Unity Schools Trust

Allergy Safety Policy

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1. Purpose, scope and policy status

Unity Schools Trust (the Trust) is the proprietor and governing body of its academies. This policy sets the minimum Trust-wide arrangements for allergy safety and the responsibilities of The Magna Carta School and The Bishop David Brown School. It applies whenever pupils are under school care or supervision, including the school day, clubs, sport, enrichment, work experience, transport arranged by a school and educational visits.

The policy covers allergies, including food, insect-sting, contact and airborne allergies and emergency response to anaphylaxis. Asthma is included where it is relevant to allergic disease or emergency response. Coeliac disease and food intolerance are not allergies and cannot cause anaphylaxis, but must be supported through the school's medical conditions and catering arrangements.

The Trust is an allergy-aware organisation. It will not claim that a school is allergen-free or nut-free, because this can create a false sense of security. A school may discourage particular foods where a risk assessment supports this, while maintaining wider controls for all allergens.

2. Legal framework and principles

This policy has been prepared with regard to the Department for Education (DfE) statutory guidance Allergy safety in schools (July 2026) and the accompanying DfE policy template. The principal framework includes section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026; the Equality Act 2010; health and safety and safeguarding duties; the Human Medicines Regulations; food information law and School Food Standards; UK GDPR and the Data Protection Act 2018; RIDDOR where its reporting threshold is met.

The Trust and schools will:

- support pupils with allergies to attend and participate as fully as possible, making reasonable adjustments where required;
- identify and reduce foreseeable allergy risks without unnecessarily excluding pupils;
- act on the pupil's and parents' views and current clinical advice, without making clinical judgements;
- ensure rapid access to emergency medication and a clear response to anaphylaxis;
- protect wellbeing and address allergy-related bullying or threatening use of allergens; and
- learn from incidents and near misses through a proportionate, no-blame, review.

3. Responsibilities

3.1 Trust-wide responsibilities

Trust Board

- retains legal accountability as proprietor and governing body, approves this policy and ensures it is published and reviewed at least annually;
- ensures allergy risks are reflected in Trust and school risk management and that sufficient resources are available;
- receives assurance on training, medication, compliance, incidents, near misses and improvement actions; and
- ensures the scheme of delegation provides clear school-level accountability, monitoring, support and challenge.

Chief Executive Officer

- set Trust-wide minimum standards, templates and reporting arrangements and support consistent implementation across both academies;
- ensure each Principal appoints a named senior Allergy Safety Lead and deputy;
- require prompt escalation of serious incidents, significant near misses and material compliance gaps; and
- coordinate Trust-wide learning and any necessary changes to policy, training, procurement, contracts or assurance.

Trust central functions

- Governance: maintain the policy cycle, Board assurance and publication requirements;
- HR: include allergy safety in induction, role expectations and staff support, including reasonable adjustments for employees with allergy;
- Health and safety: advise on risk assessment, incident review, RIDDOR and emergency arrangements;
- Estates and procurement: consider airborne/contact allergens, air quality and allergen controls in products, contracts and works;
- Data protection: advise on lawful, proportionate use of special category health data; and
- Contract management: require catering and relevant service providers to meet legal and Trust allergen standards.

Local Governing Councils

- monitor implementation in their school, review annual assurance and provide support and challenge to the Principal; and
- escalate material risks or non-compliance through the Trust governance route.

3.2 School and community responsibilities

Each school - The Magna Carta School and The Bishop David Brown School

- must implement this policy through a completed local schedule in Appendix A or B, reflecting the site, pupils, staffing, catering and activities;
- must appoint a named senior Allergy Safety Lead and deputy and publish or communicate the local arrangements;
- must maintain an accurate allergy register, current Individual Healthcare Plans (IHPs), Action Plans and medication records;
- must provide annual allergy awareness and emergency response training and induction, and must verify that supply, agency and cover staff have received that training before taking responsibility for pupils, supported by a site-specific briefing;
- must provide and check prescribed and spare emergency medication, ensuring a pair of appropriate spare adrenaline auto-injectors (AAIs) can reach any person within five minutes;
- must manage catering, curriculum, activity and visit risks; respond to wellbeing concerns; and record, report and learn from incidents and near misses; and
- must provide annual assurance to its Local Governing Council (LGC) and the Trust.

Principal

- is operationally accountable for implementation, resources and local compliance;
- approves local procedures and IHP arrangements, ensures contractors comply, and oversees incident escalation and external reporting; and
- confirms that the school schedule is complete, accurate and reviewed.

