibility to provide for the school with any Allergy or Asthma Action Plans from a healthcare professional as soon as this

is available.
Reference: DfE Allergy Safety in Schools Statutory Guidance pp35-36 and 45-58

9.0 Emergency treatment and management of anaphylaxis

9.1 Symptoms 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

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.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

9.2 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 can be fatal. If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed urgently.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. If in doubt, always treat for anaphylaxis.

Pupils who have a known allergy should be issued with an appropriate Allergy or Asthma Action Plans by their healthcare professional. Allergy Action Plans are medical documents which describe emergency response to reactions including anaphylaxis. Where they exist, these emergency procedures will be followed. Nevertheless, where they do not exist (for example if the condition is undiagnosed), the following will guide actions:

- Keep the individual where they are. Bring medication to the individual and not vice-versa. Call for help and do not leave them unattended.
- Lie the individual flat with their legs raised. They can be propped up if struggling to breathe but this should be for as short a time as possible. Do not let them stand up and walk around.
- USE ADRENALINE AUTO-INJECTOR (AAI) WITHOUT DELAY and note the time given always following the instructions on the device and the training received.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis). Call parent/carer as soon as possible.
- If there is no improvement after five minutes, or symptoms return or worsen, administer the second AAI in accordance with the individual's Action Plan and current emergency guidance.
- If no signs of life commence CPR.

Whilst awaiting 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. Always stay with someone having an allergic reaction for at least one hour. All pupils will go to hospital for observation after anaphylaxis even if they appear to have recovered.

Reference: DfE Allergy Safety in Schools Statutory Guidance pp14-19

10.0 Supply, Storage and Care of Medication

10.1 Prescribed medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry **two** of their own Adrenalin Auto-Injectors on them at all times in a suitable bag/container. However, symptoms of anaphylaxis can come on very suddenly, so school staff will be alert to the symptoms of anaphylaxis and be prepared to administer medication if the individual cannot.

For younger children, or those not ready to take responsibility for their own medication, there will be an anaphylaxis kit which is kept safely**, not locked away** and accessible to all staff. AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Medication will be stored in a suitable container and clearly labelled with the pupil's name. The precise contents of the anaphylaxis kit will be determined by the relevant Action Plan but should contain:

- **Two** AAIs.
- The up-to-date Allergy Action Plan.
- Antihistamine (as determined by the Allergy Action Plan).
- Asthma reliever inhaler (if included on Allergy or Asthma Action Plan).

It is the responsibility of the individual's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled. However, the Designated Allergy Lead / Deputy / First Aid Coordinator (depending on local arrangements), will check medication kept at school on a half-termly basis. Checks will confirm that all required medication is present, in date, undamaged, stored appropriately and readily accessible. Parents/carers will be contacted with sufficient notice (normally at least 4 weeks) where replacement medication is required.

10.2 Spare emergency devices

Each school will purchase and maintain 'spare' AAIs for emergency use where pupils' own devices are not available or not working or where anaphylaxis symptoms are displayed but the condition is undiagnosed. Local arrangements will be in place for suitable storage and checking arrangements, but schools must record:

- Number and dosage of devices
- Storage location
- Expiry date
- Person responsible for checks
- Replacement arrangements

10.3 Parental permission

Arrangements for most individuals with anaphylaxis will be established in an IHP which is informed by a clinical Allergy Action Plan. The IHP will be used to record parental consent for the administration of the AAI. The same applies to the use of an emergency salbutamol inhaler in respect of asthma.

However, anaphylaxis is a medical emergency and can be fatal. Circumstances may arise where a child presents with anaphylaxis symptoms for the first time due to an unrecognised allergy and prior written consent may not

be present. In the event of an anaphylaxis reaction, adrenaline will be administered as soon as possible within five minutes. Whilst the emergency services will be called immediately via 999, **staff will not wait to contact the emergency services before administering adrenaline where anaphylaxis symptoms are displayed**. Whilst it is good practice to obtain advance consent from parents/carers as described above, in an emergency situation school staff may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment. If in doubt, always treat for anaphylaxis.

In contrast, there is a different legal position for the use of spare emergency asthma inhalers; a spare salbutamol inhaler can only be used if the child or young person's prescribed inhaler is unavailable. Importantly, emergency asthma inhalers can only be used where written consent has been obtained. Nevertheless, if any individual (pupil, member of staff or visitor) experiences a life-threatening medical emergency, anyone may take reasonable action to save their life and are supported in doing so by this policy and the law. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

10.4 Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin obtained from and disposed of by a clinical waste contractor/specialist collection service/local district council. Local arrangements for disposal are made aware to staff.

Reference: DfE Allergy Safety in Schools Statutory Guidance pp37-42

11.0 Catering

11.1 All food businesses (including school caterers) must follow the *Food Information Regulations 2014* which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

11.2 The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the academy website

11.3 Schools make local arrangements on how they inform the catering team of any pupils with food allergies. E.g. a list with photographs, oversight on tills etc.)

11.4 Where an individual requires reasonable adjustments relating to food due to allergies, these needs will be captured through an IHP. Our schools will have local procedures for informing the Catering Manager of pupils with food allergies and keeping this information up to date. In addition, parents/carers of pupils with allergies will be encouraged to meet with the Catering Manager directly to discuss their child's needs.

11.5 Our schools will take reasonable steps to support pupils with food allergies and provide information regarding allergens in the food provided within the school.

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies will be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The individual will be taught to check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff will be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food.

- Food will not be given to primary school age children with food-related allergy without parental engagement and permission.
- Use of food in curriculum activities and special events (e.g. fetes, assemblies, cultural events) will be considered in the relevant curriculum or event risk assessment.]

11.6 Our Trust supports the approach advocated by Anaphylaxis UK towards 'nut bans' or 'nut free schools' in that they do not necessarily support a blanket ban on any particular allergen in a school. This is because there are many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. A claimed blanket ban could lead to a false sense of security. Instead, this policy promotes a culture of allergy awareness and education, ensuring that all individuals understand the nature of allergies, the importance of avoiding known allergens, how to recognise the signs and symptoms of an allergic reaction, and the appropriate actions to take in response.

11.7 Our Trust also adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Reference: DfE Allergy Safety in Schools Statutory Guidance pp29-34

12.0 Educational Visits and Off-site Activities

12.1 The aim of this policy is that all pupils should be included in the full life of the school wherever possible including off-site activities. In line with the *Outdoor Education, Visits and Off-Site Activities Policy*, staff leading school educational visits and off-site activities will ensure that participants with allergies are given due consideration in the risk assessment process for these events.

12.2 The Visit Leader will ensure that risk control measures will be recorded in the 'enhanced risk assessment' column of the Standard Operating Procedure risk assessment document either directly or by referencing a separate pupil specific risk assessment.

12.3 The Visit Leader will ensure that all required medication and emergency supplies accompany the participant and remain immediately accessible throughout the activity. Responsibility for carrying the medication will be agreed through the pupil's IHP and visit risk assessment.

12.4 All activities undertaken during the educational visit will be included in this consideration and where necessary alternative activities planned to ensure inclusion.

12.5 Residential visits demand careful planning and will include a meeting between the parent/carer and the Visit Leader.

12.6 Provider staff at any venue used for residential visits, or any externally led activity, will be briefed about the presence of participants with allergies. This is particularly important in respect of any catering provided by an external venue. If a venue or external provider states that they are not equipped to cater for any food-allergic child, the school will work with the pupil, parents/carers and provider to identify a safe and inclusive alternative. This may include food supplied by the family where agreed and appropriate.

12.7 These policy arrangements extend to off-site sporting activities. Pupils with allergies should have every opportunity to attend sports activities and fixtures. The school will ensure that the P.E. teacher/s are briefed in the detail of relevant IHPs. Any school hosting a fixture will be notified that a participant has an allergy when the fixture is arranged. Local procedural arrangements are in place for these activities.

12.8 Where a participant is at risk of anaphylaxis, the Visit Leader will ensure that at least one accompanying member of staff is trained and confident in recognising anaphylaxis and administering an AAI.

Reference: DfE Allergy Safety in Schools Statutory Guidance p42

13.0 Incidents and 'near misses'

13.1 Incidents, including near misses will be recorded on the school-based incident management system (Medical Tracker, Evolve accident book or excel).

13.2 Once the incident has been investigated and approved by the shared services Health and safety lead, the school will enter this information onto the OSHENS accident reporting system and will be recorded in either the 'H&S - Work/Premises Related Injury' or 'H&S – Work-related Near Miss/No Injury' categories. Incident reporting details will include a record of use of any emergency medication.

13.3 Any incident should prompt a reconsideration of arrangements for managing allergies for the individual concerned. Depending on the specific circumstances of the incident or near miss, the Designated Allergy Lead will coordinate a timely review of the affected party's IHP, and the wider arrangements outlined in this policy should be reviewed and, where necessary, amended to avoid a repetition.

Reference: DfE Allergy Safety in Schools Statutory Guidance p43

14.0 Wellbeing and Inclusion

1**4.1** Our Trust is committed to ensuring that all children with medical conditions, including allergies, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

14.2 Our trust recognises that living with an allergy may affect a pupil's physical and emotional wellbeing and will promote a culture of understanding, inclusion and support for pupils with allergies.

Reference: DfE Allergy Safety in Schools Statutory Guidance pp26-27#

15.0 EYFS Statutory requirements

15.1 Information Gathering and Sharing – Our schools will:

- Collect detailed information on special dietary needs, preferences, and allergies before a child is admitted to school.
- Share this vital medical and dietary data directly with all staff involved in food preparation and handling.
- Keep records current through ongoing communication and updates with parents and carers. [1, 2]

15.2 Supervision and Mealtime Safety – Our schools will:

- Assign a specific, nominated staff member at every mealtime and snack time to verify that the food served matches each child's individual dietary requirements.
- Ensure a staff member holding a valid Paediatric First Aid (PFA) certificate is present in the room at all times while children are eating.
- Keep children within sight and hearing of staff during meals, actively monitoring for silent choking hazards and preventing food sharing.

15.3 Action Plans and Training

- Work collaboratively with parents and health professionals to implement standard allergy action plans (such as BSACI plans) for children with diagnosed allergies.
- Ensure all staff understand the distinct signs, symptoms, and treatments for allergic reactions and anaphylaxis.
- Review and update dietary and allergy records regularly, noting that food sensitivities can evolve rapidly during early childhood.