Author	Owen Walters, Anthem Allergy Lead	Target group	All employees, consultants and volunteers
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Allergy Safety Policy

Aims

This policy aims to:

- Set out our approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how the school supports students with allergies to ensure their safety, wellbeing, inclusion and full participation in education wherever reasonably practicable.
- Promote and maintain allergy awareness among the school community.
- Set out clear arrangements for identifying students with allergies, assessing and managing allergy-related risks, maintaining Individual Healthcare Plans and Allergy Action Plans, providing appropriate staff training and responding effectively to allergic reactions and anaphylaxis.
- Ensure that serious allergy incidents and significant near misses are recorded and reported to the Trust Allergy Lead using the online Anthem Incident Report Form. These will be reviewed and used to identify learning and improve practice.
- Ensure that allergy-related concerns, including bullying, harassment, discrimination or deliberate exposure to allergens, are responded to appropriately in accordance with the school's Behaviour & Ethos Policy, Anti-Bullying Policy and, where appropriate, Child Protection & Safeguarding Policy.

This policy is published on the school's website and can be made available in hard copy on request.

Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance Allergy safety in schools (July 2026) and Supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on Using emergency adrenaline auto-injectors in schools, and the following legislation and statutory guidance:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- Children's Wellbeing and Schools Act 2026
- The Children and Families Act 2014
- Keeping Children Safe in Education 2026, where relevant to safeguarding arrangements.
- Equality Act 2010

Terminology

Allergy: A condition in which the body's immune system reacts to a substance that is normally harmless.

Allergic reaction: A reaction that occurs following exposure to an allergen.

Anaphylaxis: A severe, potentially life-threatening allergic reaction requiring immediate emergency treatment.

Adrenaline auto-injector (AAI): A medical device used to administer adrenaline in the emergency treatment of anaphylaxis.

Individual Healthcare Plan (IHP): A school document setting out the arrangements and support that will be provided to an individual student whose allergy requires arrangements which are additional to or different from those made generally.

Allergy Action Plan: A clinical action plan provided by an appropriate healthcare professional setting out how an individual's allergy should be managed, including emergency treatment where applicable.

Kitt Medical: The Trust's managed provider of spare emergency adrenaline auto-injectors, wall-mounted emergency AAI units, allergy and anaphylaxis training and associated medication management and incident reporting arrangements.

Roles and responsibilities

We take a whole-school approach to allergy awareness.

The school will make reasonable adjustments and undertake risk management measures to enable students with allergies to participate fully in educational activities, clubs, visits, residentials and enrichment opportunities wherever it is safe to do so.

The school will maintain proportionate emergency response arrangements that align with the Trust's critical incident, safeguarding, health and safety, business continuity and security procedures. Staff responsible for students with severe allergies will be familiar with evacuation, invacuation, lockdown and emergency communication procedures to ensure that allergy medication and emergency response arrangements remain effective during any critical incident.

Records of allergy incidents, near misses, training and AAI checks will be retained in accordance with the Trust's records management arrangements.

Anthem Allergy Lead

The Anthem nominated Trust-level Allergy Lead is Owen Walters, Anthem Head of Safeguarding.

The Trust Allergy Lead will oversee Trust-wide implementation of this policy, provide advice and challenge to School Allergy Leads and monitor Trust-wide assurance information relating to allergy safety.

The Trust Allergy Lead will use information from school assurance processes, Kitt Medical, incident reporting, audits, training information, serious incidents and significant near misses to identify themes, promote organisational learning and recommend improvements to Trust policy and practice.

School Allergy Lead

The Headteacher shall nominate a School Allergy Lead. Wherever reasonably practicable, this role shall be undertaken by a member of the Senior Leadership Team or a suitably senior member of staff with sufficient authority to oversee implementation of this policy.

The school nominated allergy lead is Helen Chamberlain.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community.
- Recording and collating allergy and special dietary information for all relevant students and co-ordinating medication with families (although the allergy lead has ultimate responsibility, the information collection itself and the coordination of medicines with families may be delegated to the medical officer / the school nurse / administrative staff).

Ensuring:

- Allergy information is recorded and maintained in Bromcom (Medical Needs & First Aid) and is readily available to relevant staff on a need-to-know basis. Allergy information is formally reviewed at least annually and updated promptly whenever the school is notified of a change to a student's allergy status, medication, healthcare plan or emergency contact details.
- All students with allergies have an allergy action plan.
- All staff receive an appropriate level of allergy training.
- All staff are aware of the school's policy and procedures regarding allergies.
- Relevant staff are aware of what activities need an allergy risk assessment.
- Supply staff, temporary cover staff, contractors, visitors and volunteers are made aware of students with significant allergies, who the School Allergy Lead is, emergency procedures and the location of emergency medication as required.
- Keeping stock of the school's adrenaline auto-injectors (AAIs) and ensure the AAIs are in date.
- Maintaining evidence of compliance, training records, AAI checks, incident logs and healthcare plans to support Trust assurance and audit requirements.
- Overseeing the school's Kitt Medical arrangements, including ensuring that Kitt units are appropriately located, accessible and maintained, required checks are completed, the Kitt Medical Portal is kept up to date and any issues affecting the availability of emergency AAIs are addressed promptly.
- Monitoring staff completion of required allergy and anaphylaxis training through the Kitt Medical Portal and ensuring that identified gaps are followed up.
- Ensuring that any Kitt Medical incident reporting and replenishment requirements are completed following the use of a spare AAI.
- Ensuring that any allergy-related safeguarding concern, including concerns relating to bullying, harassment, deliberate exposure to an allergen, neglect of a student's medical needs or concerns about an adult's conduct, is referred through the school's safeguarding procedures where appropriate.
- Communicating relevant information with National Team colleagues.
- Overseeing the completion of a Managing Allergies risk assessment, and other allergy risk assessments as required, in line with the protocols set out below.
- Provide feedback to the Anthem Allergy Lead about the Allergy Safety Policy and procedures as required, including any suggestions for further improvement.

Designated AAI Checkers

The School Allergy Lead will identify **two members of staff** who are responsible for undertaking the monthly checks of the school's adrenaline auto-injectors (AAIs), including those held within Kitt Medical units.

The designated AAI Checkers are responsible for:

- completing a monthly check of all school-held spare AAIs
- checking that AAIs are present, in date, appropriately stored and readily accessible
- checking that Kitt Medical units are accessible, unobstructed and clearly identifiable
- checking that the emergency instructions and relevant information are present and legible
- recording the outcome of each monthly check through the Kitt Medical Portal, where available, and retaining appropriate evidence of the check
- immediately reporting any missing, expired, damaged or otherwise unsuitable AAI to the School Allergy Lead, and
- ensuring that any identified issue is followed up promptly and that replacement AAIs are obtained where required.

The School Allergy Lead will ensure that the two designated AAI Checkers are appropriately briefed on their responsibilities and that alternative arrangements are in place where either designated checker is absent.

Headteacher/Head of School

The Headteacher is responsible for ensuring that this policy is implemented effectively within the school and that appropriate arrangements are in place to support students with allergies.

The Headteacher is responsible for:

- ensuring that a suitably senior School Allergy Lead is appointed
- ensuring that sufficient resources, staffing and arrangements are in place to implement this policy effectively
- ensuring that allergy-related risks are identified, assessed and appropriately managed
- ensuring that Individual Healthcare Plans and relevant Allergy Action Plans are in place and reviewed as required
- ensuring that staff receive appropriate allergy awareness and emergency response training
- ensuring that prescribed and spare adrenaline auto-injectors are appropriately stored, accessible, checked and maintained, including through the school's Kitt Medical arrangements
- ensuring that Kitt Medical provision is sufficient and that issues relating to the availability, accessibility or replenishment of emergency AAIs are addressed promptly
- ensuring that significant allergy incidents and near misses are recorded and reported to the Trust Allergy Lead in accordance with the Trust's escalation arrangements via the online Anthem Incident Report Form. These will also be investigated and reviewed.
- reviewing the annual allergy assurance report prepared by the School Allergy Lead and providing assurance to the Trust Allergy Lead
- ensuring that allergy-related concerns which may also constitute safeguarding concerns are managed in accordance with the Child Protection & Safeguarding Policy, and
- ensuring that concerns about staff conduct are managed in accordance with the Trust's Allegations against the staff Policy, as appropriate.

Teaching and support staff

All teaching and support staff are responsible for:

- promoting and maintaining allergy awareness among students
- maintaining awareness of this Allergy Safety Policy and the school's allergy procedures
- being able to recognise the signs of severe allergic reactions and anaphylaxis
- completing required allergy and anaphylaxis training

- being aware of specific students with allergies in their care
- carefully considering the use of food or other potential allergens in lesson and activity planning
- taking reasonable steps to reduce the risk of students being exposed to known allergens
- knowing where to access relevant allergy information, Individual Healthcare Plans and Allergy Action Plans
- knowing how to access and use emergency medication in accordance with their training and the school's procedures
- ensuring the wellbeing, inclusion and participation of students with allergies, and
- reporting allergy incidents and significant near misses in accordance with school procedures.

Visitors, contractors, agency staff, peripatetic staff, temporary staff and volunteers who have supervisory responsibility for students must be informed of relevant allergy risks, emergency procedures and the location of emergency medication before undertaking activities or supervision, where reasonably practicable.

Parents/Carers

Parents/Carers are responsible for:

- Being aware of our school's Allergy Safety Policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Where prescribed, providing the school with the student's prescribed adrenaline auto-injectors and any other medication required to manage their allergy, in accordance with the arrangements agreed in the student's Individual Healthcare Plan, and ensuring medication is replaced before it expires
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Students with allergies

Where capacity and maturity allow, these students are expected to:

- Being aware of their allergens and the risks they pose
- Follow the arrangements agreed in their Individual Healthcare Plan and/or Allergy Action Plan
- Understanding how and when to use their adrenaline auto-injector where they have been prescribed one and have been assessed as able to self-administer
- Carry their prescribed adrenaline auto-injector on their person where this has been agreed as appropriate and is consistent with their age, maturity and Individual Healthcare Plan
- Tell a member of staff if they feel unwell or believe they may have been exposed to an allergen
- Seek help immediately if they believe they are experiencing an allergic reaction.

Students will not be expected to take responsibility for the emergency management of another student's allergy.

Students without allergies

Where capacity and maturity allow, students will be supported to understand that some members of their school community have allergies and that exposure to an allergen can cause a serious or life-threatening reaction.

Students will be expected to follow reasonable school arrangements designed to reduce allergy-related risks, including arrangements concerning food sharing, hygiene and the use of allergens in school activities.

Students will be encouraged to seek immediate help from a member of staff if they become aware that another student may be experiencing an allergic reaction.

Individual Healthcare Plans

An Individual Healthcare Plan (IHP) will be developed where a student:

- has an allergy which has a functional impact on them in their school
- is at risk of harm as a result of their allergy, and
- requires arrangements which are additional to or different from those made generally

A template is provided in Appendix 1 of this policy.