Named School Allergy Safety Lead

- coordinates the register, IHPs, training, medication checks, drills, communications and liaison with families, caterers and staff;
- checks that medication is accessible, in date, appropriately stored and correctly located; and
- coordinates incident review, tracks actions and reports assurance or concerns to the Principal and Trust.

All staff, regular volunteers, agency and pupil-facing contractors

- complete required training, know how to obtain help and medication, follow IHPs/ Action Plans and reduce foreseeable allergen exposure;
- consider allergy risk in lessons, practical work, food, rewards, celebrations, animals, sport and visits; and
- report symptoms, medication use, incidents, near misses, missing information and bullying immediately.

Catering Operations Team and food-handling staff

- provide accurate allergen information, comply with food information law, prevent cross-contact and operate safe meal identification and escalation arrangements.

Parents/carers and pupils

- provide timely, accurate information, current Action Plans and prescribed medication; notify changes; and work with the school on IHPs and reasonable adjustments;
- pupils should follow agreed safety arrangements, avoid sharing food or medication, report symptoms and concerns promptly and take increasing responsibility where safe and appropriate.

4. Identifying and planning for allergy

4.1 Identification and records

Each school will seek allergy information on admission, transition, return after diagnosis and whenever a pupil's condition changes. Information will be obtained from the pupil, parents/carers, previous setting and healthcare professionals as appropriate. Arrangements should be ready for the start of term or, for a mid-year transfer, as soon as reasonably practicable and normally within two weeks where the school can safely do so.

The school will maintain a secure allergy register recording known allergens, prescribed medication, whether an IHP and Allergy/Asthma Action Plan are held and any essential emergency or mealtime arrangements. Current photo lists may be available in staff-only food preparation/serving and relevant practical teaching areas, with access limited to those who need the information.

Staff and visitors will be invited to disclose any allergy relevant to their safety, particularly where food will be served or activities may involve a known trigger. Employee support and reasonable adjustments will be managed through HR and health and safety processes.

4.2 Individual Healthcare Plans

A pupil should have an IHP where their allergy has a functional impact in school, places them at risk of harm, and requires arrangements additional to or different from those made generally. A formal diagnosis is not essential if allergy is suspected and practical support is needed while clinical advice is sought.

The school owns and coordinates the IHP; it is not a clinical document. It will be developed with the pupil and parents/carers, refer to the most recent advice and attach rather than rewrite any Allergy Action Plan, Asthma Action Plan or clinical care plan. It should record:

- key details, photo, known allergens, signs/symptoms and emergency contacts;
- the health, learning and wellbeing impact and any interaction with SEND;
- risk-reduction measures, meal arrangements, reasonable adjustments and support for absence or reintegration;
- responsibility for medication, storage, access, self-management and parental consent where relevant;
- visit/trip arrangements and emergency response, including spare medication locations; and
- who must know the plan, issue/review dates and the responsible staff.

IHPs must be reviewed at least annually and whenever needs, medication or clinical advice change, or after a serious incident or significant near miss. On transition, relevant information and existing plans will be shared lawfully with the receiving setting, which must create its own current IHP. A single IHP will encompass all supportive arrangements and medical conditions; separate IHPs will not be created for different conditions.

5. Training, culture and wellbeing

5.1 Allergy awareness and emergency response training

All staff present while pupils are scheduled to be on site must receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision. New staff will receive training through induction. Supply, agency and cover staff must have received allergy awareness and emergency response training before taking responsibility for pupils and will also receive a site-specific briefing. First aid training alone is not sufficient.

Training will enable staff to:

- understand allergy, asthma, anaphylaxis and the difference between food allergy, coeliac disease and intolerance;
- identify mild/moderate reactions and Airway, Breathing or Circulation (ABC) signs of anaphylaxis;
- locate and use prescribed and spare adrenaline devices and, where lawful and consented, emergency salbutamol inhalers;
- call emergency services, follow Action Plans, inform parents and record/report incidents and near misses;
- reduce exposure risks and understand how allergy may affect wellbeing, attendance, learning and inclusion; and
- understand this policy, the school's local schedule and how to access the allergy register and IHPs.

The School Allergy Safety Lead will keep completion records and arrange refresher or role-specific training where risk requires it. Each school should periodically test its arrangements through a safe, planned anaphylaxis drill and use the learning to improve practice.

