Allergy Safety Policy and Procedures

Policy Owner:	Lighthouse Multi Academy Trust
Academy Name:	Moorcroft Wood Academy
Approved/ Ratified:	Pat Hunt
Review Dates:	September 2027

Document Version Control Log

Version	Modification Date	Synopsis of Changes
1.0	July 2026	
2.0	September 2026	Updated with legislation, definitions and specific academy procedures Added section on pets on site, consent walking to and from the academy and information sharing, dignity and privacy Extra appendices added with templates

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Name of Member of Staff	Role
Mrs Ann Adair Mrs Dana Roper	Executive Head Teacher Head of Academy
Mr Nathan Leese	Allergy Lead/ Medical Conditions lead

The Link governor for allergy and medical conditions is: Claire McCullagh

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This Allergy Safety Policy and Procedures has been developed alongside the Trust's Pupils with Medical Conditions Policy. The two policies should be read and implemented in conjunction with one another to ensure that the medical needs of pupils, including those with allergies and other medical conditions, are appropriately identified, assessed and managed.

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Food Allergens include (but are not limited to):-
Celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, nuts, peanuts, sesame, soya, sulphur dioxide and sulphites.

The **14 regulated food allergens** are specifically identified under UK food information legislation and must be declared where they are used as ingredients in food. However, pupils may have allergies to substances outside the 14 regulated food allergens. Academies must therefore consider **each pupil's individual allergy** and follow their individual healthcare or emergency plan and relevant risk assessments, rather than relying solely on the regulated list.

Other Allergens include:
Latex, Insect venom, Pollen and Animal Dander.

This list is **not exhaustive**, and an individual may have an allergic reaction to a substance not included above. Academies must ensure that appropriate arrangements are in place for pupils with known allergies, including appropriate risk assessments, individual healthcare or emergency plans, staff awareness and training, and emergency procedures where required.

This policy sets out how (**insert Academy name)** will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Legislation and Statutory Guidance

This policy has been developed with regard to the following legislation, statutory guidance and national requirements:

- **Children's Wellbeing and Schools Act 2026**, including provisions relating to statutory allergy safety policies in schools.
- **Children and Families Act 2014**, particularly Section 100, relating to arrangements for supporting pupils with medical conditions.
- **Department for Education: Allergy Safety in Schools – Statutory Guidance (2026)**.
- **Equality Act 2010**, including the duty to make reasonable adjustments where applicable and the Public Sector Equality Duty.
- **Health and Safety at Work etc. Act 1974**.
- **Education Act 2002**, including duties relating to safeguarding and the welfare of pupils.
- **Food Information Regulations 2014,** including requirements relating to allergen information provided by food businesses and school caterers.
- **Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years**.
- **Early Years Foundation Stage (EYFS) Statutory Framework**, where applicable.
- **Keeping Children Safe in Education (KCSIE) 2026**.

- **Supporting pupils with medical conditions at school – statutory guidance,** as applicable to the Trust's wider arrangements for supporting pupils with medical conditions.

The Trust and its academies will have regard to relevant Department for Education guidance and will review this policy at least annually and following any significant change to legislation, statutory guidance or Trust procedures.

3. Definitions

Allergy
An allergy occurs when the body's immune system reacts to a substance that is normally harmless to most people, known as an allergen. Allergens can include foods such as peanuts, nuts, milk, eggs, wheat, soya, fish and shellfish, as well as other substances such as medicines, insect stings or environmental allergens.
An allergic reaction can range from mild to severe and may cause skin, gastrointestinal or respiratory symptoms. Symptoms can vary between individuals and between reactions. Some allergic reactions can be life-threatening.

Food Intolerance
A food intolerance occurs when the body has difficulty digesting or processing a particular food or food component. Unlike a food allergy, it does not involve the immune system and is not usually life-threatening.
Symptoms may include stomach pain, bloating, diarrhoea, nausea or other digestive symptoms. Some pupils may require specific adjustments to their diet to manage their intolerance safely and comfortably.

Dietary Requirement
A dietary requirement is a specific food or dietary need that a pupil may have for a range of reasons. This may include medical needs, allergies or intolerances, religious or cultural requirements, or a specific dietary choice.
Dietary requirements should be communicated to the academy so that appropriate arrangements can be made. Where a dietary requirement relates to a medical condition or allergy, the academy will ensure that appropriate risk assessments, healthcare plans and safety procedures are followed where required.

Allergic reaction
An allergic reaction occurs when the immune system reacts to an allergen. Reactions can range from mild to severe and may cause skin, gastrointestinal or respiratory symptoms. Symptoms can vary between individuals and between reactions.

Anaphylaxis
Anaphylaxis is a **severe, life-threatening allergic reaction** that can develop rapidly and affect the airway, breathing or circulation. Symptoms may include difficulty breathing, swelling of the tongue or throat, wheezing, persistent coughing, dizziness, collapse or loss of consciousness. Anaphylaxis can occur with or without a rash or other skin symptoms.

Staff must **not wait for symptoms to become severe** before administering a prescribed adrenaline auto-injector (AAI) where anaphylaxis is suspected, in accordance with the pupil's individual healthcare/emergency plan and academy procedures.

4. Role and responsibilities

Trustees
The Board of Trustees has overall strategic responsibility for ensuring that the Trust has appropriate arrangements in place to safeguard pupils with allergies and minimise the risks associated with allergic reactions, including anaphylaxis.

The Board of Trustees will:
- Ensure the Trust has an effective Allergy Management Policy which is reviewed regularly and reflects current legislation, national guidance and recognised good practice.
- Promote a culture where the safety, wellbeing and inclusion of pupils with allergies is recognised as a shared responsibility across all academies.
- Ensure suitable governance arrangements are in place to monitor compliance with this policy across the Trust.
- Seek assurance that each academy has effective systems for identifying, recording and managing pupils with medical conditions, including allergies and those at risk of anaphylaxis.
- Ensure appropriate resources are available to enable academies to meet their statutory duties in relation to supporting pupils with medical conditions.
- Receive assurance that suitable training arrangements are in place so that staff understand their responsibilities and can respond appropriately to an allergic reaction or medical emergency.

- Ensure robust arrangements exist for the administration, storage, accessibility and replacement of emergency medication, including adrenaline auto-injectors where required.
- Monitor significant incidents relating to allergies through the Trust's health and safety and safeguarding reporting arrangements, ensuring that lessons learned are identified and implemented where appropriate.
- Ensure appropriate insurance arrangements are maintained for activities undertaken by the Trust.
- Hold the Chief Executive Officer and Trust Executive Leader to account for the effective implementation, monitoring and review of this policy across all academies.
- Ensure that equality, inclusion and reasonable adjustments are considered so that pupils with allergies can participate safely in all aspects of academy life, including educational visits, enrichment activities, clubs and residential experiences.
- Ensure the Trust complies with its duties under relevant health and safety, safeguarding, equality and medical conditions legislation and guidance.

Trust Central Team

The members of the Trust Central Team will:

- Develop and implement a Trust-wide allergy management policy and guidance.
- Ensure all academies comply with statutory requirements and Trust standards for allergy management.
- Provide central oversight of allergy risk management across all schools.
- Monitor compliance through audits, reviews, and quality assurance visits.
- Support schools in developing and reviewing individual healthcare plans for pupils with allergies.
- Oversee the reporting, investigation, and sharing of learning from allergy-related incidents and near misses.
- The Governance Professional will monitor each academy's Local Governing Body against agreed key performance indicators, providing assurance on governance effectiveness and reporting outcomes, areas of strength, and any identified risks or actions to Trust leadership.
- Facilitate communication and the sharing of best practice between academies and external healthcare partners.
- Review and update Trust policies and procedures in line with changes to legislation, national guidance, and emerging best practice.

Role of the Named Local Governor for Allergy Safety – Lisa Steadman

The nominated governor should:

- Provide strategic oversight of the academy's allergy management arrangements.
- Ensure the academy has a published Allergy Safety Policy, separate from the Medical Conditions Policy, which is reviewed annually or following a significant incident.
- Receive assurance that the Executive Headteacher/ Headteacher/ Head of Academy has implemented the policy effectively.
- Monitor compliance with statutory requirements through reports rather than becoming involved in individual cases.
- Ensure allergy safety is embedded within safeguarding, health and safety and risk management.

Allergy Lead – Nathan Leese

The Academy Allergy Lead will:

- Lead the day-to-day implementation of the academy's Allergy Safety Policy.
- Ensure staff have signed to say they have received, read and understood the Allergy Policy and update the record when new staff join.
- Maintain an accurate register of pupils with allergies and ensure all **Allergy Individual Healthcare Plans (IHPs)** are current and reviewed regularly. (Appendix 3)
- Keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Ensure all pupils with an AAI have an Allergy Action Plan (Appendix 1) and Individual Risk Assessment (Appendix 2)
- Ensure prescribed and spare adrenaline auto-injectors (AAIs) are available, accessible, in date and checked routinely.
- Coordinate annual allergy and anaphylaxis training for all staff, including induction for new starters, and maintain training records. (Appendix 10)
- Carry out and oversee allergy risk assessments for classrooms, curriculum activities, educational visits, clubs and

other school events. (Appendix 4)
- Work closely with parents, healthcare professionals, catering providers and relevant staff to ensure pupils with allergies are supported safely and inclusively.
- Ensure effective emergency procedures are in place and that all allergic reactions, including near misses, are recorded, reviewed and used to improve practice.
- Monitor compliance through regular audits of healthcare plans, medication, training and allergy management arrangements, taking action where improvements are needed.
- Promote a whole-school culture of allergy awareness, prevention and inclusion through communication, guidance and staff support.
    - Report regularly to the Headteacher and Local Governing Body on allergy management, training compliance, incidents, audits and any emerging risks or recommendations.
    - Ensure that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

Parent/Carer Responsibilities

The Parent/Carer are responsible for:
- Completing the admissions pack on entry to the academy informing them of any allergies their child has. (Appendix 5)
- Parents and carers should include any information of previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. British Society for Allergy & Clinical Immunology (BSACI plans preferred) to the academy. If they do not currently have an Allergy Action Plan this should be developed as soon as possible by the allergy lead and parent/carer and signed by the healthcare professional. e.g. School nurse/GP/allergy specialist.
- Ensuring any required medication is supplied, in date and replaced as necessary.
- Keeping the academy up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Responsibilities of the School Nurse /Health Care Professional

The school nurse or other healthcare professional will:
- Provide **clinical advice and guidance** to the academy on the management of pupils with allergies.
- Support the development and review of **Individual Healthcare Plans (IHPs)** where appropriate.
- Advise on **emergency medication**, including adrenaline auto-injectors (AAIs), and their use in accordance with the pupil's prescribed treatment.
- Support or provide **staff training** on recognising and responding to allergic reactions, where appropriate.
- Liaise with **parents/carers and relevant healthcare professionals** where a pupil's allergy or healthcare needs change.
- Provide advice following a **significant allergic reaction** and contribute to reviewing the pupil's support arrangements where necessary.