The IHP will be developed with the student and their parent/carer, taking account of relevant advice from healthcare professionals. An IHP is not a clinical document and should not replace a clinical care or action plan.

Where an Allergy Action Plan or Asthma Action Plan has been provided by a healthcare professional, this will be referred to or attached to the IHP, including the healthcare provider, healthcare professional and relevant review date.

The IHP will set out the additional and/or different arrangements that will be in place in the school or early years setting for supporting the student with their allergy, including in emergency situations.

The IHP will be reviewed at least annually and sooner where there is a significant change in the student's condition, medication, circumstances, level of independence or healthcare advice, or following an allergy incident or significant near miss.

Assessing risk

A Managing Allergies risk assessment will be completed based on the Anthem's template (see Appendix 2 of the policy), making local changes relevant to specific context as required. This risk assessment will be reviewed at least annually.

The school will conduct further risk assessments required for any student at risk of anaphylaxis taking part in:

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

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

The Managing Allergies risk assessment will be overseen by the School Allergy Lead and reviewed at least annually, following any serious allergy incident or significant near miss, and whenever there is a significant change to the school's circumstances or relevant guidance.

Allergy-related risks will also be considered within the school's wider risk management arrangements where appropriate.

Managing risk

Hygiene procedures

- Students are reminded to wash their hands before and after eating
- Food must not be shared between students unless this has been specifically authorised by the school as part of an activity and appropriate allergy risk controls are in place.
- Students have their own named water bottles

Catering

The school is committed to providing safe food options to meet the dietary needs of students with allergies.

- Catering staff receive appropriate training and are able to identify students with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where menu substitutions or product changes are required, allergen information will be reviewed before use and any significant changes affecting students with allergies will be communicated to relevant staff and parents/carers.
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

The school adopts an allergy-aware approach. The school does not claim to be allergen-free and recognises that risk reduction, awareness and effective emergency response provide a safer and more realistic approach than attempting to eliminate all allergens from the environment.

Food restrictions

The school will adopt an allergy-aware approach and will not describe the school as allergen-free.

The school will assess the risks associated with food brought into school and will determine proportionate local arrangements for reducing the risk of exposure to known allergens.

Any restrictions on food brought into school must be proportionate, clearly communicated to students, staff and parents/carers, and kept under review.

The school will not rely solely on food restrictions to manage allergy risk. Risk reduction will also include appropriate hygiene, supervision, information sharing, staff awareness and emergency arrangements.

These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay

- Sesame seeds and foods containing sesame seeds

If a student brings these foods into school the food may be confiscated and returned to a parent at the end of the day.

Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

Animals

- All students will always wash hands after interacting with animals to avoid putting students with allergies at risk through later contact
- Students with animal allergies will not interact with animals

Students who have a known allergy to airborne or contact allergens

The school will take reasonable and proportionate steps to minimise exposure to known airborne and contact allergens for students with a diagnosed allergy.

The school will assess the risks associated with a student's known allergens and implement appropriate control measures informed by the student's healthcare plan, medical advice and individual risk assessment.

The school will not rely solely on allergen avoidance to manage risk. Risk reduction will also include effective communication, appropriate supervision, environmental controls, staff awareness, hygiene measures and emergency arrangements.

Control measures may include:

- Identifying activities, materials or environments that may expose a student to known allergens and taking steps to reduce the risk.
- Reviewing classroom resources, cleaning products, art materials, science materials and other substances before use where these are known to present a risk.
- Implementing appropriate cleaning and hygiene procedures to reduce allergen transfer from surfaces, equipment and shared materials.
- Considering seating arrangements, ventilation and classroom organisation where these are necessary to reduce exposure.
- Communicating relevant information to staff, supply staff, volunteers and trip leaders on a need-to-know basis.
- Completing appropriate risk assessments for educational visits, enrichment activities and special events.
- Ensuring that emergency medication is readily accessible in accordance with the student's healthcare plan and that staff understand emergency response procedures.

Support for mental health

The school recognises that living with an allergy can affect a student's emotional wellbeing and may contribute to anxiety, reduced confidence, social isolation or distress.

Students with allergies will be supported through the school's existing pastoral and wellbeing arrangements, with additional support provided where an allergy has a significant impact on the student's emotional wellbeing.

Allergy-related bullying, harassment, teasing, intimidation, deliberate exposure to allergens or other harmful behaviour will not be tolerated and will be addressed in accordance with the Behaviour & Ethos Policy and Anti-Bullying Policy.

Where behaviour relating to a student's allergy raises a safeguarding concern, the school's Child Protection & Safeguarding Policy and safeguarding procedures will be followed.

Students will not be unnecessarily isolated, excluded from activities or treated less favourably because they have an allergy.

Events and school trips

Students with allergies will not be excluded from events, trips or enrichment activities solely because of their allergy. The school will make reasonable adjustments and implement proportionate risk management measures to enable participation wherever reasonably practicable and safe to do so.

The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of students' allergies and to have received adequate training.

The student's Individual Healthcare Plan, Allergy Action Plan, prescribed medication and any relevant risk assessment will be reviewed before the activity takes place. Staff accompanying the student will know how to access emergency medication and respond to an allergic reaction.

Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips.

Risk assessments will be conducted for any student at risk of anaphylaxis taking part in a trip off the premises.

Students at risk of anaphylaxis should have their own adrenaline device with them, and staff will be trained to administer adrenaline in an emergency.

Procedures for handling an allergic reaction

Register of students with Adrenaline auto-injectors (AAIs)

The school maintains an up-to-date register of students who have been prescribed AAIs or whose healthcare professional has provided a written plan recommending AAI use in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed AAI(s) (and if so, what type and dose)
- Where a student has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the student
- Where proportionate and with appropriate consent, a current photograph may be included to support identification during an emergency.

The register will be accessible to staff who need the information to respond to an emergency and will be managed in accordance with the school's data protection and information-sharing

arrangements. Checking the register must never delay the administration of adrenaline where anaphylaxis is suspected.

The school will ensure that students who are prescribed adrenaline devices have rapid access to their devices at all times, noting that in a case of anaphylaxis, adrenaline should be administered **within five minutes**. This includes in the lunch area, playground, sports fields and when on visits or trips, taking account of the school's arrangements for prescribed AAIs and the availability of Kitt Medical emergency AAIs.

Where a student has an individually prescribed AAI, arrangements will be agreed with the parent/carer and, where appropriate, the student for the AAI to be taken home at the end of the school day or for journeys to and from school. The school will ensure that prescribed AAIs remaining on school premises are stored appropriately and that parents/carers are reminded to replace any device before it expires.

Where students are considered sufficiently mature and responsible, they may carry their prescribed AAI on their person during the school day, in accordance with their Individual Healthcare Plan and the school's arrangements.

Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff will be trained to recognise the signs of an allergic reaction and anaphylaxis and to respond appropriately.

If a student has symptoms of an allergic reaction, the member of staff will respond immediately in accordance with the student's Allergy Action Plan and/or the school's emergency allergy procedure.

If anaphylaxis is suspected, adrenaline should be administered without delay in accordance with the relevant emergency procedure. Emergency services should be contacted immediately and the parent/carer informed.

If an AAI needs to be administered, a member of staff will use the student's own prescribed AAI where it is immediately available. If the student's prescribed AAI is not immediately available or is not usable, an appropriate spare AAI from the school's Kitt Medical unit will be used in accordance with the school's emergency procedure.

Where an individual experiences suspected anaphylaxis and does not have a prescribed AAI, an appropriate spare AAI from the school's Kitt Medical unit may be used in accordance with current statutory guidance and emergency procedures.

If student also has asthma and is experiencing breathing difficulties, staff should follow the student's Asthma Action Plan alongside their Allergy Action Plan as appropriate. Adrenaline should not be delayed where anaphylaxis is suspected.

Where symptoms do not appear to indicate anaphylaxis, the student will nevertheless be monitored closely and the student's Allergy Action Plan followed. Parents/Carers will be informed in accordance with the school's procedures. If symptoms progress or anaphylaxis is suspected, the emergency procedure will be initiated immediately.

If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives or accompany the student to hospital by ambulance in accordance with the school's emergency procedures. If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored and the parents/carers informed.

If the student has no Allergy Action Plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures:

- Where an allergic reaction is suspected, staff will assess the student's condition and seek assistance immediately. If signs of anaphylaxis are present, staff will administer an adrenaline auto-injector (where available and authorised), call 999, and state that anaphylaxis is suspected.
- The student will be positioned appropriately, normally lying flat with legs raised. If breathing is difficult, they may be assisted into a sitting position. The student will not be permitted to stand, walk or move unnecessarily while awaiting emergency medical assistance.
- If symptoms do not improve, worsen, or return after approximately five minutes, a second adrenaline auto-injector will be administered if available and in accordance with emergency guidance.
- A member of staff will remain with the student, monitor their condition, inform parents/carers as soon as practicable, and ensure that emergency responders are provided with all relevant information, including details of any medication administered.
- All students who receive adrenaline for a suspected anaphylactic reaction will be transferred to hospital for further assessment, even if symptoms appear to have resolved.

Adrenaline auto-injectors

Anthem Schools Trust uses Kitt Medical as its managed service for the provision and management of spare emergency adrenaline auto-injectors. Schools must follow the arrangements set out below alongside current statutory guidance and the Kitt Medical operating arrangements.

Kitt Medical emergency AAI provision

The school will maintain Kitt Medical emergency AAI units for use in accordance with this policy and current statutory guidance.

Kitt Medical provides the school with wall-mounted emergency AAI units, spare adrenaline auto-injectors, associated emergency information, online allergy and anaphylaxis training and access to an online portal for medication management, Kitt checks, training monitoring and incident reporting.

Kitt Medical units will be located in visible, accessible and suitably central locations identified through the school's risk assessment. The location of each Kitt will be communicated to staff and included within relevant emergency procedures and staff induction.

The school will ensure that Kitt Medical units are accessible at all times and that emergency AAIs can be accessed rapidly. Kitt Medical states that units should be located so that emergency AAIs are accessible within five minutes and recommends visible locations such as reception and dining areas.

The use of Kitt Medical does not transfer responsibility for allergy safety from the school or Trust to Kitt Medical. The school remains responsible for ensuring that emergency AAIs are available, accessible and suitable for use.

Provision and replenishment of spare AAIs

Anthem Schools Trust uses Kitt Medical as its managed provider for spare emergency AAIs.

Each school will maintain an appropriate number of Kitt Medical emergency AAI units based on its size, layout, student population and risk assessment.

Kitt Medical provides spare AAIs through its managed service and provides replacement devices before expiry and following reported use in accordance with the school's subscription arrangements.

The School Allergy Lead is responsible for overseeing the school's Kitt Medical provision and ensuring that any missing, used, damaged or expired emergency AAI is addressed promptly.

Schools must not rely solely on Kitt Medical's automated replenishment arrangements. Physical checks must continue to be undertaken by the school to ensure that emergency AAIs are present, accessible and in date.

Storage (of both spare and prescribed AAIs)

The School Allergy Lead will make sure all Kitt Medical Emergency AAI units are:

- securely wall-mounted in visible and accessible locations identified through the school's allergy risk assessment
- accessible to staff at all times
- located so that emergency AAIs can be accessed rapidly and, wherever reasonably practicable, within five minutes of where they may be required
- protected from direct sunlight and extremes of temperature
- stored at room temperature in accordance with manufacturer requirements
- clearly identifiable as spare emergency AAIs
- kept separate from students' individually prescribed AAIs, and
- included within the school's regular AAI checking arrangements.

Kitt Medical units must not be located in a locked room or cupboard where access could be delayed during an emergency.

Maintenance (of spare AAIs)

The School Allergy Lead will nominate at least two members of staff to undertake monthly checks of all Kitt Medical units and spare AAIs. The nominated staff responsible for checking monthly are Mandy Webber and Paul Carpenter They will check and record that:

- the Kitt unit is present and securely located
- the unit is accessible and has not been obstructed
- the spare AAIs are present
- the AAIs are in date and appear suitable for use
- the correct number and dosage of AAIs are present
- the emergency instructions remain available and legible, and
- any issue identified has been reported and addressed promptly.

Checks will be recorded through the Kitt Medical Portal where this functionality is available, with appropriate local records retained to demonstrate compliance.

Disposal

AAIs can only be used once. Used and expired AAIs will be disposed of safely in accordance with the manufacturer's instructions and current statutory guidance. Used AAIs may be handed to ambulance staff, returned to a pharmacy or disposed of using an appropriate sharps disposal arrangement.

Where a Kitt Medical AAI has been used, the incident will be reported through the Kitt Medical Portal so that replacement can be arranged.

Use of AAIs off school premises

Students at risk of anaphylaxis who are able to administer their own prescribed AAIs should carry their prescribed AAI with them on school trips and off-site events, in accordance with their Individual Healthcare Plan.

Kitt Medical emergency AAI units are not designed for outdoor environments or travel. Where a spare AAI is required for a school trip or off-site activity, the school will make separate arrangements to take an appropriate spare AAI in accordance with current statutory guidance, the manufacturer's storage requirements and the relevant risk assessment.

For school trips and off-site activities, the visit leader will ensure that appropriate arrangements are in place for the carriage, storage and accessibility of spare AAIs for emergency use.

- A suitable number of spare AAIs will be taken where identified through the risk assessment process and in accordance with current statutory guidance. Spare AAIs will be readily accessible to trained staff at all times and will not be stored in locked compartments or locations that could delay emergency treatment.
- The visit leader will ensure that all staff involved in the activity are aware of:
    - Students who have been identified as being at risk of anaphylaxis.
    - The location of prescribed and spare AAIs.
    - The student's Individual Healthcare Plan and Allergy Action Plan, where applicable.
    - Emergency response procedures, including arrangements for contacting emergency services.
- Spare AAIs taken on educational visits will be stored and transported in accordance with the manufacturer's instructions and protected from extreme temperatures, direct sunlight and physical damage.
- Before departure, the school will verify that students prescribed AAIs have their in-date medication available and that any required spare AAIs are available for emergency use.
- The arrangements for carrying and using spare AAIs will be included within the visit risk assessment and communicated to relevant staff before the activity takes place.

Serious incidents and “near misses”

Any incident involving the use of an AAI, emergency services attendance, hospital treatment or a significant near miss will be reviewed by the Headteacher and School Allergy Lead. Significant incidents will be reported to the Trust Allergy Lead using the online Anthem Incident Report Form to support organisational learning.

All allergy incidents and significant near misses will be recorded and reported as soon as practicable and within 24 hours. Existing first aid and incident reporting procedures should be followed as outlined in the First Aid and Health & Safety Policies.

A significant allergy incident includes:

- administration of adrenaline
- attendance by emergency services
- hospital treatment or admission
- significant exposure to a known allergen which could reasonably have resulted in serious harm
- failure or significant delay in accessing or administering emergency medication

- an incident involving a student or other individual with no previously known allergy who experiences suspected anaphylaxis, or
- any other incident which the Headteacher or School Allergy Lead considers having significant implications for allergy safety.

A significant near miss is an event where an allergy-related error, omission or failure in control measures could reasonably have resulted in serious harm but did not.

Incidents and significant near misses will be reviewed by the Headteacher and School Allergy Lead to identify contributory factors, lessons learned and any additional control measures required.

Significant allergy incidents and significant near misses will be reported to the Trust Allergy Lead in accordance with the Trust's escalation arrangements using the online Anthem Incident Report Form. The outcome of the review, including any actions identified, will be shared with relevant staff and incorporated into relevant risk assessments, procedures and training where appropriate.

Where a spare AAI has been administered, the incident will also be reported through the Kitt Medical Portal to support replenishment and maintain an accurate record of emergency AAI provision.

Where an incident or concern also raises a safeguarding issue, the school's Child Protection & Safeguarding Policy and safeguarding procedures will be followed.

Where an incident involves concerns about the conduct of an adult, the Allegations against the staff Policy will be followed as appropriate.

Learning from incidents and near misses will be shared with relevant staff and incorporated into risk assessments, training and policy or procedure reviews where appropriate.

Safeguarding

Allergy safety is part of the school's wider safeguarding arrangements. Staff must remain alert to circumstances in which a student's allergy may indicate a wider safeguarding concern, including neglect of medical needs, deliberate exposure to an allergen, bullying or harassment, coercion or inappropriate conduct by an adult.

Any safeguarding concern must be reported immediately in accordance with the school's Child Protection & Safeguarding Policy.

Concerns about an adult working in or on behalf of the school must be reported and managed in accordance with the Allegations against the staff Policy.

Staff must not attempt to investigate safeguarding concerns themselves.

Training

The school is committed to ensuring that all staff who work with or have responsibility for students receive appropriate allergy awareness and emergency response training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and others who may supervise students.

Allergy awareness training should ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it

- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Understand the relationship between asthma and anaphylaxis, recognise when symptoms may indicate either condition or both, and know when emergency asthma medication and/or adrenaline may be required
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - calling emergency services and informing parents/carers
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices)
- Understand the impact allergy can have on a student or young person's wellbeing
- Understand the school's Allergy Safety Policy
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Anthem Schools Trust will use Kitt Medical's CPD-accredited online allergy and anaphylaxis training as the Trust's standard allergy awareness and anaphylaxis training resource, supplemented by additional training where required by individual student needs or local circumstances.

The Kitt Medical training is available to staff through the Kitt Medical Portal and via Flick Learning and completion will be monitored by the School Allergy Lead and Headteacher.

Staff who may be required to administer adrenaline will also be provided with practical familiarisation with the AAI devices used by the school, including trainer devices where appropriate.

All staff will complete allergy awareness and anaphylaxis training at induction and at least annually thereafter. Additional training will be provided where required following an incident, significant near miss, change in a student's needs, change in guidance or identified training need.

New staff, agency staff, long-term supply staff, peripatetic staff and regular volunteers will receive allergy awareness information and emergency response procedures as part of their induction before assuming responsibility for students, wherever practicable.

Allergy Emergency Exercises

The school will periodically test its allergy emergency response arrangements through tabletop exercises, scenario discussions or practical drills. Findings and lessons learned will be reviewed and, where necessary, reflected within procedures, training and risk assessments.

The School Allergy Lead will record the outcome of each exercise and any actions identified. Actions will be incorporated into relevant risk assessments, procedures and training and monitored through the school's assurance arrangements.

Monitoring and Assurance

The School Allergy Lead, reporting into the Headteacher, will monitor compliance with this policy through:

Monthly

- Check all Kitt Medical units and spare AAIs are present, accessible, appropriately stored and in date.
- Check that Kitt Medical units have not been obstructed or otherwise made inaccessible.
- Record checks through the Kitt Medical Portal where available and retain appropriate local evidence.
- Address any deficiencies immediately.

Termly

- Review allergy incidents and significant near misses and identify recurring themes or required actions.
- Review staff allergy training completion and identify any gaps.
- Review changes to the school's allergy register and ensure relevant information is available to staff.
- Review upcoming trips and activities involving students at risk of anaphylaxis.
- Review Kitt Medical incident and replenishment records.

Annually

- Audit allergy information recorded in Bromcom.
- Audit Individual Healthcare Plans.
- Review the Managing Allergies risk assessment.
- Review the school's emergency response arrangements.
- Review the effectiveness of staff allergy and anaphylaxis training.
- Review the storage, accessibility and maintenance of prescribed and spare AAIs.
- Review the number and location of Kitt Medical units and whether these remain appropriate.
- Review the school's local allergy risk controls.
- Complete an annual allergy assurance report for the Headteacher.

The Headteacher will review the annual assurance report and provide assurance to the Trust Allergy Lead regarding implementation of this policy.

The Trust Allergy Lead will use school assurance information, Kitt Medical information, incidents, near misses and thematic findings to identify Trust-wide learning, provide challenge and support, and recommend improvements to policy and practice.

Any serious incident or significant near miss will be reviewed immediately rather than waiting for the next scheduled monitoring cycle.

Links to other policies

This policy links to the following policies:

- Child Protection & Safeguarding Policy
- Health & Safety Policy

- Administration of Medicines and Supporting Students with Medical Conditions Policy
- First Aid Policy
- Food Safety Policy
- Asthma Policy
- Behaviour & Ethos Policy
- Anti-Bullying Policy
- Educational Visits Policy
- Staff Code of Conduct
- Data Protection Policy
- Allegations against the staff Policy

Review

This policy will be reviewed annually by the Trust Allergy Lead, with input from School Allergy Leads and relevant Trust colleagues and will be approved by the Executive Team.

The policy will also be reviewed following:

- any serious allergy incident
- any significant near miss
- a significant change in legislation or statutory guidance
- significant changes to Trust or school procedures, or
- any other event which identifies a need to review the effectiveness of the policy.

Reviews will take account of allergy incidents, significant near misses, audit findings, training outcomes, student and parent/carer feedback and other relevant sources of learning.

Appendix 1: Individual Healthcare Plan for Allergy template

<table>
<tr><th colspan="2">Individual Healthcare Plan for allergy</th></tr>
<tr><td>Name:</td><td rowspan="5">Current photo</td></tr>
<tr><td>Date of birth:</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
</table>

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.*	
Last discussed with parents/carers:	**Date**
Issued by:	**Date:**
Next planned review:	**Date:**

Annex: Medication needed while in school	
Non-prescription medication: *Record any non-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:**

Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date:**
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date:**

Appendix 2: Managing Allergies - School Risk Assessment Template 2026-2027

[This template must be completed by the school. The prompts and headings establish the Trust baseline; schools must record their own local hazards, existing controls, further actions, risk ratings, responsible persons and completion dates]

School	Grampian Primary Academy	**School Allergy Lead**	Helen Chamberlain
Headteacher / Head of School	Paul Carpenter	**Date completed**	07.09.2026
Review date	01.09.2027	**Version**	1.0 – September 2026
Assessment owner	Paul Carpenter	**Approval status**	
Local arrangements / activities covered		**Related Trust policy**	Allergy Safety Policy

1. Purpose and scope

Use this whole-school assessment to identify foreseeable allergy-related hazards and document the arrangements the school has in place to manage them. It applies to students, staff, visitors, volunteers and contractors.

Complete this assessment alongside individual Healthcare Plans, clinically issued Allergy Action Plans, medication arrangements, activity-specific risk assessments and relevant Trust policies. Do not use this assessment as a substitute for those documents.

2. School completion requirements

- Record the school's actual local arrangements rather than copying generic statements.
- Complete the risk rating for each relevant hazard and add any local hazards not listed.
- Identify what is already in place, what further action is required, who is responsible and when the action will be completed.
- Do not describe the school as allergen-free. Record proportionate measures to reduce exposure to known allergens.

- Demonstrate that prescribed/spare adrenaline can be accessed and brought to a person experiencing anaphylaxis within five minutes in relevant areas and activities.
- Review the assessment at least annually and sooner following a serious allergy incident, significant near miss, significant change in a student's needs/medication, significant change to school circumstances or relevant statutory guidance.

3. Persons who may be affected

School to identify relevant groups, including:

- Students with known food, insect sting, contact or airborne allergies, including students at risk of anaphylaxis.
- Students with no previously known allergy who may experience an allergic reaction or anaphylaxis.
- Staff, volunteers, visitors and contractors with allergies or who may need to respond to an allergic reaction.
- Catering staff and others involved in food preparation, serving or supervision.
- Temporary, supply, agency, peripatetic and extracurricular staff.

4. Risk rating methodology

Use the school's existing risk-rating methodology where this is mandated by the school's risk management framework. If using the Trust 5 × 5 matrix, record likelihood and severity separately and multiply them. For anaphylaxis, severity should normally reflect the potential consequence of 5 (fatal); controls should primarily reduce likelihood.

Severity	1 – Insignificant	2 – Minor	3 – Notable	4 – Major	5 – Fatal
1 – Near impossible	1	2	3	4	5
2 – Unlikely	2	4	6	8	10
3 – Notable chance	3	6	9	12	15
4 – Likely	4	8	12	16	20
5 – Almost certain	5	10	15	20	25

School to record the risk-rating thresholds used for acceptance, further action and escalation:

Acceptable / controlled	Further action required	Activity or arrangement must be reconsidered
TO BE COMPLETED BY SCHOOL	TO BE COMPLETED BY SCHOOL	TO BE COMPLETED BY SCHOOL

5. Whole-school risk assessment

The hazards below are provided as prompts for schools. Schools must complete the blank columns using their own local arrangements, add further hazards where relevant, and remove any prompts that genuinely do not apply.

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
Identification and information sharing	Students with diagnosed or suspected allergies, particularly those at risk of anaphylaxis. If allergy information is inaccurate, incomplete, not updated, or not shared appropriately, staff may be unaware of a student's allergy, emergency medication requirements or triggers. This could lead to allergen exposure, delayed treatment, serious allergic reactions, anaphylaxis, hospitalisation or, in extreme circumstances, fatality. Staff may also be placed at risk of uncertainty during an emergency response.	3	5	15	School maintains an allergy register. Allergies and medical conditions recorded on Bromcom. Individual Healthcare Plans (IHCPs) completed where required. Allergy Action Plans obtained from parents/carers and healthcare professionals where available. Parents/carers required to notify the school of new allergies, diagnoses or changes in treatment. Information shared with relevant staff on a need-to-know basis. Allergy information considered during admissions and transition processes. Emergency medication requirements recorded and monitored. Staff receive allergy awareness training. Arrangements in place for updating records when medication changes are reported.	Conduct termly review of allergy register against Bromcom records. Introduce annual audit of all allergy-related records, IHCPs and Action Plans. Implement process for immediate notification to relevant staff following new diagnoses or changes in medication. Ensure supply staff, peripatetic staff and volunteers can access essential allergy information where required. Include allergy status within educational visit planning documentation. Maintain clear version control and review dates on all IHPs and Allergy Action Plans. **Residual Risk Score:** 5

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
Food allergens and cross-contact	Students with diagnosed food allergies, particularly those at risk of anaphylaxis. Exposure may occur through food preparation, shared food, contaminated hands, utensils, surfaces, equipment, inadequate cleaning, or food brought from home. Cross-contact may result in allergic reactions ranging from mild symptoms to severe anaphylaxis requiring emergency treatment, hospitalisation or, in extreme circumstances, fatality. Staff administering first aid may also be involved in responding to an emergency incident.	4	5	20	School maintains records of students with food allergies. Individual Healthcare Plans and Allergy Action Plans are in place where required. Relevant staff are informed of students with food allergies. Allergy-aware approach adopted across the school. Students are encouraged to wash hands before and after eating. Tables and eating surfaces are cleaned regularly. Staff supervise meal and snack times as appropriate. Food sharing is discouraged. Parents/carers are informed of any proportionate food restrictions in place. Emergency medication is available in accordance with healthcare plans. Staff receive allergy awareness and emergency response training. Visual and verbal reminders for handwashing before and after eating. Allergens are considered in food technology and cooking activities. Regular reminders are provided to students not to share food, drinks, utensils or lunchbox contents.	Review cleaning procedures to ensure effective removal of food residues from eating and teaching areas. Ensure separate utensils and equipment are used where appropriate for allergen management. Provide regular reminders to students not to share food, drinks, utensils or lunchbox contents. Establish clear arrangements for managing food during celebrations, fundraising events and reward activities. Undertake periodic monitoring of compliance with allergy-aware arrangements. Ensure temporary, supply and lunchtime staff receive relevant allergy information. Review risk assessments whenever a new significant food allergy is identified. **Residual Risk Score:** 10

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
Catering and meal identification	Students with diagnosed food allergies, particularly those requiring allergen-specific meal provision. Inaccurate allergen information, incorrect meal identification, menu substitutions, communication failures, cross-contact during preparation or service, or inadequate staff knowledge could result in a student being given food containing an allergen. This may lead to an allergic reaction, anaphylaxis, hospitalisation or, in extreme circumstances, fatality.	3	5	15	School operates an on-site hub kitchen and prepares meals under its own procedures. Allergens are identified and communicated to parents through published menus. An up-to-date allergy and dietary requirements list is maintained and shared with relevant catering staff. Students with dietary requirements are identified by a white lunch band. Students also wear the colour-coded band corresponding to their parent-selected meal option, providing a second method of identification. Catering staff have access to current allergy information and dietary requirements. Procedures are in place to minimise cross-contact during food preparation and service. Menu changes and substitutions are communicated to relevant staff before service. Catering and supervisory staff receive allergy awareness training. Emergency procedures are understood by catering and lunchtime staff.	Periodically audit compliance with the two-stage meal identification process. Introduce formal sign-off for any menu substitutions affecting allergen information. Undertake termly spot checks of allergy lists, menus and meal identification procedures. Ensure supply and temporary catering staff receive allergy and meal service briefings before commencing duties. Review arrangements for themed menus, special events and educational activities involving food. Include catering procedures within the school's annual allergy management review. **Residual Risk Score:** 5

Food brought into school, celebrations and events	Packed Lunches:- A pupil may bring food containing allergens (e.g. nuts, sesame, egg, milk) which could be shared with another pupil or cause accidental exposure. Snacks:- Allergen-containing snacks may be brought into school or distributed without checking ingredients, resulting in an allergic reaction. Birthday Treats:- Parents/carers may send in cakes, sweets or treats containing allergens. Ingredients may be unknown or not clearly labelled. Cake Sales & Fundraising Events:- Homemade items may not have ingredient information available, increasing the risk of allergen exposure. Class Parties and Celebrations:- Food may be provided by staff, parents or external suppliers without considering pupils' allergies or cross-contamination risks. Reward Systems involving Food: Staff may inadvertently give a pupil a food reward that contains an allergen or has not been checked for suitability. Events & School Functions:- Food sold or provided at events may contain	4	5	20	School Lunch and Snack Guidance shared annually with staff and on sharepoint. • School Lunch and Snack Guidance available to parents/carers via the school website. • Nut-free expectations communicated to parents/carers. • Allergy awareness posters displayed throughout the school. • Signs displayed advising that nuts are not permitted on site. • Lunchtime staff trained and vigilant in monitoring packed lunches. • Any nut-containing items identified in packed lunches are removed and parents/carers contacted to collect them. • Removed allergen-containing items stored securely in a locked location. • Parents/carers directed to the school office before food is distributed within school. • Office staff check dietary and allergen information before food is sent to classrooms. • Birthday cakes and food treats are discouraged.	Introduce a formal procedure requiring ingredient labels to accompany any food permitted into school for events or celebrations. • Consider prohibiting homemade food items for whole-class sharing unless approved by the school. • Develop a standard risk assessment checklist for celebrations, cake sales, and fundraising events . • Establish an approved list of allergen-safe reward alternatives that do not involve food. • Ensure food-based curriculum activities include allergy checks within planning documentation. • Require educational visit leaders to confirm allergy arrangements with food providers in advance. • Include allergy management arrangements within all residential visit planning. • Provide written guidance to external organisations, hirers and event organisers regarding the school's allergy expectations. • Introduce routine reminders to parents/carers before seasonal

	allergens. Allergy information may not be available or communicated effectively. Ingredients & Food Preparation:- Staff may not check ingredient labels or may assume food is safe. Recipes and ingredients can change between purchases. Cross Contamination:- Food preparation, serving areas, tables or utensils may transfer allergens to otherwise safe foods. Communication with Parents/Carers:- Failure to obtain, update or share allergy information could result in staff being unaware of a pupil's dietary needs. New Pupils or Newly Diagnosed Allergies:- Allergy information may not be communicated promptly to all relevant staff, increasing the risk of accidental exposure. Education Activities involving Food:- Allergy information may not be communicated promptly to all relevant staff, increasing the risk of accidental exposure. Off Site Visits and Residentials:- Food providers may not be informed of pupils' allergies or emergency medication may not be readily available.				• Allergy information maintained through allergy registers, Bromcom records and Individual Healthcare Plans where applicable. • Relevant allergy information shared with staff on a need-to-know basis. • Staff receive allergy awareness training. • Classroom staff aware of pupils with known food allergies. • Emergency medication available in accordance with individual healthcare arrangements. • Consideration of allergies during school events, activities and educational visits. • Food brought into school subject to staff oversight before distribution.	celebrations and fundraising events regarding allergen restrictions. • Consider designated allergen-aware seating or supervision arrangements where individual risk assessments identify a need. • Periodically monitor compliance with the Lunch and Snack Guidance and record findings. • Reinforce handwashing and table-cleaning procedures before and after eating activities to reduce cross-contamination risks. • Ensure supply staff and volunteers are informed of relevant allergy risks before supervising food-related activities. • Maintain readily accessible safe snack alternatives where required by individual healthcare plans.

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk

Emergency medication – access	Access to prescribed AAIs Pupils with Diagnosed Allergies:- A pupil experiencing anaphylaxis may not receive adrenaline promptly if their prescribed AAI cannot be located or accessed quickly Access to prescribed AAI's A prescribed AAI may be unavailable, out of date, damaged or already used, and no spare AAI is readily accessible. Kitt Medical units/emergency medication stations:- Staff may not know the location of the unit or how to access it, resulting in delays during an emergency. Pupils with sever allergies:- Delay in accessing adrenaline could lead to deterioration of symptoms and a life-threatening emergency. During Lessons:- A reaction may occur in the classroom and staff may be unaware of the nearest medication location or emergency procedure. Break and Lunchtime:- Pupils move around the site, increasing the risk of delayed access to medication if it is stored away from dining or playground areas. PE and Outdoor Activities:- Medication may remain in the classroom while the pupil is elsewhere on site,	4	5	20	Prescribed AAIs held in school for pupils identified as requiring emergency medication. • Individual Healthcare Plans (IHPs) and Allergy Action Plans identify medication requirements and emergency procedures. • Allergy register maintained and reviewed. • Allergy information recorded on Bromcom and shared with relevant staff. • Emergency medication locations identified and communicated to staff. • Kitt Medical units/emergency medication stations available on site. • Staff receive allergy awareness and anaphylaxis training, including use of AAIs. • Emergency response procedures in place for suspected anaphylaxis. • Spare emergency AAIs held in accordance with school policy and legal requirements. • Medication stored in locations that balance security with rapid accessibility. • Arrangements in place to ensure emergency medication accompanies	Carry out termly audits of emergency medication locations to confirm all AAIs can be accessed within five minutes from all areas of the school site. • Display emergency medication location maps in staff-only areas and include within staff induction materials. • Undertake periodic emergency response drills to test staff knowledge of medication locations and access arrangements. • Ensure all supply staff, volunteers and temporary staff receive a brief allergy and emergency medication briefing before working with pupils. • Maintain clear signage identifying Kitt Medical units and emergency medication stations. • Introduce a grab-and-go emergency medication procedure for PE, outdoor learning and off-site activities where appropriate. • Implement a formal handover process to ensure wraparound, before-school and after-school staff are aware of pupils requiring emergency medication. • Keep educational visit checklists that require confirmation that AAIs and

	delaying emergency treatment. After School Clubs and Wraparound Provision Club staff may not have access to, or awareness of, a pupil's medication and healthcare plan. Before School Provision:- Emergency medication may not be available in the area being used or staff may be unfamiliar with emergency arrangements. Educational Visits & Trips:- Medication may be forgotten, inaccessible during travel, or not carried by a responsible adult. Staff Awareness:- Staff unfamiliar with allergy procedures may not recognise symptoms quickly or know where medication is located. Movement around the school site:- A pupil may suffer a reaction away from the normal storage location, increasing response times.				pupils on educational visits and off-site activities. • Relevant information shared with club leaders, wraparound staff and other adults responsible for pupils. • Medication accompanies pupils where required by individual risk assessments and healthcare plans. • Emergency contact information readily available. • Regular checks undertaken to confirm medication remains accessible and correctly stored.	healthcare plans are present before departure. • Undertake regular spot checks to confirm staff can identify the nearest emergency medication location and emergency procedure. • Ensure contingency arrangements are in place if a prescribed AAI has already been used, is unavailable or becomes damaged. • Review accessibility arrangements whenever classrooms, provision areas or medication storage locations change. • Consider maintaining additional emergency medication points in larger or more remote areas of the school site where response times may otherwise be increased. • Record and review any delays, near misses or medication access concerns to identify trends and strengthen procedures. This would typically start with a **high pre-control risk (20)** because delayed access to adrenaline can have life-threatening consequences, but strong medication management, trained staff, Kitt Medical provision and regular testing of access arrangements should significantly reduce the residual risk.

Emergency medication – expiry, damage, dosage and replenishment	An out-of-date AAI may be less effective during an allergic emergency, potentially delaying appropriate treatment. Insufficient quantities of medication may be available if devices have not been replaced following use, loss or damage. The wrong dosage device may be available due to changes in prescription not being communicated or updated. An AAI may be damaged, activated accidentally, missing safety caps or otherwise unfit for use when needed. Spare emergency medication may have expired or not been replaced after use. Failure to carry out regular monitoring checks could result in expired, missing or damaged medication going unnoticed. Medication may be taken off site and not returned, leaving inadequate supplies available in school. Staff may lose valuable time locating a suitable in-date device if records are inaccurate or stock levels are not monitored. Delayed administration of adrenaline due to missing, damaged or expired medication may result in	4	5	20	Prescribed AAIs held in school for pupils who require them. • Spare emergency AAIs maintained in accordance with school policy and statutory guidance. • Medication details recorded within Individual Healthcare Plans (IHPs) and Allergy Action Plans. • Staff informed of pupils requiring emergency medication. • Allergy register maintained and reviewed. • Medication storage locations clearly identified. • Routine medication checks undertaken to monitor expiry dates and device condition. • Records maintained of medication received, checked, used and returned. • Parents/carers informed when replacement medication is required. • Staff trained in allergy management, recognition of anaphylaxis and AAI administration. • Procedures in place for responding to anaphylaxis and summoning emergency assistance.	Implement and maintain documented monthly medication audits. • Nominate two designated members of staff responsible for independently checking emergency medication and maintaining records. • Maintain a central medication inventory recording expiry dates, dosage requirements, quantities held and storage locations. • Introduce a termly reconciliation check between medication records, healthcare plans and physical stock. • Establish an automated reminder system for parents/carers three months and one month before medication expiry dates. • Require immediate replenishment of any AAI following use, loss, damage or removal from service. • Undertake visual inspections of all AAIs during checks to identify damage, discolouration, missing safety caps or signs of activation. • Verify dosage requirements whenever healthcare plans are reviewed or updated. • Include medication quantity checks within monthly monitoring to ensure the required number of devices is always available.

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
	worsening symptoms, hospitalisation, serious harm or potentially fatal consequences.				• Emergency medication monitored following educational visits and off-site activities to ensure it is returned and available. • Spare emergency medication accessible for use if a prescribed device is unavailable or ineffective.	• Maintain contingency arrangements where replacement medication is delayed, including monitoring availability of spare emergency AAIs. • Record and investigate any instances of expired, damaged, missing or incorrect medication to identify patterns and improve procedures. • Conduct periodic spot checks to ensure medication held matches documented records. • Ensure medication taken off site for visits, residentials or sporting events is signed out and formally signed back into school. • Include medication management compliance within annual allergy-management audits.

Recognition and response to anaphylaxis	Pupils with diagnosed allergies:- Symptoms of an allergic reaction or anaphylaxis may not be recognised quickly, resulting in delayed treatment. Pupils at risk of anaphylaxis:- Staff may mistake symptoms for another medical condition, causing a potentially life-threatening delay in administering adrenaline. All allergic pupils:- Staff may not know the school's emergency procedure or their role during an allergy emergency. Pupils experiencing anaphylaxis:- Adrenaline may not be administered immediately when required, allowing symptoms to worsen rapidly. Pupils requiring emergency treatment:- Emergency services may not be contacted promptly, delaying access to advanced medical care. Pupils with Individual Healthcare Plans/Allergy Action Plans:- Staff may be unable to locate or access the pupil's Allergy Action Plan, resulting in uncertainty about the correct response. Pupils during lessons, breaktimes, clubs, wraparound provision or trips:-	4	5	20	School maintains Individual Healthcare Plans (IHPs) and Allergy Action Plans for relevant pupils. • Allergy register maintained and shared with relevant staff. • Allergy information recorded on Bromcom. • Staff receive allergy awareness and anaphylaxis training. • Staff trained in recognition of allergic reactions and anaphylaxis symptoms. • Staff trained in the administration of AAIs. • Emergency medication and spare AAIs available in accordance with school procedures. • Allergy Action Plans accessible to relevant staff. • Clear emergency procedures in place for suspected anaphylaxis. • Adrenaline administration is prioritised where anaphylaxis is suspected. • Procedures require emergency services (999) to be called following administration of adrenaline.	Deliver annual allergy and anaphylaxis training for all staff, with additional induction training for new starters, volunteers and supply staff. • Provide practical AAI familiarisation sessions using trainer devices to build staff confidence and competence. • Introduce periodic refresher briefings throughout the year focusing on recognition of symptoms and emergency response expectations. • Display simplified emergency response flowcharts in key staff areas and locations where emergency medication is stored. • Ensure Allergy Action Plans are available in both physical and electronic formats where appropriate. • Conduct regular tabletop exercises to test emergency response arrangements and identify learning points. • Undertake periodic practical emergency drills involving medication retrieval, communication procedures and allocation of responsibilities. • Implement a process to confirm all wraparound, before-school and after-school staff have received allergy emergency information for relevant pupils.

	Staff responsible for the pupil may not have received appropriate allergy training or be familiar with emergency procedures. Pupils with severe allergies:- Staff may lack confidence in using an adrenaline auto-injector (AAI) and hesitate during an emergency. All allergic pupils:- Practical training and familiarisation with AAI devices may not have been undertaken or refreshed regularly. All school users:- Emergency arrangements may not have been tested through drills or tabletop exercises, leading to confusion during a real incident. Staff responding to an emergency:- Poor communication or unclear responsibilities may result in delays in administering medication, calling 999 or informing appropriate personnel. Pupils experiencing anaphylaxis:- Delayed or incorrect treatment could result in hospitalisation, serious harm or, in extreme cases, death.				• Parents/carers informed following allergic incidents in line with school procedures. • Relevant information shared with educational visit leaders, wraparound staff and club leaders. • Emergency medication accompanies pupils on off-site visits where required. • Kitt Medical units/emergency medication stations available on site. • Staff know how to summon assistance in an emergency.	• Include allergy emergency response arrangements within educational visit briefings and visit risk assessments. • Review all allergic incidents, near misses and emergency responses to identify improvements and training needs. • Establish clear role allocation during an emergency, including medication retrieval, 999 call responsibilities, pupil supervision and communication with parents/carers. • Undertake periodic checks to ensure staff can identify symptoms of anaphylaxis, locate emergency medication and describe the school's emergency procedure. • Ensure emergency response arrangements remain effective following staffing changes, building changes or alterations to provision.