5.2 Wellbeing, inclusion and bullying

Pupils with allergy must be supported to participate fully and must not be segregated or made to feel responsible for system-wide safety. Staff will listen to concerns, explain the controls in place and

support age-appropriate self-management. Attendance, rewards, trips and activities will be managed without discrimination, with reasonable adjustments where required.

Allergy-related bullying, intimidation, deliberate exposure, threats involving allergens or ridicule of safety arrangements will be treated seriously under safeguarding, behaviour and anti-bullying procedures. Support will be provided to the affected pupil and learning shared with the wider school community in a proportionate, confidential manner.

5.3 Unacceptable practice

The Trust and schools will not: prevent prompt access to medication; ignore the views of the pupil or parents/carers, current medical evidence or clinical advice; assume that all pupils need the same support or that age, self-management or the absence of a confirmed diagnosis removes the need for support; send an unwell pupil to an office or medical room without suitable supervision (in an allergic emergency, help and medication must come to the pupil); repeatedly send a pupil home, penalise allergy-related absence or exclude them from meals, activities, trips or rewards; or require a parent/carer to attend to administer medication or accompany a pupil as a condition of participation.

6. Minimising risk and food safety

6.1 Risk reduction in school activities

Each school will take reasonable steps to reduce exposure to known food, contact and airborne allergens, using the allergy register, IHPs and activity-specific risk assessment. Staff planning lessons or activities must consider ingredients, packaging and materials used in cooking, food technology, science, art/craft, music, animal contact, rewards, celebrations, fundraising and enrichment. Alternatives should normally be found for the whole group rather than excluding a pupil.

- Food, utensils, drinks containers and medication must not be shared or traded.
- Parent-supplied bottles, food and lunchboxes for a pupil with allergy should be clearly named; unlabelled homemade food should not be given where safe ingredients and cross-contact cannot be established.
- Work surfaces and utensils must be cleaned appropriately; allergen-safe food should be prepared and served using documented cross-contact controls.
- Possible hidden allergens in play dough, glues, recycled food packaging, bird feed, latex products and animal-related activities must be considered.
- Air quality, ventilation, cleaning products, dust, mould, pollen and works involving airborne triggers will be considered through estates and health and safety arrangements.

6.2 Food provision and catering

Schools and caterers are food businesses when providing food on a regular and organised basis. They must provide clear and accurate information about the 14 regulated allergens in non-prepacked food and comply with full ingredient and emphasised allergen labelling requirements for prepacked for direct sale (PPDS) food. Menu or supplier changes must be checked before service, allergen information updated and any change highlighted to affected pupils, parents/carers and staff; changes must not weaken allergy controls.

- The Catering Operations Manager will understand and monitor the provider's purchasing, recipe, labelling, storage, preparation, cross-contact, service, substitution, cleaning, training and incident controls.

- Parents/carers and pupils will be able to obtain current allergen information and discuss safe meal provision. Reasonable adjustments will enable eligible pupils to access free school meals. Any agreed reasonable adjustment will be recorded in the pupil's IHP
- At least two reliable methods will normally identify pupils requiring an allergen-safe meal, chosen to balance safety, dignity and privacy. Pupils should eat with peers rather than at a separate table unless an individual risk assessment exceptionally requires another arrangement.
- Food brought from home, birthday treats, curriculum ingredients and event food will be subject to clear local expectations, advance planning and parental engagement where necessary.
- Any food allergen error or near miss will be contained, recorded, reviewed and escalated to environmental health or a Primary Authority where legal or professional advice indicates.

7. Medication and emergency equipment

7.1 Prescribed medication

Pupils prescribed adrenaline devices (including AAIs or licensed nasal adrenaline devices) should have two devices available and rapid access at all times, including lessons, lunch, playgrounds, sports areas, travel and visits. Where age and competence allow, pupils should be encouraged to carry their devices. Otherwise, medication must be in an unlocked, clearly identified and immediately accessible location. It must be possible to bring adrenaline to the pupil within five minutes.

Medication will be stored at room temperature in line with manufacturer instructions, protected from extremes of heat and direct sunlight, and never refrigerated unless the manufacturer specifically requires it. The school will record what is held, location, expiry, condition, consent and replacement arrangements. Current Action Plans should be stored with, or readily accessible alongside, medication.

7.2 Spare adrenaline auto-injectors and asthma inhalers

Trust schools will stock spare AAIs of the correct dose for pupils on roll, in pairs (currently 300 micrograms for the Trust's secondary-age provision). The exact number and locations will be determined by a documented site risk assessment so that a pair can be brought to any person experiencing anaphylaxis within five minutes. Spare AAIs are additional to, not a replacement for, a pupil’s own devices.

