Allergy Management Policy

September 2026

Approved by the Trust Board on: 10th July 2026

To be reviewed on: July 2027

LTC reviewed: September 26

1. **Purpose and Legal Framework**

This policy sets out how all DDAT schools will meet their statutory duties to keep children with allergies safe, in accordance with:

- **Benedict's Law (2026)**; which requires all schools to have an allergy safety policy, to publish it via their school website, and to follow the statutory guidance.

- **Supporting children and young people with medical conditions and allergy (DfE statutory guidance, effective Sept 2026)**; which stipulate the requirement for mandatory training, Individual Healthcare Plans, and emergency preparedness arrangements.
- **Children and Families Act (2014)**
- **Equality Act (2010)**
- **KCSIE (2026)**
- **Health and Safety at Work Act (1974)**
- **Working Together to Safeguard Children (2026)**

This allergy policy operates alongside our Supporting Children with Medical Needs and should be read in conjunction with that.

DDAT is committed to ensuring that no child is placed at avoidable risk and that all pupils with allergies are safe, included, and able to participate fully in school life. This includes making reasonable adjustments for pupils with SEND, communication needs, sensory needs, or developmental differences which may affect their ability to recognise, communicate, or manage allergic reactions independently.

This policy aims to ensure a consistent, Trust-wide approach to allergy management, reducing variation in practice and ensuring all pupils are protected to the same standard.

2. Scope

This policy covers:

- Food allergies and intolerances
- Insect sting allergies
- Medication allergies
- Medical dressing allergies
- Environmental allergies where risk of anaphylaxis exists
- The management of adrenaline auto-injectors (AAIs)
- Staff training and competency
- Emergency responses
- Recording, reporting, and learning from incidents
- Roles and responsibilities across the Trust
- Processes for managing a child's first allergic reaction in school

3. Key Statutory Requirements

All schools must:

1. Stock spare AAIs for emergency use.
2. Provide all staff with mandatory annual allergy awareness training, including:
    - recognising symptoms
    - emergency responses
    - administering AAIs
    - calling the emergency services
3. Have a link from their website to the Trust website to ensure access to this policy
4. Ensure Individual Healthcare Plans (IHPs) are in place for all pupils with diagnosed allergies.
5. Record all allergic incidents, near misses, and AAI administrations.
6. Conduct post-incident reviews and implement learning.
7. Appoint a Named Allergy Lead in each school.
8. Ensure safe practices in:

    - school meals and catering
    - curriculum activities
    - trips and residentials
    - after-school clubs
    - exam arrangements
    - school events and celebration which involve food being brought into school
9. Ensure pupils with allergies are not excluded from activities unless a risk assessment determines otherwise.
10. Establish protocols for communication with staff
11. Establish protocols for communication with parents
12. Establish protocols for clear communication with catering providers
13. Implement effective cleaning routines with regards to allergen management

4. Roles and Responsibilities

4.1 Trustees

- Approve the policy and ensure compliance with Benedict's Law and statutory guidance.
- Receive annual assurance reports from the Trust central team regarding implementation and efficacy at school level.

4.2 Trust Central Team staff including the Safeguarding Lead, Senior School Improvement Officers and the Estates Lead and Health and Safety Lead

- Oversees implementation across all schools.
- Provides model templates, training frameworks, and compliance audits.
- Ensures schools meet statutory requirements.
- Conduct formal annual compliance audits
- Ensure allergy management arrangements appropriately consider pupils with SEND and complex medical needs.
- Incorporate allergy management into safeguarding and/or SEND reviews
- Monitor training compliance through central reporting systems
- Review incident trends and escalate concerns to the Trust Board

4.3 Headteachers

- Ensure full compliance with this policy.
- Appoint a Named Allergy Lead.
- Ensure pupil data and information regarding allergies is accurate, maintained and appropriately shared with staff.
- Ensure that all staff members are provided with information regarding allergic reactions and anaphylaxis, including staff training completion, recording and monitoring.
- Ensure AAIs are purchased, stored, checked, and monitored in accordance with this policy.
- Ensure the policy is published on the school website.
- Ensure supply staff are appropriately briefed.
- Ensure that parents are informed of their responsibilities in relation to their children's allergies
- Ensure that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

4.4 Named Allergy Lead (School)

- Maintains a register of pupil allergies and updates this in accordance with children's IHP's.