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk

Curriculum activities – food technology, science, craft and practical work	Pupils with diagnosed food or material allergies:- Exposure to allergenic ingredients or materials used during curriculum activities may trigger an allergic reaction. Pupils with severe allergies Contact with allergens through handling ingredients, equipment or shared resources may result in a serious allergic reaction or anaphylaxis. Pupils with food allergies:- Food technology activities may involve allergens such as milk, egg, nuts, sesame, wheat, fish or soya, creating a risk of accidental exposure. Pupils with allergies to craft or science materials:- Reactions may occur following contact with materials such as latex, adhesives, paints, dough, seeds, food products or other substances used in practical activities. Pupils with airborne sensitivities:- Airborne particles, vapours, dust or aerosols from ingredients and materials may cause allergic symptoms. Pupils with allergies Residues left on tables, equipment, utensils or shared resources may result in accidental contact with allergens.	4	5	20	Allergy register maintained and reviewed regularly. • Allergy information recorded on Bromcom and shared with relevant staff. • Individual Healthcare Plans (IHPs) and Allergy Action Plans in place where required. • Staff receive allergy awareness and anaphylaxis training. • Emergency medication available and accessible in accordance with school procedures. • Staff required to consider known allergies when planning curriculum activities. • Ingredient labels and packaging checked where food products are used. • Alternative materials or ingredients provided where required to meet pupils' medical needs. • Staff supervision provided during practical activities. • Cleaning arrangements in place for tables, equipment and practical work areas.	Introduce an activity-specific allergy check as part of lesson planning for all food technology, science, craft and practical activities. • Require staff to review allergy information before introducing new ingredients, materials or resources. • Develop a list of commonly used curriculum materials that may contain allergens and suitable alternatives. • Ensure ingredient labels, Safety Data Sheets (where applicable) and packaging information are retained and available during activities. • Introduce a requirement for all externally supplied materials to be checked for potential allergens before use. • Implement dedicated cleaning procedures before and after practical activities involving allergens. • Consider separate equipment, utensils or workstations where individual risk assessments identify a need. • Brief volunteers, visitors and external providers on relevant allergy risks before activities commence. • Include allergy considerations within science, DT, food preparation, forest

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	Pupils participating in practical activities Ingredients or materials may be brought into school without staff being aware of their allergen content. Pupils with allergies Food packaging and ingredient information may not be checked, resulting in the use of unsuitable products. All pupils Inadequate supervision may result in food tasting, sharing of ingredients or unsafe handling practices. Pupils with allergies and staff Poor cleaning arrangements may allow allergens to remain on surfaces, equipment or hands after activities. Pupils attending clubs or enrichment activities Activity leaders may be unaware of allergy requirements and emergency procedures. Pupils experiencing an allergic reaction Delays in recognising symptoms or accessing emergency medication could result in worsening symptoms, hospitalisation or serious harm.				• Handwashing encouraged before and after activities involving food or materials. • Allergy information shared with staff leading enrichment activities and clubs where appropriate. • Risk assessments completed for educational visits and off-site activities involving food. • Emergency procedures available to staff in the event of an allergic reaction. • Food brought into school for educational purposes subject to staff oversight.	school and enrichment activity risk assessments. • Establish a process for notifying parents/carers in advance where unusual ingredients or materials are planned. • Undertake periodic monitoring to ensure activity risk assessments are completed and control measures followed. • Ensure emergency medication is readily accessible during practical lessons conducted away from the pupil's usual classroom. • Include allergy-related scenarios within staff training, tabletop exercises and emergency drills. • Review any allergic reactions, incidents or near misses arising from curriculum activities and update procedures accordingly.

Animals, guide dogs and environmental/contact allergens	Pupils, staff and visitors with diagnosed or suspected allergies to animals, animal dander, saliva, fur, feathers, bedding materials, environmental allergens or contact allergens may experience allergic reactions when exposed during educational activities, visits, therapy sessions or routine school operations. Exposure may occur through direct contact with animals, handling animal bedding or equipment, contact with contaminated surfaces, airborne allergens carried on clothing, or allergens remaining in classrooms and shared spaces following animal visits. Pupils with severe allergies or asthma may experience increased symptoms where exposure is prolonged or where ventilation is inadequate. Allergic reactions may also occur through contact with materials such as latex, plants, grasses, cleaning products, soaps, lotions, adhesives or other environmental substances encountered in school. Guide dogs, assistance dogs, therapy animals,	3	5	15	Allergy register maintained and reviewed regularly. • Allergy information recorded on Bromcom and shared with relevant staff. • Individual Healthcare Plans (IHPs) and Allergy Action Plans in place where required. • Staff receive allergy awareness training. • Emergency medication available and accessible in accordance with school procedures. • Known allergies considered when planning curriculum activities, visits and special events. • Risk assessments undertaken where animals are involved in educational activities or visits. • Classrooms and communal areas cleaned regularly. • Handwashing facilities available and pupils encouraged to wash hands after animal contact where applicable. • Reasonable adjustments considered for pupils and staff with identified allergies. • Allergy information shared with relevant staff supervising activities.	Establish a procedure requiring allergy considerations to be reviewed before any animal visit, animal-assisted intervention or curriculum activity involving animals. • Obtain advance information regarding guide dogs, therapy animals or visiting animals where reasonably practicable to allow appropriate planning. • Consult affected pupils, parents/carers and staff where animal exposure may present a significant risk. • Complete activity-specific risk assessments for animal visits and interactions. • Consider alternative arrangements, seating plans or room locations for individuals with animal allergies. • Ensure areas used by animals are thoroughly cleaned following visits, including surfaces and soft furnishings where appropriate. • Restrict animal access to identified areas where individual risk assessments indicate a need. • Reinforce handwashing requirements following contact with animals, bedding, cages or equipment.

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
	visiting animals or animals kept as part of curriculum activities may introduce allergens into teaching spaces and communal areas. Inadequate planning, cleaning, communication or supervision may result in accidental exposure of individuals with known allergies. Failure to consider seating arrangements, ventilation, reasonable adjustments or alternative arrangements may increase risks. Reactions may range from mild symptoms such as skin irritation, itching, sneezing and watery eyes through to respiratory distress, asthma exacerbation, severe allergic reaction, anaphylaxis, hospitalisation or, in extreme circumstances, fatality.				• Emergency procedures in place for allergic reactions. • Ventilation available within teaching and communal spaces.	• Review cleaning products, art materials and other substances used in school to identify potential contact allergens. • Ensure staff leading activities involving animals are aware of allergy risks, emergency procedures and medication arrangements. • Include animal, environmental and contact allergen risks within staff allergy-awareness training. • Maintain effective ventilation during activities involving animals or potential airborne allergens. • Notify parents/carers in advance where activities may involve animal contact or unusual environmental allergens. • Review any allergy incidents or near misses involving animals or environmental allergens and update control measures accordingly.

PE, sport and outdoor activities	Pupils with diagnosed or suspected allergies, particularly those at risk of anaphylaxis, may be exposed to allergens during PE lessons, sporting activities, outdoor learning, forest school sessions, recreational activities, competitions, fixtures and extracurricular sports clubs. Exposure may occur away from the main school building where access to emergency medication and support may be more challenging. Outdoor activities may increase exposure to environmental allergens such as pollen, grass, plants, mould spores and other naturally occurring substances. Pupils with severe allergies or asthma may experience allergic symptoms or exacerbation of existing conditions following exposure. Insect stings and bites from bees, wasps and other insects may trigger severe allergic reactions in susceptible individuals. Pupils may suffer an allergic reaction while participating in activities on playing fields, playgrounds, sports facilities	3	5	15	Allergy register maintained and reviewed regularly. • Allergy information recorded on Bromcom and shared with relevant staff. • Individual Healthcare Plans (IHPs) and Allergy Action Plans in place where required. • Staff receive allergy awareness and anaphylaxis training. • Emergency medication available and accessible in accordance with school procedures. • Relevant staff informed of pupils requiring emergency medication. • Emergency procedures in place for responding to allergic reactions and anaphylaxis. • PE staff, sports leaders and activity leaders aware of relevant medical needs where appropriate. • Emergency medication accompanies pupils when required by individual healthcare plans and risk assessments. • Risk assessments completed for off-site activities, sporting events and educational visits.	Ensure emergency medication accompanies pupils during PE lessons, outdoor learning and sporting activities where required by healthcare plans. • Introduce a pre-activity check to confirm availability of emergency medication before moving away from the main building. • Include allergy risks, environmental allergens and insect sting risks within PE and outdoor activity risk assessments. • Brief visiting coaches, sports leaders, volunteers and club staff on relevant allergy information and emergency procedures. • Maintain effective communication arrangements during outdoor activities, including access to mobile phones or other emergency communication systems. • Ensure staff supervising outdoor activities know the location of emergency medication and can access it within five minutes. • Consider environmental conditions, including periods of high pollen activity, when planning activities for pupils with known sensitivities.

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
	or off-site venues where emergency medication is not immediately available or staff are unfamiliar with emergency arrangements. Delays may occur if medication remains inside the school building, emergency communication systems are unavailable, or staff are uncertain about their responsibilities during an incident. Sports coaches, visiting instructors, volunteers, supply staff and club leaders may be unaware of allergy risks, emergency medication arrangements or Allergy Action Plans. Failure to recognise symptoms promptly, access medication quickly or summon emergency assistance could result in worsening symptoms, hospitalisation, anaphylaxis or, in extreme circumstances, fatality.				• Communication systems available to summon assistance and contact emergency services. • Parents/carers provide up-to-date medical information regarding allergies and medication requirements.	• Undertake regular checks of outdoor activity arrangements through drills or tabletop exercises. • Ensure fixtures, tournaments and off-site sporting events include allergy information within planning documentation. • Confirm host venues are aware of pupils' allergy requirements where activities take place off site. • Consider reasonable adjustments for pupils with severe environmental allergies where necessary. • Reinforce procedures for responding to insect stings, including prompt assessment of pupils with known insect venom allergies. • Review incidents, near misses and allergic reactions occurring during PE or outdoor activities to identify learning and strengthen controls.

Breaktimes and lunchtimes	Pupils with diagnosed or suspected food allergies, particularly those at risk of anaphylaxis, may be exposed to allergens during breaktimes and lunchtimes through packed lunches, snacks, food sharing, contaminated surfaces, peer contact or accidental contact with allergen-containing foods. These periods can present increased risks as pupils are moving around the school site, interacting socially and eating in less structured environments. Pupils may unknowingly share food, exchange snacks or handle food belonging to others without understanding the potential consequences for a pupil with allergies. Allergens may be transferred through hands, tables, seating areas, playground equipment, wrappers, drink containers or food residues left on surfaces. Pupils with severe allergies may experience allergic reactions following ingestion, skin contact or indirect exposure to allergens. Risks may be increased where supervision is reduced,	4	5	20	School Lunch and Snack Guidance in place and shared with staff annually. • Guidance available to parents/carers via the school website. • Nuts are not permitted in school and this expectation is communicated to parents/carers. • Allergy awareness posters displayed around the school. • Lunchtime staff receive allergy awareness training. • Lunchtime supervisors monitor packed lunches and intervene where prohibited allergen-containing foods are identified. • Nut-containing items identified in packed lunches are removed and parents/carers contacted. • Removed items stored securely until collection. • Allergy register maintained and reviewed. • Allergy information recorded on Bromcom and shared with relevant staff. • Individual Healthcare Plans (IHPs) and Allergy Action Plans available where required.	Reinforce a "no food sharing" expectation through assemblies, PSHE and classroom reminders. • Include allergy awareness and safe eating practices within pupil education programmes. • Ensure all lunchtime supervisors, supply staff and temporary staff receive allergy briefings relevant to their role. • Undertake periodic observations of dining arrangements to monitor compliance with allergy control measures. • Review playground and dining supervision arrangements to ensure effective monitoring of pupils with significant allergies. • Introduce regular reminders to parents/carers regarding allergen expectations, packed lunches and snacks. • Ensure dining tables and eating surfaces are cleaned between sittings using appropriate cleaning procedures. • Consider individual seating or dining arrangements only where supported by a healthcare plan or individual risk assessment, ensuring pupils are not unnecessarily isolated.

Hazard / aspect to consider	Who is affected / what might happen?	Initial likelihood	Initial severity	Initial risk score	Existing controls / what is already in place?	Further controls, owner and date / residual risk
	staffing arrangements change, supply staff are unfamiliar with pupils' needs, or allergy information is not communicated effectively. An allergic reaction may occur in dining halls, classrooms, playgrounds or other outdoor spaces, requiring rapid access to emergency medication and an effective emergency response. Delays in recognising symptoms, locating medication or administering adrenaline may result in worsening symptoms, hospitalisation, anaphylaxis or, in extreme circumstances, fatality. Control measures that are unnecessarily restrictive may also impact pupils' wellbeing, inclusion and participation. A balanced approach is therefore required to protect pupils with allergies whilst allowing them to participate safely in school life.				• Staff receive allergy awareness and anaphylaxis training. • Emergency medication and spare AAIs available in accordance with school procedures. • Emergency response procedures in place for allergic reactions and anaphylaxis. • Dining and eating arrangements supervised by staff. • Staff encourage appropriate hygiene practices including handwashing before and after eating. • Relevant allergy information shared with wraparound and lunchtime staff.	• Ensure emergency medication can be accessed rapidly from playgrounds, dining areas and outdoor spaces. • Periodically test response times for medication retrieval from lunch and break areas. • Incorporate breaktime and lunchtime scenarios within allergy emergency drills and tabletop exercises. • Establish a process for communicating allergy information promptly when staffing arrangements change. • Review any lunchtime or playground allergy incidents, near misses or concerns and update arrangements accordingly.

Trips, visits and residentials	Pupils with diagnosed or suspected allergies, particularly those at risk of anaphylaxis, may be at increased risk during educational visits, off-site activities, sporting fixtures and residential visits where they are operating outside normal school routines and away from established emergency arrangements. A pupil may experience an allergic reaction due to exposure to unfamiliar foods, hidden ingredients, cross-contamination, environmental allergens, insect stings, animal contact or activities involving allergenic materials. Food providers, catering staff, venue staff or activity leaders may be unaware of a pupil's allergy requirements if information is not communicated effectively. Prescribed AAIs, spare AAIs, Individual Healthcare Plans (IHPs) or Allergy Action Plans may be forgotten, inaccessible, carried by the wrong member of staff, lost during travel or unavailable when required. Group separation during activities may result in a pupil	4	5	20	Educational visit risk assessments completed prior to off-site activities. • Allergy register maintained and reviewed regularly. • Allergy information recorded on Bromcom and shared with relevant staff. • Individual Healthcare Plans (IHPs) and Allergy Action Plans available for relevant pupils. • Staff receive allergy awareness and anaphylaxis training. • Staff trained in the administration of Adrenaline Auto-Injectors (AAIs). • Prescribed AAIs accompany pupils in accordance with healthcare plans and risk assessments. • Spare emergency AAIs available in accordance with school procedures. • Emergency contact information available to visit leaders. • Relevant medical information shared with visit staff on a need-to-know basis. • Parents/carers provide up-to-date medical information before visits and residential activities.	Introduce a visit-specific allergy checklist to be completed before every educational visit, sporting fixture and residential. • Require visit leaders to confirm prescribed and spare AAIs are present, in date and readily accessible before departure. • Ensure copies of relevant IHPs and Allergy Action Plans accompany visit staff. • Identify trained staff members responsible for carrying and administering emergency medication during the visit. • Include allergy management arrangements within all visit and residential risk assessments. • Confirm food allergies, dietary requirements and allergen controls with accommodation providers, caterers and activity providers before the visit. • Establish clear arrangements for carrying medication during transport, activities and periods of group separation. • Identify nearest hospital, emergency care facilities and local emergency contact arrangements before departure.

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	becoming temporarily separated from medication or a trained member of staff. Staff may be unfamiliar with local emergency procedures, experience difficulties contacting emergency services due to poor mobile phone signal, or be unaware of the location of the nearest hospital. During residential visits, overnight arrangements may not adequately account for allergy management, medication access or emergency response requirements. Delays in recognising symptoms, administering adrenaline, contacting emergency services or accessing medical treatment could result in worsening symptoms, hospitalisation, anaphylaxis or, in extreme circumstances, fatality. Staff may also experience uncertainty and delays if responsibilities and emergency arrangements have not been fully planned in advance.				• Emergency procedures in place for allergic reactions and anaphylaxis. • Arrangements made with activity providers, venues and accommodation providers where known allergies require consideration. • Appropriate supervision ratios maintained during educational visits. • Medication checked prior to departure.	• Assess mobile phone coverage and establish contingency communication arrangements where signal may be unreliable. • Include allergy emergency procedures within staff briefings and visit planning meetings. • Ensure overnight arrangements include secure but immediately accessible storage of emergency medication. • Consider additional medication arrangements where activities take place over large sites or involve multiple groups. • Carry emergency contact details, parental contact information and medical documentation in an accessible format. • Undertake post-visit reviews following any allergy incident, near miss or medication-related concern. • Include allergy emergency scenarios within educational visit planning exercises and staff training.

Temporary staff, visitors, contractors and volunteers	Pupils with diagnosed or suspected allergies, particularly those at risk of anaphylaxis, may be exposed to increased risk where temporary staff, agency staff, supply teachers, peripatetic staff, sports coaches, volunteers, visitors or contractors are unfamiliar with the school's allergy management arrangements. Individuals supervising pupils may be unaware of a pupil's allergy, Individual Healthcare Plan (IHP), Allergy Action Plan, prescribed medication requirements or known triggers. They may not know the location of emergency medication, how to access Kitt Medical units, how to summon assistance, or the school's emergency response procedures. A pupil experiencing an allergic reaction may not receive prompt support if symptoms are not recognised, emergency medication cannot be located quickly, or adrenaline administration is delayed whilst assistance is sought. Risks may be	4	5	20	Allergy register maintained and reviewed regularly. • Allergy information recorded on Bromcom and shared with relevant staff. • Individual Healthcare Plans (IHPs) and Allergy Action Plans available for relevant pupils. • Staff receive allergy awareness and anaphylaxis training. • Emergency medication and spare AAIs maintained in accordance with school procedures. • Emergency medication locations identified and communicated to staff. • Clear emergency procedures in place for allergic reactions and anaphylaxis. • Relevant information shared with staff on a need-to-know basis. • Visitor sign-in procedures in place. • Contractors and visitors are supervised where appropriate. • Educational visit and activity leaders receive relevant pupil medical information.	Introduce a standard allergy briefing for all supply staff, agency staff and long-term temporary staff on arrival. • Include allergy management arrangements, emergency procedures and medication locations within staff induction processes. • Develop a one-page allergy quick-reference guide for temporary staff, volunteers and visitors supervising pupils. • Ensure peripatetic staff, sports coaches and external providers receive relevant allergy information before working with pupils. • Establish a formal handover process whenever responsibility for pupils is transferred to another adult. • Require all volunteers supervising pupils to receive a brief allergy awareness and emergency response briefing. • Provide temporary staff with information on emergency medication locations, Kitt Medical units and emergency contacts. • Maintain a record of completed allergy briefings for agency staff, volunteers and external providers. • Include allergy management expectations within contracts, service

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	increased during lessons, interventions, clubs, sports activities, educational visits, wraparound provision or other occasions where responsibility for pupils is transferred to individuals unfamiliar with school procedures. Communication failures, insufficient induction arrangements or lack of briefing prior to supervision may result in confusion during an emergency. Delayed recognition and treatment of anaphylaxis may lead to worsening symptoms, hospitalisation, serious harm or, in extreme circumstances, fatality. Staff, volunteers and visitors with their own allergies may also be affected if allergen management arrangements are not communicated appropriately.				• Club leaders and wraparound staff are informed of relevant medical needs where applicable. • Emergency contact information available to staff.	level agreements and visitor guidance where appropriate. • Undertake periodic checks to ensure temporary and visiting staff can identify emergency procedures and medication locations. • Ensure educational visit volunteers and helpers receive visit-specific allergy briefings before departure. • Review any incidents or near misses involving temporary staff, visitors, contractors or volunteers and amend procedures as necessary.

Insect stings	Pupils, staff and visitors with diagnosed or suspected insect venom allergies, particularly allergies to bee, wasp or hornet stings, may be at risk of an allergic reaction during outdoor activities, breaktimes, lunchtimes, PE lessons, educational visits, forest school sessions, sports events and residential visits. Exposure may occur when insects are attracted to food, drinks, bins, flowering plants, outdoor eating areas or recreation spaces. Pupils with known venom allergies may experience a rapid allergic reaction following a sting, which can escalate quickly to anaphylaxis. Pupils without a previously diagnosed venom allergy may also experience an unexpected severe allergic reaction. Risks may be increased where staff are unaware of a pupil's known venom allergy, emergency medication is not readily accessible, or the individual's Allergy Action Plan is unavailable. Delays in recognising symptoms, accessing an Adrenaline Auto-Injector (AAI),	3	5	15	Allergy register maintained and reviewed regularly. • Allergy information recorded on Bromcom and shared with relevant staff. • Individual Healthcare Plans (IHPs) and Allergy Action Plans in place where required. • Known venom allergies identified and communicated to relevant staff. • Staff receive allergy awareness and anaphylaxis training. • Staff trained in the administration of AAIs. • Emergency medication available and accessible in accordance with school procedures. • Emergency response procedures in place for allergic reactions and anaphylaxis. • Outdoor activities supervised by staff. • Educational visit risk assessments consider medical needs and emergency arrangements. • Site maintenance arrangements help minimise insect-attracting conditions where reasonably practicable.	Ensure pupils with known venom allergies have immediate access to prescribed AAIs during outdoor activities, visits and sporting events. • Include insect sting risks within individual healthcare plans and activity-specific risk assessments where applicable. • Brief relevant staff annually on pupils with known venom allergies and associated emergency arrangements. • Ensure Allergy Action Plans are available to staff supervising outdoor learning, educational visits and sports activities. • Encourage covered drinks containers during outdoor activities where appropriate. • Review outdoor eating arrangements to minimise attraction of insects around pupils with known venom allergies. • Ensure bins and waste areas are managed effectively and emptied regularly. • Consider location of flowering plants, outdoor eating areas and seating arrangements where individual risk assessments identify a need. • Reinforce procedures requiring immediate administration of

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	administering adrenaline or contacting emergency services may result in worsening symptoms, respiratory compromise, hospitalisation, anaphylaxis or, in extreme circumstances, fatality. Staff supervising outdoor activities may also face challenges if a reaction occurs away from the main building, where communication systems, emergency medication or additional support may not be immediately available.				• Emergency contact information available to staff.	adrenaline where anaphylaxis is suspected. • Ensure mobile phones or other emergency communication methods are available during activities taking place away from the main building. • Include insect sting scenarios within allergy emergency drills and tabletop exercises. • Review any insect sting incidents, near misses or emergency responses to identify lessons learned and strengthen arrangements.

Bullying, deliberate allergen exposure and safeguarding	Pupils with diagnosed or suspected allergies, particularly those at risk of anaphylaxis, may be vulnerable to bullying, harassment, intimidation, coercion or deliberate allergen exposure by other pupils or individuals. This may include threatening behaviour, teasing about allergies, pressuring a pupil to eat unsafe foods, intentional contact with allergens, contamination of food or belongings, or misuse of allergen-containing products. Pupils may also be placed at risk if emergency medication is hidden, tampered with, removed, damaged or deliberately made inaccessible. Failure by adults to take allergy-related concerns seriously, act upon reported incidents, or follow agreed healthcare arrangements may result in a pupil's medical needs being neglected. Deliberate allergen exposure can cause significant emotional distress, anxiety, reduced attendance, reduced participation in school activities and a loss	3	5	15	School Behaviour Policy in place. • Anti-Bullying Policy in place. • Safeguarding and Child Protection procedures implemented. • Staff receive safeguarding training and understand reporting procedures. • Allergy register maintained and shared with relevant staff. • Individual Healthcare Plans (IHPs) and Allergy Action Plans in place where required. • Staff receive allergy awareness and anaphylaxis training. • Emergency medication and spare AAIs available in accordance with school procedures. • All concerns, incidents and allegations of bullying recorded and investigated in line with school procedures. • Staff supervise pupils during school activities, breaktimes and lunchtimes. • Parents/carers informed of significant incidents and concerns. • Clear procedures in place for responding to allergic reactions and anaphylaxis.	Explicitly include allergy-related bullying, intimidation and deliberate allergen exposure within the Anti-Bullying Policy. • Include deliberate allergen exposure as a potential safeguarding concern requiring investigation and escalation where appropriate. • Ensure staff understand that intentional exposure to a known allergen may constitute serious misconduct and present a significant risk of harm. • Deliver age-appropriate pupil education on allergies, inclusion, empathy and the potentially serious consequences of allergen exposure. • Reinforce expectations that food must not be shared, thrown, used as a prank or used to intimidate others. • Ensure pupils know how to report concerns about bullying, threats or unsafe behaviour relating to allergies. • Include allergy-related bullying scenarios within safeguarding and staff training programmes. • Review any incident involving deliberate exposure, threats, medication interference or allergy-related bullying with safeguarding leads.

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	of confidence in the school's ability to keep pupils safe. For pupils with severe allergies, intentional or reckless exposure to allergens may result in allergic reactions, anaphylaxis, hospitalisation or, in extreme circumstances, fatality. Staff may fail to recognise that allergy-related incidents constitute a safeguarding concern, bullying incident or potential abuse. Failure to investigate, record and respond appropriately may allow risks to continue. Where concerns are not escalated through safeguarding, behaviour management or anti-bullying procedures, vulnerable pupils may remain at risk of harm.				• Pupil wellbeing and pastoral support available where required.	• Consider individual risk assessments and additional support measures where a pupil has experienced allergy-related bullying or harassment. • Remind staff to monitor for subtle forms of exclusion, coercion or social pressure linked to food and allergies. • Ensure emergency medication storage arrangements minimise the risk of tampering, interference or unauthorised access. • Record and analyse allergy-related behavioural incidents and near misses to identify patterns and implement preventative measures. • Share appropriate lessons learned with staff following incidents to strengthen awareness and preventative practice.

Incidents, near misses and organisational learning	Pupils with diagnosed or suspected allergies, particularly those at risk of anaphylaxis, may remain at risk of future harm if allergic reactions, near misses, medication errors, procedural failures or concerns are not appropriately recorded, reported, investigated and reviewed. Failure to identify patterns or contributory factors may result in the same circumstances recurring. An allergic reaction, administration of emergency medication, delayed response, medication access issue, allergen exposure, communication failure or near miss may not be reported promptly, resulting in lost opportunities to improve safety arrangements. Staff may be unaware of reporting expectations, including internal reporting requirements, Kitt Medical reporting processes or escalation arrangements. Where incidents are not reviewed by the Headteacher, School Allergy Lead or other relevant	3	5	15	Procedures in place for reporting allergic reactions, incidents and concerns. • Allergy register maintained and reviewed regularly. • Individual Healthcare Plans (IHPs) and Allergy Action Plans maintained for relevant pupils. • Staff receive allergy awareness and anaphylaxis training. • Emergency response procedures in place for allergic reactions and anaphylaxis. • Accident and incident reporting systems in place. • Parents/carers informed of significant allergy-related incidents. • Records maintained of emergency medication administration. • Leadership oversight of significant medical incidents. • Safeguarding procedures available where concerns meet safeguarding thresholds. • Relevant information shared with staff following significant incidents where appropriate.	Implement a formal requirement for all allergy incidents, near misses and medication-related concerns to be reported within 24 hours. • Establish a documented review process led by the Headteacher and/or School Allergy Lead following significant incidents and near misses. • Ensure all administrations of AAIs and use of Kitt Medical emergency medication are reported and reviewed in accordance with provider requirements. • Introduce a standard incident review template to identify root causes and contributory factors. • Maintain an allergy incident and near-miss log to monitor trends and recurring themes. • Establish clear thresholds for escalation to Trust leaders and safeguarding teams where appropriate. • Review and update Individual Healthcare Plans, Allergy Action Plans and risk assessments following relevant incidents or changes in risk. • Identify and track corrective actions arising from investigations, including named responsibilities and completion dates.

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	leaders, weaknesses in procedures, training, supervision, communication, record keeping or risk assessments may remain unidentified. Individual Healthcare Plans (IHPs), Allergy Action Plans, risk assessments and staff training arrangements may not be updated following an incident, increasing the likelihood of repeat events. Failure to escalate significant incidents appropriately within the Trust or through safeguarding procedures where required may result in inadequate oversight and organisational learning. Repeated failures to learn from incidents and near misses could contribute to future allergic reactions, distress, hospitalisation, anaphylaxis or, in extreme circumstances, fatality.					• Review whether additional staff training, refresher training or procedural changes are required following incidents. • Share anonymised lessons learned with staff to strengthen awareness and improve practice. • Include incident trends and learning outcomes within annual allergy management reviews. • Undertake periodic audits to ensure actions arising from incidents have been completed and remain effective. • Review emergency response times, medication access arrangements and communication processes following any significant allergic reaction. • Ensure near misses are treated as learning opportunities even where no allergic reaction occurred.

6. Mandatory local checks before approval

School to confirm and evidence the following:

- The allergy register is current and matches relevant IHPs and Allergy Action Plans.

- All students at risk of anaphylaxis have an agreed emergency medication arrangement.
- The school can demonstrate five-minute access to prescribed/spare adrenaline in relevant areas.
- Kitt Medical units and spare AAIs have been physically checked and the checking process is documented.
- Relevant staff have completed required allergy awareness/anaphylaxis training.
- Catering arrangements reliably identify students with allergies and control substitutions and cross-contact.
- Food brought into school, celebrations and events are covered by proportionate local arrangements.
- Activity-specific allergy risk assessments are in place where required.

- Temporary, supply, agency, peripatetic and regular volunteer staff receive appropriate allergy information before supervising students.
- Emergency response arrangements have been tested where appropriate.
- The school has a process for recording, reporting and reviewing allergy incidents and significant near misses.
- Safeguarding procedures address deliberate allergen exposure, bullying, harassment, neglect of medical needs and inappropriate adult conduct.

Evidence / action required:

7. Additional activity-specific risk assessments

School to identify which additional allergy risk assessments are required and where they are stored. Consider:

- Food technology / cooking / baking
- Science involving food or known allergens
- Craft / art involving food packaging or allergenic materials
- Animal handling / animal-related activities
- Guide-dog or other animal visits
- PE / outdoor learning / sports / fixtures
-
- Day trips and visits

- Residential visits
- School events involving food
- Any other activity identified through an IHP, Allergy Action Plan or local assessment

Local activity-specific assessment reference(s):

8. Emergency response – local arrangements

School to record the location of the emergency procedure, the arrangements for contacting 999, where prescribed/spare AAIs are located, who is responsible for accessing them, and how the school will ensure rapid response.

- Emergency procedure location:
- Prescribed AAI arrangements:
- Spare AAI / Kitt Medical locations:
- Five-minute access validation completed by:
- Emergency response lead / nominated staff:
- Parent/carer notification arrangements:
- Emergency response exercise / scenario date:

9. Monitoring and assurance

Frequency	What will be checked?	Who is responsible?	Evidence / action
Monthly	Kitt Medical units and spare AAIs: presence, access, expiry, suitability, quantity and condition.	Helen Chamberlain	Units and spare AAI's are registered with Kitt Medical with the expiry date. Kitt Medical automatically sends out new supplies before expiry. However as a fail safe, Helen Chamberlain will check these termly.

Frequency	What will be checked?	Who is responsible?	Evidence / action
Termly	Allergy register; IHPs/Allergy Action Plans; training; incidents/near misses; upcoming activities/visits; catering arrangements.	Helen Chamberlain Caraline Spooner Mandy Webber	The allergy register and IHP'S are updated adhoc and more than termly as parents inform us of any changes, however this will also be reviewed termly. by Helen Chamberlain and Caroline Spooner. Training, Incidents and near misses are reported immediately to the trust as per incident/accident policy however these will be reviewed by Mandy Webber. Catering Arrangements are updated ad hoc as parents advise on any changes however Helen Chamberlain will check termly that this has been actioned.

Frequency	What will be checked?	Who is responsible?	Evidence / action
Annually	Whole-school allergy risk assessment; emergency arrangements; staff competence; medication arrangements; catering; activity-specific assessments; local controls.	Mandy Webber Helen Chamberlain	Anually parents are asked to update any child records in September, any changes are recorded and distributed to staff ie. Catering, medication, emergency arrangements etc. Mandy Webber reviews all risk assessments annually, this willinclude the allergy risk assessment, however this will be updated throughout the year should anything change. Staff undertake training annually as per trust requirements/guidelines on flick learning.
After incident / significant near miss	Immediate review of contributory factors and effectiveness of controls.	Mandy Webber	

10. Related documents and guidance

- Anthem Schools Trust Allergy Safety Policy.
- Anthem Schools Trust Administration of Medicines and Supporting Students with Medical Conditions Policy.
- Anthem Schools Trust First Aid Policy.
- Anthem Schools Trust Food Safety Policy.
- Anthem Schools Trust Asthma Policy.
- Anthem Schools Trust Educational Visits Policy.
- Department for Education: Allergy safety in schools statutory guidance.

- Department for Education: Allergy guidance for schools.

11. Approval and review

Responsible person	?	**Date**	
School Allergy Lead	Helen Chamberlain	**Date**	14.09.2026
Headteacher / Head of School	Paul Carpenter	**Date**	
Next review date	01.09.2027	**Version**	1
Review triggers	Annual / incident / significant change	**Local approval route**	