- Spare AAIs must be clearly labelled, readily accessible, not locked away and stored in pairs in an emergency anaphylaxis kit with instructions.
- A spare AAI may be used to save a life when a prescribed device is unavailable, misfires or the person has no prior diagnosis. Prior consent is good practice but must not delay emergency treatment.
- If a pupil's prescribed nasal adrenaline device is unavailable, a school spare AAI may be used.
- The school will check all emergency devices regularly for location, security, condition and expiry; replace used or expired items promptly; and dispose of used/expired AAIs safely through ambulance staff, a pharmacy or an approved sharps route.
- Where the school holds an emergency salbutamol inhaler and spacer, it may be used only in accordance with current legal guidance for a pupil prescribed a reliever inhaler and where required written consent is held. It must never replace adrenaline for anaphylaxis.

8. Responding to allergic reactions and anaphylaxis

8.1 Mild to moderate allergic reaction

Possible signs include swollen lips/face/eyes, itchy or tingling mouth, mild throat tightness, hives or itchy rash, abdominal pain or vomiting, or a sudden behaviour change. Staff must follow the pupil's Action Plan, keep the person under direct supervision, give authorised antihistamine where directed, inform parents/carers and observe in a safe place for at least 60 minutes. Symptoms can progress to anaphylaxis. A pupil should not normally be sent home or require urgent medical attention solely because of a mild to moderate reaction unless their Action Plan or clinical advice says otherwise.

8.2 Recognising anaphylaxis

Anaphylaxis is a potentially life-threatening reaction affecting one or more of Airway, Breathing or Circulation (ABC). It may occur without a rash or other mild signs.

- Airway: throat/tongue swelling, hoarse voice, difficulty swallowing or a feeling of throat closure.
- Breathing: sudden wheeze, breathing difficulty, persistent cough or noisy breathing.
- Circulation: dizziness, collapse, sudden sleepiness/confusion, pale clammy skin or loss of consciousness.

8.3 Immediate emergency action

1. Lay the person flat with legs raised. If breathing is difficult, allow sitting with legs outstretched. Do not allow standing or walking.
2. Give adrenaline immediately – use the person's prescribed adrenaline device (AAI or nasal device) if immediately available; otherwise use a spare AAI. If in doubt, give adrenaline.
3. Call 999 immediately, ask for an ambulance and state "ANAPHYLAXIS". Do not delay adrenaline while calling a parent, senior leader or emergency services.
4. Stay with the person; send another adult to meet the ambulance and contact the parent/carer or emergency contact.
5. If there is no improvement after five minutes, give a second dose using a second device.
6. If the person is unresponsive and not breathing normally, start CPR, use an AED if available and follow the 999 call handler.
7. Record the device, dose and time; hand used devices and the Action Plan to ambulance staff. The person must be assessed by emergency services even if they appear to recover.

8.4 Acute Asthma

Staff must follow the pupil's Asthma Action Plan and current emergency asthma inhaler guidance. Where a pupil with food allergy develops sudden breathing difficulty, wheeze or persistent cough, staff must consider anaphylaxis and give adrenaline first; a reliever inhaler must never be used instead of adrenaline. The school's emergency salbutamol inhaler may be used only for a pupil prescribed a reliever inhaler and where the required written consent is held.

9. Visits, incidents and information sharing

9.1 Educational visits, sport and off-site activity

Pupils with allergy must be enabled to participate wherever reasonably practicable. Visit leaders will identify allergy needs early, consult the pupil/parents and relevant staff and complete an individual risk assessment where there is risk of anaphylaxis or other significant harm. The plan must address food and accommodation, transport, activity triggers, staff competence, emergency communication, proximity to medical help and uninterrupted access to two prescribed devices. A trained adult must

be identified. A spare AAI may be taken where risk assessment supports this without leaving the school inadequately supplied.

9.2 Serious incidents and near misses

A serious incident is an event in which a person is harmed or placed at immediate and significant risk, including use of emergency medication, urgent clinical intervention or attendance by emergency services. A near miss is an error, omission or system failure with clear potential to cause serious harm.