- Coordinates IHPs and annual reviews ensuring up to date medical information.
- Leads risk assessments and staff briefings.
- Ensure risk assessments and support arrangements appropriately reflect pupils' SEND, communication, sensory, behavioural, or developmental needs.
- Oversees storage, expiry checks, and accessibility of AAIs.
- Leads incident reviews and reports to SLT and the Trust regarding incidents, near misses and lesson learned processes.
- Responding immediately and appropriately in the event of a medical emergency.
- Attending relevant training regarding allergens and anaphylaxis.

  The Operations Lead is the named allergy lead for all the schools across the partnership.

4.5 All Staff

Complete mandatory training which ensures that they:

- Know how to recognise an allergic reaction.
- Understand that some pupils with SEND may present distress, dysregulation, shutdown, or behavioural changes rather than typical verbal reporting of symptoms
- Know the location of AAIs and how to administer them.
- Know how to follow IHPs and risk assessments.
- Report concerns or incidents immediately, after the event.

4.6 Parents/Carers

- Provide medical evidence and updated information for their child and consent to this information being shared with school staff.
- Supply prescribed AAIs for their child and provide written consent for the use of these, and if required for the use of school held spare AAIs.
- Work with the school to develop and review IHPs
- Receive feedback from the school following incidents to inform learning and improvements
- Raise any concerns they may have about the management of their child allergies with the classroom teacher.

4.7 Pupils (where appropriate)

- Participate in age-appropriate education about allergy safety.
- Follow safety rules and report symptoms promptly.
- Ensure they do not exchange food with other pupils.
- Notify a member of staff immediately in the event they believe they are having an allergic reaction or have come into contact with an allergen.

5. Identification and Management of Pupils with Allergies

5.1 Allergy Register

Each school must maintain an up-to-date allergy register including details of:

- pupil name, year group/class, photo
- allergens
- severity of allergy and reactions
- symptoms
- prescribed medication
- location of personal AAIs
- expiry dates
- IHP review date

The register must be accessible to all staff (including supply staff).

Each school must maintain a single, centralised system for recording allergy information, incidents, and AAI usage, ensuring consistency and accessibility for staff.

5.2 Individual Healthcare Plans (IHPs)

IHPs must:

- be completed within five school days of notification
- include an Allergy Management Plan
- specify emergency procedures
- include pupil photo and parent/carer contact details
- be reviewed at least annually or after any incident
- include information shared by medical professionals such as GP, dieticians etc.

Where a pupil has an EHCP or SEND Support Plan, allergy management arrangements should align with wider support planning. Schools should involve relevant professionals, including SENDCOs and health professionals, where a pupil's SEND impacts allergy management, communication, supervision, or safe eating.

Where a pupil experiences a first allergic reaction in school, an interim plan must be recorded the same day, with a full IHP completed within five school days.

5.3 First Allergic Reaction in School

Where a pupil experiences a suspected allergic reaction for the first time:

- Treat the situation as a medical emergency if symptoms indicate anaphylaxis
- Follow the Emergency Response Procedure
- Use a spare AAI where clinically indicated and permitted
- Contact emergency services immediately
- Inform parents/carers as soon as possible, and always on the same day
- Record the incident and implement an interim healthcare plan the same day
- Ensure medical advice is sought and a formal IHP is implemented within five school days

5.4 Pupils requiring additional support

Some pupils may require enhanced supervision or adapted procedures due to SEND, communication difficulties, sensory needs, behavioural needs, or developmental stage. Schools should consider reasonable adjustments. For example:

- visual or symbol-supported plans

- adapted communication methods
- supervised eating arrangements
- additional adult supervision where risk assessments identify need.

6. Adrenaline Auto-Injectors (AAIs)

6.1 Stock AAIs (Spare Pens)

Spare AAIs are held as an emergency backup only and do not replace pupils' prescribed medication. Pupils with known allergies must continue to have access to their own prescribed AAIs in line with their Individual Healthcare Plan.