The school nurse/healthcare professional provides clinical advice; the academy remains responsible for implementing the allergy policy and ensuring appropriate arrangements are in place.

Staff Responsibilities

All staff will:
- Receive, read and understand the Allergy Policy on joining and then annually.
- Complete anaphylaxis training. Training is provided for All staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Have an awareness of pupils they teach regularly who are on the allergy list (e.g. PPA cover, ECT time, PE lessons, Music lessons)
- Ensure any food-related activities are supervised with due caution.
- Carry all relevant emergency supplies on academy trips. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

Pupil Responsibilities

- Pupils are encouraged to develop an age-appropriate understanding of their allergies, recognise the signs and symptoms of an allergic reaction, and immediately inform a member of staff if they feel unwell or believe they are experiencing an allergic reaction.
- Pupils should be encouraged, where appropriate to their age and level of understanding, to take an active role in managing their allergy and to follow the safety arrangements put in place by the academy.
- Where agreed by parents/carers, healthcare professionals and the academy through the pupil's **Individual Healthcare Plan (IHP)**, pupils who are assessed as competent and confident may carry and, where appropriate, self-administer their prescribed **adrenaline auto-injector (AAI)**.
- Pupils who carry their own AAI should understand the importance of **having it with them at all times**, including during lessons, physical education, educational visits and other activities where it may be required.
- Pupils should inform a member of staff immediately if they experience symptoms of an allergic reaction, believe they may have been exposed to an allergen, or have used their AAI.
- Pupils should understand that they **must not delay seeking help** or attempt to manage a suspected severe allergic reaction on their own. Staff will provide support and follow the pupil's IHP, emergency procedures and academy allergy arrangements.
- Pupils should not share, lend or allow other pupils to use their prescribed medication, including their AAI.
- Pupils should follow any agreed arrangements relating to food, cooking activities, the dining hall and other situations where there may be a risk of exposure to their known allergens.
- The academy will provide **age-appropriate education and support** to help pupils understand their allergy and develop appropriate independence while ensuring that responsibility for managing allergy-related risks remains appropriately shared between the pupil, parents/carers, academy staff and relevant healthcare professionals.

5. Information sharing, Privacy and Identification

Allergy information will be shared only with those who need the information to keep the pupil safe and support their inclusion.

Allergy and other health information will be handled in accordance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and the Trust's data protection and privacy procedures. Health information is special category personal data and will be handled securely, sensitively and only where there is a lawful basis for processing and sharing.

The academy will balance the need to share relevant information to keep pupils safe with the pupil's right to privacy and dignity. Information will not be disclosed more widely than is necessary for the pupil's safety, support and inclusion. The Individual Health Care Plan will have a section at the top for staff to write what other needs/ conditions the child may have in relation to the medical conditions policy.

The academy will have regard to its duties under the Equality Act 2010 and will make reasonable adjustments and appropriate supportive arrangements, where required to ensure that pupils with allergies are able to access education, activities and opportunities on an equal basis.

Where visible identification measures, such as a purple lanyard, are used, the academy will consider the pupil's age, wishes, wellbeing, dignity and privacy, and will involve the pupil and parent/carer in the decision where appropriate.

Visible identification measures are an additional safety measure and must not replace the pupil's Individual Healthcare Plan, allergy action plan, appropriate allergen checks or access to prescribed medication.

The academy will ensure that staff who need allergy information to keep a pupil safe have access to current and accurate information, while avoiding unnecessary disclosure of the pupil's medical information.

6. Suspected Allergy – Interim Arrangements

Where an allergy is suspected but has not yet been formally diagnosed, the academy will take the information provided by the parent/carer seriously and will not dismiss the concern solely because a formal diagnosis has not yet been confirmed.

Where necessary, proportionate interim safety arrangements will be put in place based on the information available, and the concern will be recorded. The academy will seek appropriate healthcare advice where required and will review the arrangements when further clinical information becomes available.

Where the suspected allergy requires individual support or arrangements beyond the academy's general allergy procedures, these arrangements will be recorded within an Individual Healthcare Plan (IHP). Where an adrenaline auto-injector (AAI) is subsequently prescribed, the pupil's IHP and associated allergy management documentation will be reviewed and updated, including the healthcare professional's Allergy Action Plan and individual allergy risk assessment.

7. Individual Health Care Plan (IHP) for pupils with allergies

All pupils with a **diagnosed allergy** must have an **Individual Healthcare Plan (IHP)** in place that clearly records their allergy, known allergens, symptoms, appropriate preventative measures and the actions to be taken in the event of an allergic reaction.

The Individual Health Care Plan will have a section at the top for staff to write what other needs/ conditions the child may have in relation to the medical conditions policy.

The IHP must be developed in consultation with the pupil, their parent/carer and where appropriate relevant healthcare professionals. It should reflect the individual pupil's needs and circumstances and must be reviewed regularly and whenever there is a significant change to the pupil's allergy, treatment, medication or circumstances.

An Individual Healthcare Plan (IHP) will be reviewed and updated when there is:

- a **new diagnosis or identified medical condition**;
- a **newly identified allergen** or change to known allergens;
- a **change in the severity, pattern or history of allergic reactions**;
- a **new or changed AAI prescription**;
- a **change in the AAI device, dose or administration arrangements**;
- **medication expiry, replacement or a change in prescribed medication**;
- an **allergic reaction or other relevant medical incident**;
- a **near miss, accidental exposure or suspected exposure**;
- a **change in the pupil's individual healthcare needs**;
- a **change in school arrangements, staffing, provision or the location in which the pupil is educated** that affects the management of their condition;
- **transition to a new setting, school or year group** where the pupil's arrangements or support needs change; or
- an **educational visit, residential visit or other activity requiring additional or different control measures**.

The IHP will also be reviewed **at least annually**, or more frequently where the pupil's needs or circumstances require it.

The level of detail and control measures required within the IHP will be proportionate to the individual pupil's needs. Not all pupils with allergies will require prescribed medication or an adrenaline auto-injector (AAI). Where an AAI or other medication is prescribed, the IHP must clearly identify the medication, dose, storage arrangements, accessibility requirements and emergency procedures.

The IHP should also identify any additional measures required to reduce the risk of allergen exposure, which may include arrangements for the dining hall, food preparation and cooking activities, educational visits, Breakfast Club, After School Club, physical activities and other relevant situations.

A pupil's IHP does not replace the academy's wider **Allergy Safety Policy, allergy risk assessment, Medical Conditions Policy, medication procedures or emergency arrangements**. These documents should work together to ensure that staff understand both the individual pupil's needs and the Trust-wide procedures for managing allergies safely.

Where a pupil has a **food intolerance, coeliac disease or another dietary requirement rather than an allergy**, the academy should assess the individual's needs and determine whether an IHP, risk assessment or other documented arrangements are required.

Coeliac disease: An autoimmune condition in which the small intestine reacts adversely to gluten. Coeliac disease is not an allergy and does not cause anaphylaxis. It requires strict avoidance of gluten and robust controls to prevent cross-contamination.

The **purple allergy lanyard is specifically used to identify pupils with a diagnosed or suspected food allergy** where allergy management arrangements are required. It is intended to provide a consistent visual identifier for staff and should not be used solely to identify a food intolerance, coeliac disease or another dietary requirement where there is no food allergy.

Using the purple lanyard consistently for pupils with food allergies helps staff distinguish **allergy-related risks and emergency arrangements** from other dietary requirements and avoids creating confusion about the nature of the pupil's condition.

8. Allergy Action Plans

Allergy action plans (1 page profiles) are designed to function as individual healthcare plans for children with food allergies who have an AAI, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector. (Appendix 1)

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

9. Emergency Treatment and Management of Anaphylaxis

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

Mild to moderate allergic reaction symptoms may include:

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

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.

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

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 that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways

- It stops swelling
- It raises the blood pressure

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

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

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

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

10. Supply, storage and care of medication

Pupils prescribed adrenaline auto-injectors (AAI) must be kept in the classroom or learning area in a clearly identified, readily accessible location that is known to all relevant staff. Medication **must never** be locked away and should be immediately available for use in an emergency while remaining secure from unauthorised access. Staff should read this policy alongside the Medical Conditions policy.

Each academy will maintain at least one clearly identified anaphylaxis emergency kit containing spare adrenaline auto-injector(s) (AAIs), in accordance with Department for Education guidance. The kit **must** be stored in a central, readily accessible location that can be reached **within five minutes** from any area of the academy, must never be locked away, and its location must be known to all staff. The contents of the kit should be checked regularly to ensure medication remains in date and is available for immediate use in the event of an anaphylactic emergency.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan (1 page profile)
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Allergy Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes and never be locked away.

Disposal
Adrenaline auto-injectors (AAIs) are single-use devices. Following use, the AAI should be handed to the attending ambulance crew for safe disposal wherever possible.

Where this is not possible, the academy will dispose of the used AAI safely in accordance with its clinical waste procedures.

11. 'Spare' adrenaline auto-injectors in school

Written parental consent for the use of spare AAIs is included within each pupil's Allergy Action Plan.

Moorcroft Wood Academy has purchased and maintains a supply of spare adrenaline auto-injectors (AAIs) for emergency use in pupils who are at risk of anaphylaxis. These may be used where a pupil's prescribed device is not available, not working, or out of date, or where a pupil experiences an anaphylactic reaction for the first time without a prior diagnosis.

The spare AAIs are held in accordance with Department for Education guidance and are intended solely for emergency use by trained staff.

Emergency anaphylaxis AAIs are stored in a **clearly identifiable, wall-mounted emergency anaphylaxis kit** at each academy. The kit will be located in a **central, unlocked location that is accessible to staff within 5 minutes from any part of the academy site**, including areas such as the dining hall, sports grounds and other locations where pupils may be taught or supervised.

The kit will be clearly labelled **'Emergency Anaphylaxis Adrenaline Pen'** and must be securely stored but **not locked away**, ensuring that it can be accessed immediately in an emergency. Its location must be clearly communicated to all staff, including temporary, supply, agency and other relevant staff.

Consistency in the location, appearance and labelling of emergency anaphylaxis kits across the Trust is required to ensure that staff can quickly identify and access emergency AAIs when required.

Each academy holds 2 x 150mcg and 2 x 300mcg spare adrenaline auto-injectors, which are stored in the wall-mounted emergency anaphylaxis kit located in the medical room and is displayed on the wall mounted storage cabinet. It is clearly marked.

The academy's spare adrenaline devices are an additional emergency measure and do not replace a pupil's own prescribed medication.

The Allergy Lead is responsible for ensuring that all spare medication is checked monthly to confirm it is in date and replaced as required.

Pupil's prescribed AAIs	Academy's spare AAIs
→ belong to the individual pupil → must be accessible to them at all times → travel with them on visits/activities → two devices.	→ emergency backup → held by the academy → can be used if the pupil's own device is unavailable/ insufficient or in an emergency → do **not** replace the pupil's prescribed devices.

12. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the academy's anaphylaxis policy are:-

Name of Member of Staff	Role
Mrs Ann Adaire Mrs Dana Roper	Executive Head Teacher Head of Academy
Mr Nathan Leese	Allergy Lead /Medical Conditions Lead

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

Moorcroft Wood Academy ensures that staff undertake a practical session using trainer devices. https://www.epipen.co.uk/en-GB/hcp/Patient-support/EpiPen-Trainer-Pen

This includes permanent staff, temporary staff, supply staff, agency, peripatetic and regular volunteer staff, catering staff and staff working in breakfast and after-school provision.

Additionally each academy will ensure there are regular opportunities during staff INSETs and briefing to discuss scenarios relating to allergies and practice **Anaphylaxis Scenario-Based Training** which involves staff working through a realistic scenario to practise their roles and responses to a child experiencing anaphylaxis, including administering an AAI.

13. Inclusion and safeguarding

Moorcroft Wood Academy is committed to ensuring that all pupils with medical conditions, including allergies, are properly supported so that they can participate fully and safely in academy life, remain healthy and achieve their academic potential. The academy recognises that allergies can have an impact on both physical and emotional wellbeing and will take appropriate steps to promote the pupil's safety, dignity, inclusion and independence.

The academy will ensure that pupils with allergies are **not unnecessarily singled out, stigmatised or excluded** from activities because of their medical condition. Where additional identification measures are required, such as the use of a **purple lanyard or purple tray**, these will be implemented sensitively and consistently as an additional safety control. Such measures are intended to alert staff to a pupil's allergy and the need for appropriate precautions, particularly during mealtimes, cooking or food-related activities, educational visits and other situations where staff may not routinely work with the pupil.

The use of purple lanyards and trays will be managed in a way that maintains the pupil's **dignity and inclusion**. Staff will avoid drawing unnecessary attention to an individual pupil or their allergy and will ensure that the measures are presented as an important safety arrangement rather than as a label or reason for embarrassment.

Parents/carers may request that their child does not wear a purple lanyard. Any request to opt out of the purple lanyard must be made in writing to the academy and will be recorded alongside the pupil's allergy information and Individual Healthcare Plan (IHP). (Appendix 12)

Choosing not to use a purple lanyard will **not affect the academy's responsibility to support the pupil safely** and does not remove or reduce any other allergy safety arrangements identified in the pupil's IHP, Allergy Action Plan, risk assessment or the academy's allergy safety procedures. The academy will continue to ensure that relevant staff are aware of the pupil's allergy and that appropriate arrangements are in place during mealtimes, food-related activities, educational visits and other relevant situations.

Where a parent/carer chooses to opt out, the academy will discuss alternative arrangements with the parent/carer and, where appropriate, the pupil, to ensure that staff who need to know are able to identify and support the pupil safely without relying on the purple lanyard.

As part of the academy's wider curriculum and personal development provision, pupils will receive age-appropriate education about allergies, allergic reactions and allergy safety. This will support pupils to understand that allergies are medical conditions which may require additional safety measures and will promote empathy, respect and inclusion. Information shared with pupils will be appropriate to their age and will not unnecessarily disclose the confidential medical information of individual pupils.

The academy will work collaboratively with parents/carers, pupils and relevant healthcare professionals, where appropriate, to ensure that allergy management arrangements are individualised, proportionate and regularly reviewed. The pupil's views and level of understanding will be considered when developing and reviewing arrangements, with the aim of promoting safe and appropriate independence while maintaining effective safeguarding controls.

14. Catering

All academies must comply with the Food Information Regulations 2014, which require that accurate allergen information relating to the 'Top 14' allergens is made available for all food and drink products provided or served within the academy.

The Academy's menu is available for parents to view **weekly** in advance on the school newsletter. The catering staff are aware of the ingredients used and of the allergies that children have.

The Allergy Lead will inform the Catering Manager of pupils with food allergies. The catering staff will be given an allergy list with the name of the pupil, year group, allergy and a photograph of the child.

Walsall Catering will provide a **purple tray** for all pupils with a diagnosed food allergy to support clear identification and minimise the risk of accidental exposure during lunchtime.

The academy will purchase and provide **purple plates, bowls and tumblers** for pupils with food allergies to use during breakfast club and after-school club.

All pupils with a food allergy will wear a **purple lanyard during lunchtime in the hall** to provide a clear and consistent visual prompt to staff. The lanyard will be placed in a box when they go outside to play at lunchtime.

The lanyard card will clearly state the **pupil's name, class and identified food allergy**, alongside an appropriate InPrint image. For pupils who have been prescribed an adrenaline auto-injector (AAI), the lanyard card will additionally state: **"I have an EpiPen in school."**

Academies will purchase a purple lanyard for each pupil with a food allergy and will use the Trust-approved lanyard card template provided in (**Appendix 4**)

Pupils will wear their purple lanyard at lunchtime when eating in the hall only, at snack/playtime when eating and during cooking sessions. The class teacher will ensure that the pupil collects their lanyard at the beginning of lunch and is returned by lunchtime supervisors at the end of lunch.

Pupils who attend breakfast club or after-school club will require an **additional purple lanyard**. This will be kept securely in the relevant wraparound-care provision so that it can be worn each time the pupil attends.

Pupils will not take their purple lanyards home.

The lanyard is an additional identification measure and must never replace checking the pupil's individual healthcare plan, allergy information, or the ingredients/food being provided.

Pupil	Purple lanyard	Purple lunch tray
Serious allergy / risk of anaphylaxis + AAI	✓ Yes	✓ Yes
Confirmed food allergy but no AAI prescribed	✓ Yes	✓ Yes
Food intolerance e.g. lactose intolerance	✗ No	✗ No
Other non-food allergy e.g. pollen, dust	✗ No	✗ No

The academy will ensure that the allergy list is kept accurate and regularly updated. Amendments will be made promptly when:

- New pupils join the academy
- Pupils with allergies leave the academy
- There are any changes to a pupil's medical information or dietary requirements

Parents/carers will meet with the Allergy Lead to discuss their child's allergies in order to create the Allergy Action Plan (1 page profile). Appendix 1. All pupils with an allergy will have an Allergy Action Plan.

The academy adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents/carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the academy 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. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Academies are encouraged to adopt a 'no food brought in for birthdays or celebrations' approach, and to reduce the risk of allergen exposure the academy does not permit food items to be brought in from home for distribution to other pupils, including birthday treats, as part of its allergy risk management procedures to ensure the safety and wellbeing of all pupils, particularly those with food allergies.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fayres, 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.
- Pupils with food allergies will be encouraged, where age-appropriate, to check ingredients and confirm food suitability with catering staff before selecting or consuming food.

15. School trips and residential visits

Pupils who are prescribed adrenaline auto-injectors (AAIs) must have **two prescribed AAIs available** with them on all off-site educational visits and activities. Both prescribed AAIs must accompany the pupil throughout the visit and remain readily accessible to trained staff. The Visit leader must ensure that the pupil's prescribed AAIs are collected from the academy before departure and taken on the visit.

Prescribed AAIs must remain readily accessible to trained staff throughout the visit and must be managed in accordance with the pupil's Individual Healthcare Plan (IHP), healthcare professional's advice and the educational visit risk assessment. Where a pupil is unable to safely carry their own prescribed AAIs due to age or other considerations, a designated trained member of staff must have immediate access to them.

Academy-held emergency AAIs must not be taken on educational visits. The academy's emergency AAIs must remain in the academy's wall-mounted anaphylaxis emergency kit and remain available for use in accordance with the academy's emergency medication arrangements.

All activities undertaken as part of an educational visit must be risk assessed to identify any potential risks to pupils with allergies. An Equality Impact Assessment (see Educational Visits Policy) must be completed where a pupil's allergy may affect their ability to participate in an educational visit. This will ensure that reasonable adjustments are considered and that decisions are made in accordance with the Equality Act 2010, with the aim of enabling full participation wherever reasonably practicable.

For **overnight residential visits,** the Trip Lead/Educational Visits Coordinator (EVC) must contact the residential provider in advance to confirm that appropriate emergency allergy medication arrangements are in place at the venue. This must include establishing whether the provider has appropriate emergency AAIs available on site. Where suitable emergency arrangements cannot be confirmed, alternative provision or additional arrangements must be explored before the visit takes place.

A pre-visit meeting will be arranged with parents/carers and the Allergy Lead where required to agree individual arrangements and ensure that the pupil's allergy management needs are appropriately planned for.

Where meals are provided by a venue or residential provider, the Trip Lead must ensure that the provider is informed in advance of the pupil's allergy and any specific dietary requirements. Appropriate arrangements must be confirmed to ensure that safe and suitable food is provided.

Sporting Excursions

Pupils with allergies should be given every opportunity to participate in sports fixtures and visits to other schools. The PE teacher(s) will liaise with the Academy Allergy Lead and ensure that relevant staff are fully informed of any pupils with medical conditions, including allergies.

The host school will be notified in advance where a pupil with an allergy is attending a fixture as part of a team. At least one member of staff trained in the administration of adrenaline auto-injectors (AAIs) will accompany the team to ensure appropriate emergency support is available.

Where a host school is unable to accommodate specific dietary requirements, arrangements will be made for the pupil to bring suitable alternative food provided from home, in line with their allergy management plan.

The academy will work in partnership with parents and carers to ensure that pupils are fully included in all aspects of school life, and will agree any special arrangements required to support safe participation.

16. Consent for walking to and from the academy

For pupils with a medical condition, allergy, or health need requiring medication or emergency treatment, parents/carers remain responsible for ensuring that appropriate arrangements are in place whilst their child is travelling to and from school. Where a pupil has been prescribed medication, including but not limited to an Adrenaline Auto-Injector (AAI), inhaler, insulin, glucose treatment, epilepsy medication, or any other emergency or prescribed medication, parents/carers must ensure that the pupil carries, or has immediate access to, the required medication during their journey where appropriate. The academy's Medical Conditions Policy and Allergy Policy apply whilst the pupil is on the academy site and under academy supervision; however, responsibility for the pupil's medical needs and medication arrangements rests with the parent/carer before the pupil arrives at school and after they leave the academy site. By signing this consent form, parents/carers confirm that they understand and accept these responsibilities. **(Appendix 6- Consent for walking to and from the academy)**

17. Allergy related incidents and near misses

The academy will have clear procedures for responding to, recording and reviewing allergy-related incidents and near misses.

All serious allergy incidents and near misses will be recorded and reported in accordance with academy and Trust procedures. This includes incidents involving anaphylaxis, administration of adrenaline, suspected exposure to an allergen, incorrect or delayed administration of medication, and other significant events that could have resulted in harm.

Parents/carers will be informed of serious allergy incidents and near misses involving their child, and their views will be considered as part of the review and learning process.

Following a serious allergy incident or significant near miss, the academy will review what happened, identify any contributing factors and consider whether changes are required to the pupil's Individual Healthcare Plan, risk assessment, medication arrangements, staff awareness, training, catering arrangements or other control measures.

Lessons learned will be shared with relevant staff and incorporated into the academy's allergy management arrangements where appropriate.

Serious allergy incidents and significant near misses will be reported to the Headteacher, Allergy Lead, the Trust Central Team and Local Governing Body in accordance with the academy's reporting arrangements.

Where an incident results in emergency services being called, the academy will ensure that the appropriate emergency, safeguarding, health and safety and reporting procedures are followed.

Records of incidents and near misses will be maintained securely and reviewed as part of the academy's ongoing monitoring of allergy safety.

18. Allergy awareness and nut aware

Moorcroft Wood Academy adopts a nut-aware approach in line with the guidance promoted by Anaphylaxis UK. The academy does not implement blanket bans on specific allergens, as it is not possible to guarantee an entirely allergen-free environment in any school setting. Nuts are one of many potential allergens that may affect pupils, and effective risk management is achieved through awareness, education, and robust procedures. Parents and carers are strongly encouraged not to send in nuts or products containing nuts due to the risk of severe allergic reactions, including potential airborne exposure, within the academy environment.

Instead, the academy promotes a culture of allergy awareness and education across the whole school community. This ensures that staff, pupils and visitors understand the nature of allergies, the importance of avoiding known allergens, the signs and symptoms of allergic reactions, and the appropriate actions to take in the event of an emergency. The academy maintains clear policies and procedures to minimise risk and support the safety and inclusion of all pupils with allergies.

19. Animals and Pets on Site

The academy recognises that exposure to animals may present a risk to pupils, staff and visitors with allergies. Appropriate measures will be taken to minimise the risk of allergic reactions whilst enabling educational opportunities involving animals where appropriate.

- Each academy that keeps animals on site or permits animals to visit the premises must have a specific **Animals in Academy Policy**.
- All animals kept on site or visiting the academy must be subject to an individual risk assessment.
- Individual risk assessments must be completed for each type of animal, for example dogs, rabbits, guinea pigs, chickens or other animals present on the premises.
- Risk assessments must consider allergen exposure, pupil and staff allergies, hygiene arrangements, animal welfare, supervision requirements, cleaning procedures, and emergency response arrangements.
- The academy will maintain records of pupils and staff with known animal allergies and ensure these are considered before animals are brought onto site.
- Where a pupil has a severe animal allergy requiring an Adrenaline Auto-Injector (AAI), an individual healthcare risk assessment will be completed and control measures implemented.
- Parents/carers of pupils with severe animal allergies will be informed, where reasonably practicable, of planned activities involving animals that may present a risk.
- Appropriate handwashing and hygiene procedures must be followed after contact with animals, their bedding, feed, or living areas.
- No animal belonging to a member of staff, parent, carer, volunteer or visitor may be brought onto the academy site without prior approval and an appropriate risk assessment.
- As part of the admissions process, parents/carers will be asked to provide consent for their child to have supervised contact with animals as part of the curriculum, enrichment activities, wellbeing programmes, or animal care activities within the academy. Parents/carers may withdraw this consent at any time by notifying the academy in writing. (Appendix 5)

- Parents/carers will also be asked to declare any known animal allergies or medical conditions that may be affected by contact with animals. This information will be considered when planning activities and completing animal-specific risk assessments.
- Pupils who do not have parental consent, or for whom contact with animals presents a medical risk, will be provided with appropriate alternative arrangements where required.

The presence of animals within the academy will be regularly reviewed to ensure that the needs of pupils and staff with allergies are balanced with the educational benefits of animal-assisted learning and animal care activities.

20. Risk Assessment

Moorcroft Wood Academy will complete a detailed individual risk assessment for all new pupils prescribed an adrenaline auto-injector (AAI/EpiPen), as well as for any pupil newly diagnosed and prescribed an AAI, to identify and manage risks and ensure appropriate measures are in place to keep pupils safe. (Appendix 2)

In addition, the Trust provides a whole-school allergy risk assessment framework, which each academy will review and adapt to reflect its local context and specific operational arrangements. This bespoke document will be regularly reviewed by the academy to ensure it remains current, effective and aligned with Trust and statutory guidance. **(Appendix 3)**

21. Link Policies

- Admissions Policy
- Anti-Bullying Policy
- Behavior Policy
- Educational Visits Policy (EVC Policy)
- Equity, Equality, Diversity and Inclusion Policy
- First Aid Policy
- Food and Nutrition Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy SEND Policy
- Supporting Pupils with Medical Conditions Policy

22. Monitoring and Review

The academy will regularly monitor the implementation and effectiveness of this Allergy Policy to ensure it remains current, compliant with statutory guidance, and effective in managing risk.

Monitoring will include:

- Review of allergy-related incidents and near misses, including any required actions or learning outcomes
- Regular checks of Individual Healthcare Plans and allergy registers
- Monitoring of staff training completion, including annual allergy and anaphylaxis training
- Audits of emergency medication (including AAIs) to ensure it is in date, accessible and appropriately stored
- Review of risk assessments for individual pupils, educational visits and high-risk activities
- Feedback from staff, parents/carers and relevant professionals

The policy will be formally reviewed at least annually, or sooner if:

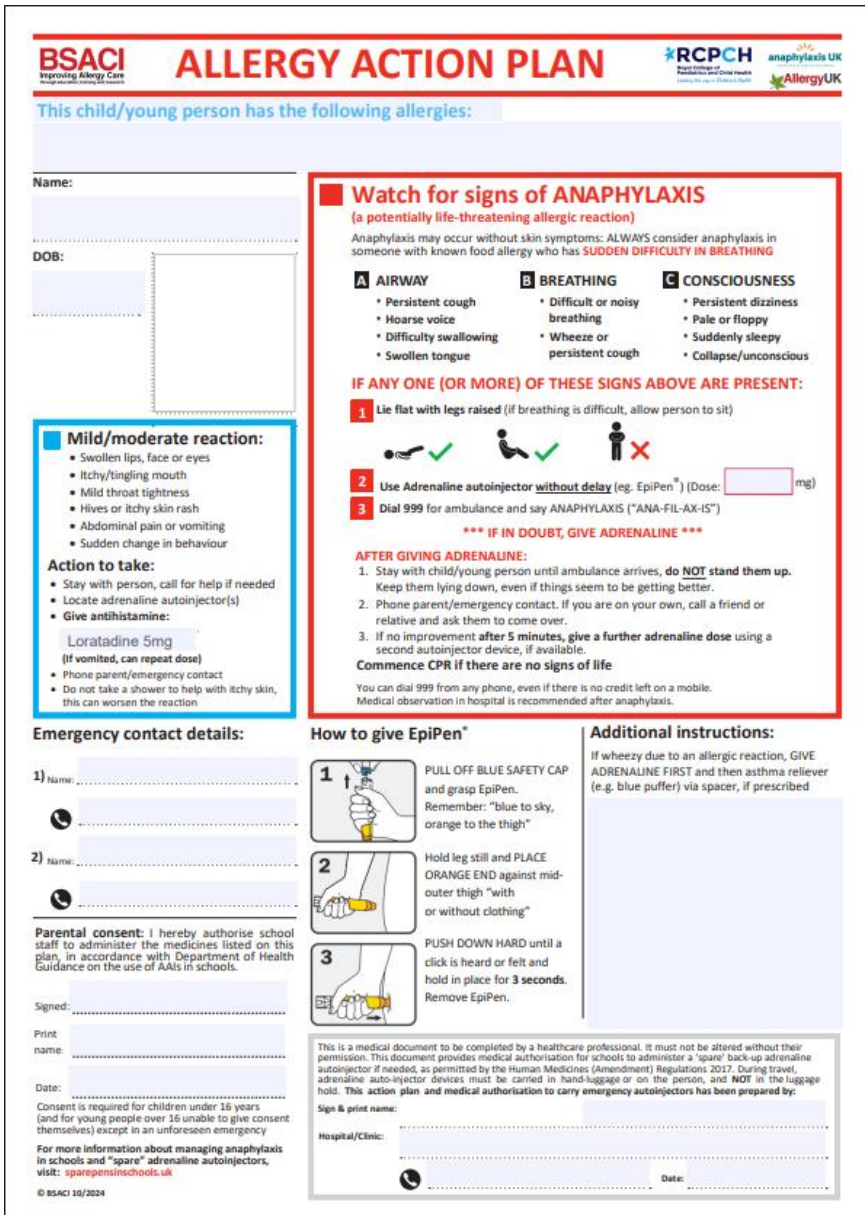
- There is a significant allergic reaction or emergency incident
- There are changes to statutory guidance or best practice (including DfE updates)
- A review is requested by the Trust, Governing Body or senior leadership

The Headteacher and Allergy Lead will be responsible for ensuring ongoing monitoring, with oversight provided by the Local Governing Body and assurance reporting to Trust leadership where applicable.

23. Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1
- Allergy UK - https://www.allergyuk.org
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness- and management
- BSACI Allergy Action Plans - https://www.bsaci.org/professional- resources/resources/pediatric-allergy-action-plans/
- Spare Pens in Schools - http://www.sparepensinschools.uk
- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Appendix 1- HealthCare Professional Allergy Actin Plan (1 page profile)
Use editable PDF version on MAT Toolkit



BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)
2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Appendix 2:

Allergy Management Risk Assessment for Individual Pupils

This form should be completed by the setting in liaison with the parents/carer and the pupil if appropriate. It should be shared with everyone who has contact with the pupil. It should be read alongside the pupil's Individual Health Care Plan. A whole academy approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Pupil Name:	**Date of Birth:**
Academy Name:	**Teacher Name:**
Allergies: Are reactions: **Ingestion** **Direct contact**: **Indirect contact**:	
G.P: Name: Phone number:	**Clinic/Hospital:** Name: Phone number:
Date:	**Review date:**
Who is responsible for providing support in school:	
People involved in writing this plan:	
Signatures: Head teacher: Date: Pupil: Date: I give permission for this risk assessment and relevant allergy information to be shared with staff and other appropriate individuals who need this information to keep my child safe. I give permission for my child's photograph to be displayed sensitively and securely where this is necessary to help staff identify and keep my child safe. I give permission for the school's spare adrenaline auto-injector (AAI) to be administered to my child in an emergency where anaphylaxis is suspected, including where my child's own prescribed AAI is unavailable, inaccessible, not working or cannot be used. I understand that **emergency treatment must not be delayed while parental consent is being sought or confirmed**. Where anaphylaxis is suspected, the school will follow its emergency procedures and administer adrenaline without delay where appropriate, while calling 999 for emergency medical assistance. Parents: Date:	

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.			
Can the pupil recognise a reaction for themselves?			
What have been the symptoms of previous reactions?			
What are the hazards for each activity?	**What are you already doing to control the risks?**	**Probability**	**Impact**
Medication:			
Storage: Location of child's medication Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: • Hot meals • Sandwiches • Drinks			
Events involving food: • Cake sales • Parties • Other PTA events • Drinks			
Celebrations: e.g. Birthdays, Easter			
Curriculum activities:			
Cooking			
Creative activities: e.g. junk modelling, pasta			

Music: instrument sharing (cross contamination issue)			
Science activities:			
PE: • Indoor • Outdoor • Forest Schools/outdoor learning			
Playtime: • Playground • Field			
Offsite activities:			
Curriculum visitors Day trips Events/ competitions Local Visits			
Residential visits			
Other:			

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

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

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

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

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

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable

Allergy Individual Health Care Plan

The academy is committed to safeguarding and promoting the wellbeing of all children and expects our staff and volunteers to share this ***commitment.***

Please list any medical, allergy or dietary requirements your child has:

Medical condition	Food allergy	Food intolerance	Dietary requirements	Other allergy	Other medical or health need

General Information		
Child's Name		*Insert photo of child*
Class		
Date of birth		
Child's address		
GP Surgery		
GP Name		
GP Contact Number		

Family Contact 1 - Information	
Name	
Relationship to child	
Phone number (mobile)	
Phone number (home)	
Phone number (work)	
Email address	

Education Contact Details	
Class Teacher name	
Allergy Lead name	
Learning Mentor name	

Description of needs	
Allergy	*Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others*

How the allergy is managed	*Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*
Impact on Education	*Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*
Arrangements for support	*Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*
Visits and Trips	*Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*
Emergency response	*Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*

Who needs to know about the child's allergy and have they been informed?					
☐ **Teacher**	☐ **SENDCO**	☐ **TA**	☐ **LSA**	☐ **PE staff**	
☐ **Music Teacher**	☐ **Allergy Lead**	☐ **Senior Leadership Team**	☐ **Office staff**		
☐ **Lunchtime staff**	☐ **Catering Team**				

Plan Development Details			
Plan Written By (Name, signature and date)			
Date Plan Developed			
Review Schedule	Every 12 months (or when pertinent review information shared from professionals)		
Date of Next Review			

Child Name:	**DOB:**
Medication needed while in the academy	
Non-prescription medication: *Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

Appendix 4 - Academy risk assessment for pupils with allergies **without** an adrenaline auto-injector(s) (AAIs)

Academy Allergy Risk Assessment

Academy Name:		**Allergy Lead Name:**		**Senior Leader Name:**	
Assessment Date:	11.9.26	**Completed by:**	Trust Central team	**Review Date:**	September 2027

1. Scope

This risk assessment applies to pupils aged **2–11 years** who have a diagnosed allergy but who **do not have a prescribed adrenaline auto-injector (AAI/EpiPen)**. The purpose of this risk assessment is to identify and manage the risks associated with allergies and to ensure that pupils are safely included in all aspects of school life.

The absence of a prescribed AAI does **not** mean that the pupil's allergy should be disregarded. The school will take reasonable and proportionate measures to minimise the risk of exposure to known allergens, ensure staff are appropriately informed and trained, and respond appropriately if an allergic reaction occurs. Where a pupil's allergy has a functional impact in school and requires arrangements additional to or different from the school's general allergy arrangements, an **Individual Healthcare Plan (IHP)** or other appropriate individual plan will be considered.

2. Risk Rating

Risk Rating = Likelihood × Severity

Score & Likelihood	Definition
1 – Rare	Exceptional circumstances; unlikely to occur
2 – Unlikely	Could occur but is not expected
3 – Possible	Could occur sometimes
4 – Likely	Likely to occur in some circumstances
5 – Almost Certain	Expected to occur frequently or regularly

Score & severity	Definition
1 – Minor	Minor injury/impact requiring little or no treatment
2 – Moderate	Injury/illness requiring first aid or limited medical treatment
3 – Serious	Significant injury/illness requiring medical attention
4 – Major	Serious injury/illness with potentially significant consequences
5 – Life-threatening	Potentially fatal or life-threatening reaction/injury

Overall Score	Risk Level
1–4	Low
5–9	Medium
10–16	High
17–25	Very High

Hazard / Risk	Who may be at risk?	Likelihood	Severity	Initial Risk Rating	Existing Control Measures	Further Actions / Controls Required	Likelihood after controls	Severity after controls	Residual Risk Rating
Known food allergen exposure	Pupils with diagnosed food allergies	3- possible	4 - major	**12 High**	Allergy information is obtained from parents/carers and recorded on Arbor. Pupils with diagnosed food allergies wear a purple allergy lanyard during lunch time while eating in the hall as a visual alert to staff. Staff, lunchtime supervisors and catering staff check current allergy information before food is provided or food-related activities take place.	Minimise exposure to known allergens by understanding pupil's allergies.	1 – rare	4- major	**4 Low**
Cross-contact / contamination of food	Pupils with food allergies	3- possible	4 - major	**12 High**	Catering and school staff follow agreed food allergy procedures. Food preparation areas and equipment are appropriately cleaned. Individual allergy information is available to relevant staff.	Ensure appropriate separation, cleaning and checking procedures are followed.	1 – rare	4- major	**4 Low**
Food sharing between pupils	Pupils with food allergies	4 – likely	4- major	**16 High**	Pupils are taught not to share food. Staff supervise eating and reinforce expectations. Purple allergy lanyards provide an additional visual reminder that the pupil has a diagnosed food allergy.	Continue age-appropriate teaching and supervision, particularly in EYFS and at lunchtimes.	1 – rare	4- major	**4 Low**

Hazard / Risk	Who may be at risk?	Likelihood	Severity	Initial Risk Rating	Existing Control Measures	Further Actions / Controls Required	Likelihood after controls	Severity after controls	Residual Risk Rating
Lunch / school meal arrangements	Pupils with food allergies	3- possible	4 - major	**12 High**	Pupils with diagnosed food allergies are provided with a purple tray at lunchtime and a purple lanyard with their name and allergen. This provides an additional visual prompt to catering and lunchtime staff that the pupil has a recorded food allergy. Meals are checked against the pupil's recorded allergy information.	Ensure all catering and lunchtime staff understand the purple tray and lanyard system. The system must not replace checking the individual allergy record or meal ingredients.	1 – rare	4- major	**4 Low**
EYFS snack provision	Children aged 2–5 with food allergies	3- possible	4 - major	**12 High**	Snack provision is supervised. Allergy information is available to relevant EYFS staff. Food provided is checked against known allergies. Snack is fruit and vegetables and provided by the academy. Maintain clear snack procedures and ensure all staff involved in snack provision understand pupils' allergies.	If pupils bring their own snack review snack procedures.	1 – rare	4- major	**4 Low**
Sensory / messy play involving food allergens	Particularly EYFS pupils with allergies	3- possible	4 - major	**12 High**	Activities are planned with allergy risks considered. Materials are checked before use. Staff supervise children closely.	Avoid known allergens where reasonably practicable and ensure hands, surfaces and equipment are cleaned following activities.	1 – rare	4- major	**4 Low**

Hazard / Risk	Who may be at risk?	Likelihood	Severity	Initial Risk Rating	Existing Control Measures	Further Actions / Controls Required	Likelihood after controls	Severity after controls	Residual Risk Rating
Cooking / food technology activities	Pupils with food allergies	3- possible	4 - major	**12 High**	Staff identify allergy risks before food-related activities. Staff individual pupils when planning activities and prevent exposure to known allergens. Ingredients are checked and appropriate alternatives are considered where necessary.	During cooking, food preparation or other practical food activities where wearing a lanyard may create a safety or practical issue, an alternative identification system will be used. A clearly displayed allergy poster/list will identify pupils taking part in the activity who have diagnosed food allergies, alongside the specific allergen(s) relevant to each pupil.	1 – rare	4- major	**4 Low**
Allergen residue on hands, tables or equipment	Pupils with allergies	3- possible	4 - major	**12 High**	Handwashing is promoted and surfaces/equipment are cleaned appropriately. Shared equipment and cleaned appropriately. Staff supervise young children closely. Cleaning products are stored away safely out of the reach of children.	Reinforce handwashing after eating and food-related activities.	1 – rare	4- major	**4 Low**
Contact with allergen on another pupil	Pupils with allergies	2 - unlikely	4- major	**8 Medium**	Staff supervise younger pupils and discourage food sharing. Handwashing and hygiene procedures are followed.	Maintain supervision and hygiene arrangements.	1 – rare	4- major	**4 Low**

Hazard / Risk	Who may be at risk?	Likelihood	Severity	Initial Risk Rating	Existing Control Measures	Further Actions / Controls Required	Likelihood after controls	Severity after controls	Residual Risk Rating
Educational visits / trips / residential visits / local visits / events / competitions	Pupils with allergies	3- possible	4 - major	**12 High**	Allergy information is considered as part of **any off site** visit planning including trips, residential visits, local visits, events and competitions. Relevant staff are informed before the visit. Allergy information and appropriate emergency arrangements are written in the risk assessment and available to accompanying staff. The destination is contacted and food allergies are shared in advance.	Pupils wear purple lanyards while on any off site visits during food times.	1 – rare	4- major	**4 Low**
Breakfast club / after-school club / wraparound care	Pupils with allergies	3- possible	4 - major	**12 High**	Allergy information is available to staff responsible for wraparound provision. Food provision follows academy allergy procedures. Pupils wear purple lanyards. All staff in wraparound provision have received allergy training.	Purple system in place for plates, bowls and cups during wrap around provision.	1 – rare	4- major	**4 Low**
Supply / temporary / agency staff unaware of allergy	Pupils with allergies	3- possible	4 - major	**12 High**	All staff receive allergy awareness training. Relevant allergy information is communicated to temporary and supply staff before working with pupils. Allergy procedures included within new staff induction process. Staff training record to be sent to the Trust central team.		1 – rare	4- major	**4 Low**

Hazard / Risk	Who may be at risk?	Likelihood	Severity	Initial Risk Rating	Existing Control Measures	Further Actions / Controls Required	Likelihood after controls	Severity after controls	Residual Risk Rating
Staff lack of allergy awareness or training	Pupils with allergies	3- possible	4 - major	**12 High**	All **academy staff** receive appropriate allergy awareness training, including recognition of allergic reactions and anaphylaxis, known allergens, school procedures and how to access/check allergy information. The academy maintains a record of training. New staff receive appropriate induction and training. Staff training record to be sent to the Trust central team.	Refresher training is provided as required throughout the academic year during safeguarding weekly questions and inset.	1 – rare	4- major	**4 Low**
Allergy not identified when pupil starts school	New pupils with allergies	3- possible	4 - major	**12 High**	Admission paperwork specifically asks parents/carers to provide information about diagnosed allergies, including food allergies. This information is added onto Arbor. Information is recorded on the academy's medical/allergy system and shared appropriately with relevant staff. Parents/carers are asked to notify academy of any changes.	**Before the pupil starts at the setting,** any declared allergies should be identified from the admission information and relevant arrangements put in place.	1 – rare	4- major	**4 Low**
Out-of-date or incomplete allergy information	Pupils with allergies	3- possible	4 - major	**12 High**	Allergy information is collected through admission paperwork and maintained on the academy's medical/allergy records (Arbor). Parents/carers are expected to inform academy of any changes.	Review allergy information regularly and whenever there is a change in diagnosis, symptoms, treatment or medical advice.	1 – rare	4- major	**4 Low**

Hazard / Risk	Who may be at risk?	Likelihood	Severity	Initial Risk Rating	Existing Control Measures	Further Actions / Controls Required	Likelihood after controls	Severity after controls	Residual Risk Rating
New allergy diagnosis not communicated	Pupils with newly diagnosed allergies	3- possible	4 - major	**12 High**	Parents/carers are asked to inform the academy of changes to medical conditions and allergies. Relevant records are updated. Changes are promptly communicated to relevant staff, catering staff and wraparound staff as appropriate.		1 – rare	4- major	**4 Low**
Allergic reaction despite no prescribed AAI	Pupil with diagnosed allergy	2- unlikely	5 – life threatening	**10 High**	Staff understand that a pupil without a prescribed AAI can still experience an allergic reaction. All staff are trained in allergy awareness and recognising allergic reactions/anaphylaxis. Emergency procedures are followed where a reaction occurs. Ensure staff know how to summon emergency medical assistance and follow the school's emergency response procedures. Individual arrangements are documented where required.	Each academy will hold 2 × 150 microgram and 2 × 300 microgram spare adrenaline auto-injectors (AAIs), subject to the needs of pupils attending the school. Spare AAIs will be stored in a clearly identified, easily and quickly accessible location known to trained staff.	1- rare	5- life threatening	**5 Medium**
First allergic reaction in pupil with no previously known allergy	Any pupil	2- unlikely	5 life threatening	**10 High**	All staff receive allergy awareness training and know how to recognise signs of an allergic reaction and anaphylaxis. Emergency procedures are in place. Staff to act promptly in accordance with emergency procedures and seek medical assistance (telephone 101) where required and inform parents immediately.	Academy SLT and the Trust Central Team will be notified of any medical emergency involving an allergic reaction where 101 or 999 emergency services are called.	1- rare	5- life threatening	**5 Medium**

Hazard / Risk	Who may be at risk?	Likelihood	Severity	Initial Risk Rating	Existing Control Measures	Further Actions / Controls Required	Likelihood after controls	Severity after controls	Residual Risk Rating
Purple lanyard misunderstood or overlooked	Pupils with allergies	3- possible	4 - major	**12 High**	Purple lanyards are used as a consistent visual alert for pupils with diagnosed food allergies. Staff are informed about the purpose of the system. All staff are aware that the purple lanyard and tray system is an additional safety measure and does not replace checking individual records.	New staff are informed at induction of the Purple lanyard and tray system. New staff complete allergy training on their first day or prior to starting.	1 - rare	4- major	**4 Low**
Purple tray misunderstood or overlooked	Pupils with food allergies	3- possible	4 - major	**12 High**	Purple trays are used consistently **everyda**y at lunchtime as an additional visual alert for pupils with diagnosed food allergies. Catering and lunchtime staff are aware of the system.	Continue to check the meal against the pupil's individual allergy information.	1- rare	4- major	**4 Low**
Staff assume "no EpiPen" means allergy is not serious	Pupils with diagnosed allergies	3- possible	4 - major	**12 High**	Staff training and new staff induction makes clear that an allergy remains a medical condition even where the pupil does not have a prescribed AAI. Allergy information is recorded and communicated.	Reinforce through allergy training and induction that absence of a prescribed AAI does not remove the need for allergy management.	1- rare	4- major	**4 Low**
Pupil excluded unnecessarily because of allergy	Pupils with allergies	3 – possible	3- serious	**9 Medium**	The academy aims to safely include pupils with allergies in all aspects of academy life. Activities are risk assessed and adapted where necessary rather than automatically excluding the pupil.	Each academy will hold 2 × 150 microgram and 2 × 300 microgram spare adrenaline auto-injectors (AAIs), subject to the needs of pupils attending the school. All staff know the location of AAIs.	1- rare	3- serious	**3 Low**

4. Purple Allergy Alert System

The school uses a **purple allergy lanyard** as a visual alert for pupils with a **diagnosed food allergy**.
Where appropriate, pupils with a diagnosed food allergy also use a **purple tray** **at lunchtime**.
The purple lanyard and purple tray:

- provide an additional visual prompt to staff;
- help identify pupils requiring allergy-aware food arrangements;
- support communication between teaching, catering and lunchtime staff;
- are used consistently across the school;
- **do not replace checking the pupil's individual allergy information**;
- **do not indicate that the pupil has a prescribed adrenaline auto-injector**; and
- do not replace any individual healthcare plan or other medical arrangements where these are required.

Food intolerance should not automatically be treated as a diagnosed food allergy for the purposes of the purple allergy alert system; the pupil's individual medical/healthcare needs should be considered.

5. Staff Training

All staff will receive appropriate allergy awareness training.
Training will include, as appropriate:

- what an allergy is;
- common allergens;
- signs and symptoms of an allergic reaction;
- recognising anaphylaxis;
- the difference between an allergic reaction and anaphylaxis;
- the school's allergy procedures;
- how to access and check pupil allergy information;
- the purpose of the **purple allergy lanyard and purple lunch tray**;
- preventing exposure and cross-contact;
- food sharing and hygiene;
- responding appropriately to an allergic reaction;
- emergency procedures and when to seek emergency medical assistance.

New staff, current staff, lunchtime staff, wrap around staff, supply staff, agency staff, Governors, Trust Central Team and Trustees will receive appropriate information and/or induction relevant to their role.
Catering staff will have allergy training from provider e.g. Walsall Council or Shires. If catering staff are contracted to school they will receive the school allergy training annually and be added onto the school record.

6. Admission and Pupil Information

The school's admission/enrolment paperwork includes questions requiring parents/carers to identify:

- diagnosed allergies;
- food allergies;
- relevant symptoms/reactions;
- prescribed medication or emergency medication, where applicable;
- any other relevant medical information.

Information provided by parents/carers is recorded on the academy's appropriate medical/allergy recording system (Arbor) and communicated to relevant staff on a need-to-know basis.

Parents/carers are expected to inform the academy promptly if:

- a new allergy is diagnosed;
- an existing allergy changes;
- symptoms or reactions change;
- medication is prescribed or changed; or
- medical advice changes.

7. Responsibilities

Trustees

- Provide strategic oversight of allergy safety across the Trust.
- Ensure appropriate Trust-wide arrangements are in place to manage allergy risks.
- Ensure allergy safety is appropriately considered within Trust risk management and safeguarding arrangements.
- Receive assurance that academies are implementing appropriate allergy procedures and controls.
- Ensure significant allergy incidents, emerging risks and learning are appropriately escalated and addressed.

Trust Central Staff

- Develop, maintain and communicate appropriate Trust-wide guidance and expectations for allergy safety.
- Provide advice and support to academies on allergy risk management, staff training and procedures.
- Monitor academy compliance with Trust allergy arrangements through appropriate assurance and review processes.
- Identify common risks, incidents, near misses and good practice across the Trust and share learning.
- Ensure relevant Trust policies, guidance and risk management arrangements reflect current statutory requirements and good practice.

Governors / Local Governing Bodies

- Provide appropriate oversight and challenge regarding allergy safety within the academy.
- Seek assurance that the academy has effective arrangements for identifying and managing allergy risks.
- Monitor that the academy risk assessment and associated procedures are implemented and reviewed.
- Ensure significant allergy incidents and any resulting actions are appropriately reported and followed up.
- Consider allergy safety as part of the academy's wider safeguarding, health and safety and risk management oversight.

Headteacher / Senior Leader

- Ensure the school has effective arrangements for allergy safety.
- Ensure the risk assessment is implemented and reviewed.
- Ensure appropriate staff training is provided.
- Ensure allergy risks are incorporated into relevant school risk management arrangements.

Designated Allergy Lead

- Maintain oversight of allergy information and procedures.
- Ensure relevant staff are aware of pupils with diagnosed allergies.
- Monitor the use of the purple lanyard and tray system.
- Coordinate staff allergy awareness training.
- Review incidents, near misses and changes in allergy information.

All teaching staff

- Check relevant allergy information.
- Supervise food and food-related activities appropriately.
- Prevent food sharing where necessary.
- Ensure pupils with allergies are safely included in activities.

Catering Staff

- Check allergy information before providing food.
- Follow food allergy and cross-contact procedures.
- Ensure appropriate meals are provided.
- Understand and consistently apply the purple tray system.

Lunchtime / Wraparound Staff

- Be aware of pupils with diagnosed allergies.
- Understand the purple lanyard and tray system.
- Supervise eating and food-related activities.
- Follow the school's emergency procedures if an allergic reaction occurs.

Parents/Carers

- Provide accurate and current allergy information.
- Inform the academy promptly of any changes.
- Provide relevant medical information and prescribed medication where applicable.

Pupils with Allergies

- Where developmentally appropriate, understand their allergy and the importance of avoiding foods or substances that may cause a reaction.
- Tell a trusted adult if they feel unwell or think they may be having an allergic reaction.
- Where age and understanding allow, recognise and follow their agreed allergy procedures, including the use of their prescribed medication.
- Do not share or accept food from other pupils where this could create an allergy risk.
- Follow academy instructions about eating, food activities and the use of designated equipment or areas.
- Older pupils should increasingly develop confidence and independence in managing their allergy safely, with appropriate adult support.

8. Monitoring and Review

This risk assessment will be reviewed:

- **at least annually**;
- following an allergic reaction or suspected allergic reaction;
- following accidental exposure or a near miss;
- when a new allergy is identified;
- when a pupil's allergy or medical advice changes;
- when medication or emergency arrangements change;
- when catering arrangements change;
- when significant curriculum or provision changes occur;
- following relevant educational visits or activities where lessons are identified; and
- following changes to national guidance or school allergy procedures.

The academy will monitor the effectiveness of the controls and make further improvements where required. The academy will inform the Trust central team on the day of any allergic reactions, near misses or if any of the above occurs.

Overall Risk Management Statement

The academy recognises that pupils with diagnosed allergies require appropriate allergy-aware management **whether or not they have a prescribed adrenaline auto-injector**.

The academy will take reasonable and proportionate steps to minimise exposure to known allergens, ensure staff are appropriately trained, maintain accurate allergy information, store their own AAI's in the academy for emergencies, provide clear visual alerts through the purple lanyard and purple lunch tray system, and ensure pupils are safely included in academy activities wherever possible.

Where a pupil requires arrangements additional to or different from the academy's general allergy arrangements, these will be documented through an appropriate individual healthcare or medical plan.

Name	Role	Date	Signature
Emma Wanglin	Director of EY's and Curriculum Development	14.09.26	*Emma Wanglin*
Chrissie Grainger	Director of SEND & Inclusion	14.09.26	*Chrissie Grainger*
Richard Rose	Director of Safeguarding and Attendance	14.09.26	*Richard Rose*
Nathan Leese	Academy Allergy Lead/Medical Conditions Lead	09.10.26	*Nathan Leese*
Dana Roper	Head of Academy	09.10.26	*Dana Roper*

Appendix 5- Trust Admissions Paperwork

Food Allergies, allergies, food intolerances and dietary requirements

Does your child have any **food allergies**? ** What is a food allergy? A food allergy occurs when the body's immune system reacts to a particular food. A reaction can range from mild symptoms to a severe allergic reaction (anaphylaxis).*	☐ Yes ☐ No	Has your child been prescribed an adrenaline auto-injector (AAI), such as an EpiPen, Jext or Emerade because of their allergy?	☐ Yes ☐ No **If your child has been prescribed an adrenaline auto-injector (AAI), please provide the relevant Allergy Action Plan and ensure that the prescribed medication is provided to the academy.*
What is/are your child's food allergy/ allergies? **Please list all known or suspected food allergens*		Is the allergy/ allergies diagnosed or a suspected food allergy?	☐ Diagnosed ☐ Suspected **For a diagnosed allergy, please provide any relevant medical information or documentation you have available, such as an Allergy Action Plan, Individual Healthcare Plan, letter from a healthcare professional or details of the healthcare professional managing your child's allergy.*
What happens if your child accidentally eats their allergen? Please describe the symptoms/reaction your child has experienced previously, if any:			
Does your child have an allergy that is **not** a food allergy? (medicine, environmental)	☐ Yes ☐ No	What is your child's allergy? Please tick all that apply:	**Medication** ☐ Penicillin ☐ Other medication: Please state _____ _____ _____ _____ **Environmental/ contact allergens** ☐ Bee sting ☐ Wasp Sting ☐ Insect bite/sting _____ ☐ Latex ☐ Animal/pet ☐ Pollen/ hay fever ☐ Dust mites Mould ☐ Other _____
What happens if your child comes into contact with this allergen? Please describe the symptoms/ reactions your child has experienced previously, if any:			
Does your child have a **food intolerance**? **A **food intolerance** is a **non-allergic reaction to a particular food or food component** where a person has difficulty digesting or processing it.*	☐ Yes ☐ No	Please provide details of the food(s) and the symptoms/reaction experienced.	
Does your child have any **dietary requirements**?	☐ Yes ☐ No	Please tick all that apply: ☐ Vegetarian ☐ Vegan ☐ Halal ☐ Kosher ☐ Gluten-free ☐ Coeliac disease ☐ Other: Please specify _____ _____	

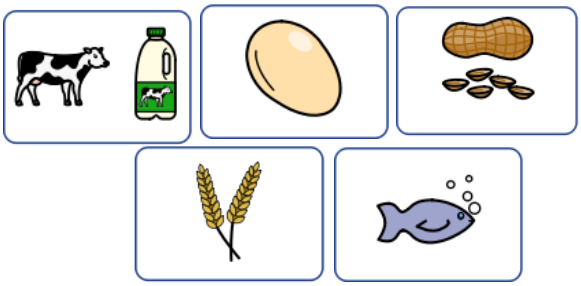
Appendix 6- Lanyard card MASTER

LIGHTHOUSE
MULTI ACADEMY TRUST

Food Allergy

Name:	
Class:	

I am allergic to **COWS MILK, EGG, PEANUTS, WHEAT & FISH**.



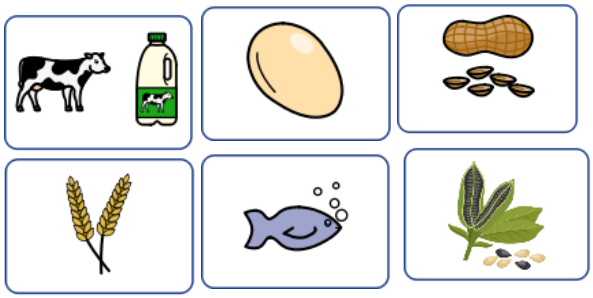
twinkl.com

LIGHTHOUSE
MULTI ACADEMY TRUST

Food Allergy

Name:	
Class:	

I am allergic to **COWS MILK, EGG, PEANUTS, WHEAT, FISH & SESAME**.



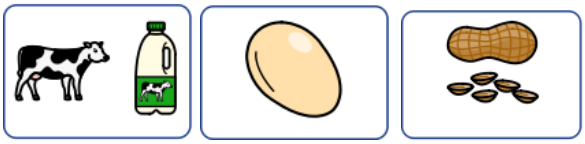
twinkl.com

LIGHTHOUSE
MULTI ACADEMY TRUST

Food Allergy

Name:	
Class:	

I am allergic to **COWS MILK, EGGS & PEANUTS**.



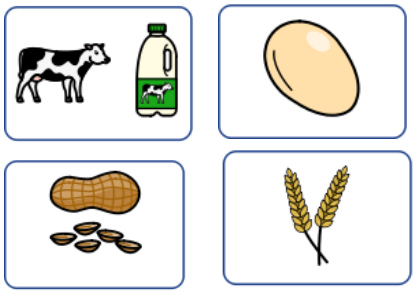
twinkl.com

LIGHTHOUSE
MULTI ACADEMY TRUST

Food Allergy

Name:	
Class:	

I am allergic to **COWS MILK, EGG, PEANUTS & WHEAT**.



twinkl.com

Appendix 7-Animal Contact form from Admissions Pack

Does the child have any pet allergies?	☐ Yes ☐ No
I am happy for my child to have contact with the academy rabbits. ***(This may include feeding them, stroking them, brushing them, handling them)***	☐ Yes ☐ No
I am happy for my child to have contact with the academy dog. ***(This may include sitting and sharing a story in the reading area or walking them round the academy or on the academy field)***	☐ Yes ☐ No

Parent/carer name		Signature of parent/carer with parental repsonsibility (PR)		Date	

Appendix 8- Consent form walking to and from the academy

LIGHTHOUSE MULTI ACADEMY TRUST

MOORCROFT WOOD ACADEMY

Permission form for walking to or from the academy

PUPIL DETAILS			
Pupil name:			
Year group:		**Class:**	
Parent/carer(s) name(s):			

Consent

I give permission for my child named above to:

☐ Walk **to the academy** unaccompanied

☐ Walk **from the academy** unaccompanied

☐ Walk **to and from the academy** unaccompanied

I understand that my child will not be under the supervision of the academy whilst travelling to and/or from the academy and that responsibility for their safety rests with me as parent/carer until they arrive on the academy site and after they leave the academy site.

Parent/carer signature: _____ Date: _____

Additional Information

Will your child be bringing their mobile phone to walk to or from the academy?

☐ Yes If yes please complete the mobile phone agreement below.

☐ No

Does your child have a medical condition which will require them to carry medication?

☐ Yes If yes please complete medical disclaimer below.

☐ No

Mobile Phone Agreement

The academy has agreed to allow _____to bring their mobile phone to the academy because they travel to and from the academy independently.

Pupils who bring a mobile phone to the academy must abide by the academies policy on the use of mobile phones, and its code of conduct/acceptable use agreement.

I agree that my child will sign the Code of conduct/acceptable use agreement for mobile phones.

I understand the mobile phone must be switched off and not used in the academy.

I understand my child will need to sign in their mobile phone at the start of the day and sign it out at home time.

The academy reserves the right to revoke permission if pupils don't abide by the policy.

Parent/carer signature: _____ Date: _____

Pupil signature: _____ Date: _____

Medical Conditions Disclaimer

What medication will the child be carrying:_____

If your child has been prescribed medication that may be required whilst travelling to and/or from the academy independently, it is the responsibility of the parent/carer to ensure that their child carries, or has immediate access to, their prescribed medication at all times during their journey to and from the academy. This includes, but is not limited to, Adrenaline Auto-Injectors (AAIs), inhalers, insulin, glucose treatments, epilepsy medication and any other medication required for the management of a medical condition.

The academy's emergency medication and any medication held on site for use during the academy day are only available whilst the pupil is under academy supervision and cannot accompany pupils outside of academy hours or premises.

By signing this consent form, parents/carers acknowledge that:

- Their child has permission to walk to and/or from the academy independently.
- Where their child has been prescribed medication that may be required during their journey, they are responsible for ensuring that the medication is carried by the child, where appropriate, or is otherwise immediately accessible.
- Medication provided to the academy for use during the academy day does not replace the need for appropriate medication arrangements whilst travelling independently to and from the academy.
- The academy cannot accept responsibility for a pupil's medication requirements, treatment, or medical care before they arrive on the academy site or after they leave the academy site.
- Parents/carers are responsible for ensuring that any medication carried by their child is in date, correctly labelled and suitable for use.

Parent/Carer Declaration
I understand and accept the responsibilities outlined above and confirm that, where applicable, my child will carry, or have immediate access to, any prescribed medication required whilst walking to and from the academy independently.

Parent/carer signature: _____ Date: _____

Pupil signature: _____ Date: _____

Appendix 9- Letter to parents/ carers

Important Allergy Safety Arrangements – Purple Tray and Lanyard

Dear Parents/Carers,

We are writing to inform you of some additional allergy safety measures that we have introduced in the academy following the Trust's work in line with Benedict's Law and national allergy guidance.

To help ensure that pupils with a known food allergy are easily identified and supported safely at lunchtime, your child will be provided with a purple tray when eating their lunch. This forms part of our additional allergy controls and helps staff to quickly identify pupils who have specific allergy requirements.

In addition, the Academy has introduced a purple allergy lanyard, which your child will wear when attending the dining hall at lunchtime and during any cooking or food-related activities. The lanyard provides an additional visual reminder to staff that your child has an allergy and that the appropriate precautions must be followed.

If your child attends Breakfast Club or After School Club, they will also continue to wear their purple allergy lanyard during any food or eating times. This ensures that the additional visual identification is maintained consistently throughout the academy day, including before and after normal academy hours.

Supporting inclusion and understanding

We understand that parents and carers may have concerns that wearing a purple lanyard or using a purple tray could make their child feel different or singled out. We want to reassure you that our approach is designed to support your child's safety while maintaining their dignity and inclusion within their academy life.

As part of our wider curriculum and personal development work, pupils will receive age-appropriate education about allergies and allergy safety. This will help children understand that allergies are a health and safety consideration for some people and why additional measures, such as purple trays and lanyards, may be used.

We will promote an inclusive approach and make clear that the purple lanyard is not a label or something to be embarrassed about. It is an important safety measure that enables adults to identify pupils who may require additional precautions, particularly in busy environments or when children are working with staff who may not know them well.

Staff will also ensure that the use of the lanyard and purple tray is handled sensitively and respectfully, without drawing unnecessary attention to the individual child or their allergy.

As an additional safeguard, all staff have received allergy awareness and safety training to ensure they understand their responsibilities when supporting pupils with allergies. These measures are additional controls alongside your child's existing allergy arrangements and individual healthcare plan. They are intended to provide an extra layer of protection and help ensure that staff are aware of your child's allergy, including staff who may not work with them regularly.

Further information

If you would like to find out more about Benedict's Law and the measures being introduced to improve allergy safety in schools, further information is available from **Allergy UK**:
Allergy UK – Benedict's Law

You can also view the Department for Education's **Allergy Safety in Schools statutory guidance**:
Department for Education – Allergy Safety in Schools

We appreciate your support in helping us maintain a safe, inclusive and welcoming environment for all pupils with allergies.
If you have any questions about these arrangements or your child's individual allergy plan, please contact the academy.

Kind regards,

Appendix 10- Allergy Flow Chart

Pupil Allergy Procedures & Paperwork

Keeping pupils safe • Supporting inclusion • Following DfE guidance and Benedict's Law

1. Identify pupil with a diagnosed or suspected allergy
Gather information from parents/carers, healthcare professionals and pupil (where appropriate).

2. Assess individual needs
Does the pupil require additional arrangements beyond the academy's general allergy procedures?
(All pupils with an allergy will require an IHP.)

NO
(No additional individual arrangements needed)

Pupil WITHOUT prescribed AAI

Individual Healthcare Plan (IHP)
- Records known allergens, symptoms, preventative measures and emergency arrangements.
- Includes details of the support or adaptations required in school.
- Reviewed regularly and when circumstances change.

Covered by whole academy allergy action plan
General procedures, controls and staff awareness apply to all pupils.

No individual risk assessment or separate Allergy Action Plan required
(unless there are additional needs).

YES
(Additional individual arrangements needed)

Pupil WITH prescribed AAI

Individual Healthcare Plan (IHP)
- Records known allergens, symptoms, preventative measures and emergency arrangements.
- Includes details of the support or adaptations required in school.
- Reviewed regularly and when circumstances change.

+

Healthcare Professional Allergy Action Plan
(provided by a healthcare professional only – not created by the school).

+

Individual Allergy Risk Assessment
Details specific risks and control measures (e.g. medication storage, access, supervision).

Covered by whole academy allergy action plan
General procedures, controls and staff awareness apply to all pupils.

Additional considerations (for all pupils)

- Food intolerance, coeliac disease or other dietary requirements are managed through medical/dietary arrangements (not the allergy pathway).
- Where an allergy is suspected but not yet diagnosed, put proportionate interim arrangements in place and seek healthcare advice.
- Ensure medication, including spare **AAIs**, is available and in date.
- Provide staff training and ensure accessibility of allergy information.
- Review IHPs and arrangements when there are changes (e.g. new diagnosis, new allergen, change in severity, new AAI, trips/visits, transition).

KEY DOCUMENTS (See Appendices)

- **Appendix 1** – Healthcare Professional Allergy Action Plan (AAI pupils only)
- **Appendix 2** – Individual Allergy Risk Assessment (AAI pupils only)
- **Appendix 3** – Individual Healthcare Plan (IHP)
- **Appendix 4** – Academy Risk Assessment (pupils without AAI)
- **Appendix 5** – Trust Admission Paperwork
- **Appendix 6** – Purple Lanyard Card Template (food allergy only)

LEGISLATION & GUIDANCE

- Children's Wellbeing and Schools Act 2026 (Benedict's Law)
- DfE Statutory Guidance: Allergy Safety in Schools (July 2026)
- Equality Act 2010
- Keeping Children Safe in Education
- Supporting Pupils with Medical Conditions

REMEMBER

The purple allergy lanyard is for diagnosed/suspected food allergy only.
It should not be used for coeliac disease, food intolerance or other dietary requirements unless there is also a food allergy.

Appendix 11- Training Recommendations

Allergies and anaphylaxis	The Key	50 minutes	Free	https://cpd.thekeysupport.com/statutory-elearning/allergies-and-anaphylaxis-for-school-staff/?tk_prev=https://cpd.thekeysupport.com/statutory-elearning/
	High Speed Training	1 hour	Free	Free Allergy Training For Schools | City & Guilds Assured
	Natasha's Foundation- Allergy School	1 hour	Free	https://allergyschool.org.uk/allergy-anaphylaxis-training-for-schools/
	Virtual College	30-40 mins	£10	https://www.virtual-college.co.uk/courses/benedicts-law-training

Request not to use a purple lanyard

PUPIL DETAILS			
Pupil name:		**Date of Birth:**	
Year group:		**Class:**	

The academy uses purple lanyards as an **additional safety measure** to alert relevant staff that a pupil has a food allergy. The lanyard may be particularly helpful during mealtimes, cooking and food-related activities, educational visits and other situations where staff may not routinely work with the pupil.

The use of a purple lanyard is intended to support the pupil's safety and is not intended to label, stigmatise or exclude them.

Parents/carers may request that their child does **not** wear a purple lanyard.

Please note that choosing not to use a purple lanyard **does not remove or reduce the academy's responsibility to support the pupil safely**. The pupil's Individual Healthcare Plan (IHP), Allergy Action Plan, individual risk assessment (where applicable), whole-academy allergy arrangements and other appropriate safety measures will remain in place.

The academy will ensure that relevant staff continue to have access to the information they need to support the pupil safely.

Parent/Carer declaration

I confirm that I have been informed about the purpose of the academy's purple lanyard and understand that it is an **additional safety measure** used to help alert relevant staff to my child's food allergy.

I request that my child **does not wear a purple lanyard**.

I understand that:

- this request applies **only to the purple lanyard**;
- my child will continue to receive appropriate support and allergy safety arrangements;
- the academy will continue to ensure that relevant staff are aware of my child's allergy and know how to respond appropriately;
- my child's IHP, Allergy Action Plan and/or individual risk assessment, where applicable, will remain in place;

Reason for requesting that the pupil does not wear a purple lanyard: _____

_____

_____

_____

Parent/carer name		Signature of parent/carer with parental repsonsibility (PR)		Date	