- Record the event promptly in the school accident/incident system: who, what, when, where, known causes, response, treatment, emergency services and outcome.
- Share the written report with the affected pupil/person and parents/carers, invite their views and confirm the lessons learned and actions taken.
- Inform parents/carers as soon as possible (subject to appropriate arrangements for a young person aged 16 or over) and notify the Principal, School Allergy Safety Lead and Chief Operations Officer without delay for serious incidents or significant near misses. Governors will ensure that serious incidents and significant near misses are reported to the Trust Board and included in periodic LGC reports.
- Consider RIDDOR, safeguarding, food safety/environmental health, healthcare professional, insurance, contractual and regulator reporting requirements.
- Review in a no-blame learning spirit, involve the affected person/family, identify actions with owners and deadlines, and review the IHP, risk assessment, training, catering controls and this policy where required. Consider support for the affected pupil/family, staff and any witnesses.
- Accept reports of delayed reactions or concerns raised after the pupil has returned home and review them on their facts.
- The Trust complaints procedure may be used for complaints about an incident, near miss, or a prolonged failure to put agreed allergy arrangements in place.

9.3 Information sharing

Allergy information is special category health data. It will be held, used and shared only where there is a lawful basis and a genuine need to protect health, provide education, meet legal duties or safeguard welfare. Staff who need to act must have rapid access to current information. Routine sharing will involve pupils and parents where practicable, and information shared with caterers, clubs, transport, visit providers and receiving settings will be limited, secure and proportionate.

10. Assurance, publication and review

Each Principal will provide annual assurance to the LGC and Trust, covering: named leadership; policy/schedule publication; register and IHP review; training completion; prescribed and spare medication checks; visits; incidents/near misses; outstanding actions and any material risk. The Trust may audit or require additional assurance at any time.

This policy and each school's completed local schedule will be made readily accessible to staff, pupils and parents, published on the relevant websites and available in hard copy or accessible format on request. Key requirements will be reinforced through annual staff training, induction, pupil education, parent communications and contractor briefings.

The Trust Board will review the policy at least annually. An earlier review will follow a serious incident or significant near miss, material change in law or guidance, inspection finding, substantial site/catering change or evidence that controls are ineffective. School IHPs and local schedules

remain live documents and must be updated when circumstances change. Pupils, parents/carers and staff with allergy will be involved in developing and reviewing the policy and local arrangements.

11. Appendices

Appendix A: The Magna Carta School

This schedule records how the school implements the Trust-wide requirements. It must be completed by the Principal and named Allergy Safety Lead, reviewed at least annually and updated after any material change, serious incident or significant near miss.

Local requirement	School arrangement
Principal	Mr C Adams
Named senior Allergy Safety Lead	Mrs K Patrick
Deputy / cover arrangement	Ms H McCuaig
Local welfare / first aid contact point	Reception- Front Office
Prescribed medication arrangements	Front Office in individual pouches- restricted medication is located in a lockable first aid store
Spare AAI provision	Located in Reception and Sports' Hall Office
Emergency salbutamol inhaler provision	Reception Admin Office
Medication checks	V DaCosta and Admin Team- termly
Catering Lead	Mr A Hunt, Catering Operations Manager
Pupil identification at mealtimes	Student photos and allergies recorded in the Catering Staff Room; Electronic records on Tills
Annual training date and completion assurance	July 2026 and annually thereafter
Communication and publication	Weekly Family Bulletins (Edulink), Termly Family Newsletter (Edulink), Policies and Procedures (website)
Local risk assessment / large-site controls	H McCuaig (risk assessment coordinator)
Schedule approved and next review	July 2026; next review January 2027

Appendix B: The Bishop David Brown School

This schedule records how the school implements the Trust-wide requirements. It must be completed by the Principal and named Allergy Safety Lead, reviewed at least annually and updated after any material change, serious incident or significant near miss.

Local requirement	School arrangement
Principal	Ms C Venter
Named senior Allergy Safety Lead	Mrs S Ripley
Deputy / cover arrangement	Ms Z Purdie
Local welfare / first aid contact point	Reception- Admin Office (ext. 300)
Prescribed medication arrangements	Admin Office
Spare AAI provision	Located on Reception Wall and in Canteen
Emergency salbutamol inhaler provision	Located on Reception Wall and in Canteen
Medication checks	Lead First Aider
Catering Lead	Mr A Hunt, Catering Operations Manager
Pupil identification at mealtimes	Student photos and allergies recorded in the Catering Staff Room; Electronic records on Tills
Annual training date and completion assurance	July 2026 and annually thereafter
Communication and publication	September Staff Briefing, Parent Newsletter (Edulink), Website
Local risk assessment / large-site controls	D of E Expeditions and school trips to carry spare AAI or Inhaler (Mrs S Ripley)
Schedule approved and next review	July 2026; next review January 2027