All schools must:

- Hold at least two spare AAIs per key stage; this is minimum standard, schools may hold more based on individual risk assessments
- AAIs must be stored in clearly labelled, easily accessible, and unlocked locations, ensuring they can be retrieved immediately in an emergency and within a maximum of 5 minutes from any area of the school site.
- Ensure they are checked monthly
- Replace them before expiry
- Record all checks
- AAIs must be stored at room temperature in accordance with manufacturer guidance and not exposed to extreme heat or cold.

6.2 Personal AAIs

- Pupils must have two in-date AAIs in school.
- Personal AAIs must always be accessible, not locked away
- Schools must have a system for monitoring expiry dates.
- Pupils may carry their own AAIs if appropriate (secondary settings).
- Personal AAIs must be accessible at all times and within a maximum of 5 minutes.

Please note: Spare AAIs may be used in line with statutory guidance, including for pupils not previously diagnosed but believed to be experiencing anaphylaxis.

7. Training Requirements

Training must include an element of practical demonstration or simulation, and schools must ensure staff are competent in administering AAIs, not just recorded as having attended training. Schools must ensure that staff are competent in recognising and responding to allergic reactions, including the administration of AAIs. Training should include awareness that pupils with SEND may communicate symptoms differently or present atypically during allergic reactions Training records must demonstrate both attendance and competence.

7.1 Mandatory Training (All Staff)

Annual training must cover:

- recognising mild, moderate, and severe allergic reactions
- anaphylaxis response
- administering AAIs

- calling emergency services
- safe supervision during meals, clubs, and trips
- incident reporting

Training must be completed:

- within 2 weeks of joining the school
- annually thereafter
- after any significant incident

8. Prevention and Risk Reduction

Schools must ensure that any food brought onto site by visitors, parents, or external providers is managed in line with the school's allergy procedures. Clear communication must be provided in advance of events involving food.

8.1 Catering and Allergen Management

Schools must implement robust procedures to ensure the safe handling of food and management of allergens. Schools must implement and maintain the Trust-approved allergen risk assessment template (e.g. YMD Boon) to identify, assess and manage risks associated with allergen handling and food provision.

This includes:

- All allergen information must be obtained from the supplier and recorded at the point of delivery within a centrally maintained food allergen log
- Allergen tracking must be maintained throughout the entire food preparation process, including storage, handling, preparation, cooking, and serving
- The food allergen log must be reviewed weekly by the kitchen manager to ensure accuracy and completeness
- Any incidents involving incorrect allergen information, unsafe practices, or incomplete packaging must be recorded in an incident log and managed appropriately by the kitchen manager

8.2 Declared Allergens (PPDS Compliance)

The following allergens must be clearly declared on all pre-packed for direct sale (PPDS) food items in a clear and legible format:

- Cereals containing gluten (e.g. wheat, rye, barley, spelt)
- Crustaceans (e.g. prawns, crab, lobster)
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Nuts (e.g. almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts, pistachios)
- Celery
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites (at concentrations above 10mg/kg or 10mg/L)
- Lupin
- Molluscs (e.g. mussels, oysters, squid, snails)

This requirement applies to all foods prepared on-site and pre-packed prior to sale or consumption, including (but not limited to) sandwiches, salads, and baked goods.

8.3 Visitors and external providers

The Headteacher remains accountable for allergen safety even when catering is outsourced, therefore there is a requirement for written allergen assurance from catering and food providers.

Schools must ensure that:

- Visitors bringing food onto site are made aware of allergy protocols
- External providers (e.g. catering, clubs) comply with school allergy procedures
- Risk assessments are completed where outside organisations operate on site

Schools must:

- work with catering providers to ensure allergen-safe menus
- ensure allergen information is displayed and accurate
- prevent cross-contamination
- implement robust processes for managing meals provided to pupils with allergies
- ensure stringent supervision of lunch halls, packed lunch areas and pupil self-service locations

Schools must ensure that catering providers (including external contractors) comply fully with these requirements.

8.4 Curriculum Activities

Risk assessments must be completed, as required, for:

- cooking/food technology lessons
- science experiments
- art/DT materials
- outdoor learning
- celebrations involving food

8.5 School Trips and Residentials

- Pre-trip risk assessments must include allergy management and all activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.
- Risk assessments should consider any additional supervision, communication, sensory, or behavioural support required for pupils with SEND
- Staff must carry spare and personal AAIs and a member of staff will be assigned with responsibility for ensuring that the pupils' medication is always carried throughout the trip.
- Spare and personal AAIs taken on trips and residentials must always be accessible, not locked away.
- Venues must be contacted in advance regarding allergens and ensure the appropriate food can be catered for to ensure compliance with pupil's food allergies

8.6 Exams

- Pupils must have access to medication.
- Invigilators must be briefed and have access to IHPs.

9. Emergency Response Procedure

When a pupil shows signs of an allergic reaction:

1. **Recognise symptoms (mild → severe).**
2. **Staff should be aware that some pupils may present behavioural distress, withdrawal, panic, or non-verbal signs rather than verbally reporting symptoms.**
3. **Administer AAI immediately if anaphylaxis is suspected.**
4. **Call 999 and state "anaphylaxis".**
5. **Lie the pupil flat with legs raised, or in a position of greatest comfort if breathing is difficult; do not allow them to stand or walk**
6. **Remove the allergen where possible and loosen tight clothing**
7. **Administer second AAI after 5 minutes if symptoms persist.**
8. **Stay with the pupil, monitor breathing, and prepare for CPR if needed.**
9. **Inform parents/carers as soon as possible, and always on the same day**
10. **Record the incident and complete a post-incident review.**

Schools will ensure **a printed emergency action plan** is displayed in key areas (for example: medical room, dining hall, staff room).

10. Incidents: recording, reporting and learning

Schools must:

- record all allergic reactions, near misses, and administration of AAIs
- report serious incidents to the Trust, this includes pupil hospitalisation, multiple use of AAIs for the same pupil, near misses, or concerns about staff practice, which must be escalated to the Trust within twenty-four hours
- conduct a lessons-learnt process within five school days
- update IHPs and risk assessments
- share learning with staff, Local Academy Committees and the Trust central team
- revisit staff training as appropriate, for all or some staff

11. Monitoring and Compliance

The Trust will:

- conduct annual compliance audits
- review allergy management processes including reasonable adjustments and SEND-related provision, through safeguarding and/or SEND review processes
- Monitor staff training compliance centrally
- Analyse incident data and escalate risks
- ensure each school publishes its allergy policy via the school website
- report to the Trust Board annually

Schools will:

- complete a termly self-audit
- ensure all documentation is up to date
- ensure staff training is up to date
- complete spot checks during high-risk times (lunchtimes, clubs).

12. Policy Review

This policy will be reviewed:

- annually

- following any serious incident
- following updates to statutory guidance
- following changes to Benedict's Law regulations (Benedict's Law gives the Secretary of State powers to make further regulations on allergy safety; this policy will therefore be updated accordingly)
- following DfE amendments to the statutory guidance

Appendix A

Photo

Allergy: Individual Healthcare Plan

1. Pupil Details

Name:	
Preferred Name:	
Date of birth:	
Year/Class/Form:	
SEND/Additional Needs:	EHCP/SEND Support/Other:
GP Practice:	

2. Parent/Carer Contacts

First Contact Name:	
Relation to the child:	
Phone number:	
Second Contact Name:	
Relation to the child:	
Phone number:	

3. Medical Diagnosis & Allergy Information

Diagnosed allergy/allergies	
Severity classification:	Mild/Moderate/Severe – risk of anaphylaxis
Other medical conditions:	
Typical symptoms staff may notice:	
Atypical signs of distress or allergic reaction linked to SEND/communication needs:	
Known triggers; food, environmental, contact/airborne:	
Known cross-contamination risk locations:	

4. Daily Management

4.1: Medication kept in school:

Medication name:	
Purpose:	

Where stored:	
When taken:	
Who administers:	

4.2: Daily support needs

Hydration reminders:	Yes/No	Detail:
Access to toilet:	Yes/No	Detail:
Access to food/snacks:	Yes/No	Detail:
Rest breaks:	Yes/No	Detail:
Use of medical room:	Yes/No	Detail:
Use of specialist equipment:	Yes/No	Detail:
Supervision during eating:	Yes/No	Detail:
Eating arrangements/support required:	Yes/No	Detail:
Sensory/environmental adjustments required:	Yes/No	Detail:
Support with recognising/reporting symptoms:	Yes/No	Detail:
Other:	Yes/No	Detail:

4.3: Pupil self-management (age appropriate)

Actions:	*For example: pupil will carry own AAI*

Early Warning Signs & Triggers

Known triggers:	Please detail:
Early signs the pupil is becoming unwell:	Please detail:
Signs and symptoms of an allergic reaction/anaphylaxis:	Please detail:
• Withdrawn behaviour:	Yes/No
• Hoarse voice/cough:	Yes/No
• Continuous hard or heavy breathing	Yes/No
• Mouth or throat itching	Yes/No
• Chest/neck heavy movements	Yes/No

• Swelling of lips, tongue, mouth, throat	Yes/No
• Hunched posture/difficulty catching breath	Yes/No
• Hives/itchy rash	Yes/No
• Abdominal cramps/nausea	Yes/No
• Vomiting or diarrhoea	Yes/No
• Difficulty walking or talking	Yes/No
• Weak or hard-to-detect pulse	Yes/No
• Lips, gums, fingernails turning grey/white/darker	Yes/No
• Skin turning blue or pale	Yes/No
• Sudden behavioural change/distress	Yes/No

5. Step-by-Step Response for Staff

This is the section staff will look at first during an incident.

Adjust communication and support approaches as required for the pupil's SEND or communication needs.

6.1: If the pupil becomes unwell:

Step 1:	
Step 2:	
Step 3:	

Insert additional lines if required

6.2: If symptoms escalate:

Step 1:	
Step 2:	
Step 3:	

6. Emergency Action Plan: Urgent Situations

What constitutes an emergency for this pupil:

Detail here:

Immediate actions staff must take:

1. Use walkie talkies to alert SLT/Senior First Aider.
2. Assess whether antihistamine or AAI is required.

   Please note: Antihistamines must not delay AAI administration where anaphylaxis is suspected.
3. Follow the AAI administration steps below.

Emergency medication:	
AAI Name:	
Where medication is stored:	
Who can administer:	

How to administer an Adrenaline Auto-Injector

1. Form a fist around the pen.
2. Remove the safety cap.
3. Place the needle end on the outer mid-thigh (through clothing if needed).
4. Jab firmly at a 90° angle.
5. Hold for 10–15 seconds.
6. Remove and massage the area for 10–15 seconds.
7. Dispose of the used pen in the sharps bin.

Call 999, and state 'anaphylaxis', if:

- AAI has been administered
- Symptoms worsen or do not improve
- Breathing becomes difficult
- The pupil becomes drowsy, floppy, or unresponsive

Position the pupil:

- Lie the pupil flat with legs raised unless breathing is difficult; if so, allow them to sit upright. Do not allow them to stand or walk.
- Remove allergen where possible
- Loosen tight clothing

Then contact parents/carers

If symptoms do not improve within 5 minutes

- Administer second AAI (if prescribed).

If the pupil becomes unconscious

- **Breathing;** place in recovery position.
- **Not breathing**; begin CPR until paramedics arrive.

8. Trips, Visits & Off-Site Activities

Note: AAIs must always be kept in the proximity of the child

Named staff member responsible for medication:	
Risk Assessment completed:	Yes/No
Additional controls required:	Yes/No
Additional SEND/supervision arrangements required:	Yes/No

9. Healthcare Professional Involvement

Name:	
Role:	

Contact Details:	
Date of last review:	
Frequency of review:	

10. Consent for Use of Emergency AAI

I, the parent/carer of:

confirm that my child has a diagnosed allergy requiring a personal AAI.

I consent to the school administering:

- **My child's prescribed AAI**
- **A spare emergency AAI held by the school if the personal device is unavailable or not working**

Signature:

Date

11. Review & Sign-Off

Plan created by – Name and Role:	
Date of plan:	
Review date:	
Parent/Carer signature:	
Staff member's signature:	
HT/SENDCo/Medical Lead Signature:	

12. Information Sharing

This plan has been shared with the following staff, including staff responsible for SEND provision, lunchtime supervision, trips, transport, and wraparound care.

Name	Role	Date: