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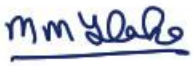
Allergy Policy

Policy Name: Allergy	**Policy Reference: MAT-SP23**
Owner/Reviewer: COO	**Review Date: 9th July 2026**
Approved by: Trust Board	**Approval Date: 9th July 2026**
Chair of Trust Board 	**Review Frequency: Annually**
	Date of Next Review: **Summer Term 2027 subject to early review**

ABSTRACT

This Trust Allergy Policy sets out how every school will keep pupils with allergies safe and supported in line with Benedict's Law. You and your staff must identify, record, and manage allergy risks with clear plans for prevention, response, and communication. The policy defines roles, training needs, and day to day controls, including the safe handling of food, medicines, and allergens across the site. It ensures each pupil has an accurate care plan, that emergency treatment is available and understood, and that incidents are reported and reviewed so practice improves. This approach gives you a consistent standard across all settings and reduces avoidable risk.

Contents

1. INTRODUCTION

1.1 Policy Statement

Shires Multi Academy Trust is committed to ensuring the safety, inclusion, and wellbeing of all pupils with allergies across its academies. We recognise that severe allergies, including anaphylaxis, are life-threatening conditions requiring robust prevention, awareness, and emergency response systems.

This policy establishes a whole-trust approach in line with:

- *Benedict's Law (2026)* and associated statutory guidance
- The Children and Families Act 2014 (Section 100) duty to support pupils with medical conditions
- The forthcoming DfE statutory guidance: "Supporting children and young people with medical conditions and allergy" (2026)

From September 2026, schools are expected to demonstrate mandatory compliance with allergy safety measures, including a dedicated allergy policy, staff training, emergency medication, and individual care planning. [anaphylaxis.org.uk], [gov.uk]

1.2 Policy Aims

The Trust aims to:

1. Protect pupils from avoidable allergen exposure.
2. Ensure prompt recognition and treatment of allergic reactions.
3. Promote inclusion and equality of opportunity.
4. Support pupils' physical and emotional wellbeing.
5. Ensure all staff understand their responsibilities.
6. Meet statutory and regulatory requirements.
7. Implement the principles underpinning Benedict's Law.
8. Establish robust governance and accountability arrangements.

This policy applies to:

- All academies within the Trust
- All staff, including temporary, supply, catering, transport, and extracurricular staff
- All pupils with diagnosed or suspected allergies
- All school activities (on-site and off-site)

2. LEGISLATIVE FRAMEWORK

This policy is informed by:

- Children and Families Act 2014
- Equality Act 2010
- Health and Safety at Work etc. Act 1974

- Management of Health and Safety at Work Regulations 1999
- Human Medicines Regulations 2012
- Food Information Regulations 2014
- Special Educational Needs and Disability Code of Practice
- Supporting Pupils at School with Medical Conditions
- Department for Education Draft Statutory Guidance: Supporting Children and Young People with Medical Conditions and Allergy
- Department of Health Guidance: Using Emergency Adrenaline Auto-Injectors in Schools

Under Benedict's Law and new regulations, all schools must:

- Have a published, stand-alone allergy policy
- Provide mandatory allergy and anaphylaxis training for all staff
- Maintain access to spare adrenaline auto-injectors (AAIs)
- Implement Individual Healthcare Plans (IHPs) for pupils with allergies
- Improve record keeping, incident reporting, and communication systems [benedictblythe.com], [gov.uk]

Trusts must also ensure that:

- Policies are reviewed annually and published online
- A named senior leader (designated allergy Lead DAL) and governor oversight is in place
- Allergy management is embedded into risk registers and safeguarding systems

Relevant guidance and information can be accessed through:

Department for Education: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

Emergency AAI Guidance: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Anaphylaxis UK: https://www.anaphylaxis.org.uk

Allergy UK: https://www.allergyuk.org

NHS Anaphylaxis Guidance: https://www.nhs.uk/conditions/anaphylaxis

3. BENEDICT'S LAW

3.1 Background

Benedict's Law is named in memory of Benedict Blythe, a five-year-old child who tragically died following an allergic reaction while attending school.

Following extensive campaigning by Benedict's family, allergy charities, healthcare professionals and parliamentarians, the Government committed to strengthening allergy management arrangements in schools through statutory guidance.

The principles commonly referred to as Benedict's Law seek to ensure that schools:

- Maintain clear allergy policies.
- Train staff effectively.
- Keep spare emergency adrenaline devices.
- Develop individual healthcare plans.
- Learn from incidents and near misses.
- Improve communication with families.
- Reduce allergy-related risks.

3.2 Trust Commitment

Shires Multi Academy Trust fully supports the objectives of Benedict's Law and commits to implementing its principles across all academies.

4. DEFINITIONS

4.1 Allergy

An allergy is an immune system response to a substance that is normally harmless to most people.

When a person with an allergy comes into contact with an allergen, their immune system mistakenly identifies the substance as harmful and releases chemicals including histamine.

This reaction can affect:

- Skin
- Airways
- Digestive system
- Cardiovascular system

4.2 Common Allergens

Common allergens include:

Food Allergens

Peanuts	Tree nuts	Milk
Eggs	Fish	Shellfish
Sesame	Soya	Wheat
Mustard	Celery	Lupin

Non-Food Allergens

Latex	Medicines	Insect venom
Animal dander	Pollen	Mould

4.3 Allergy Versus Intolerance

An allergy involves the immune system and may be life-threatening.

A food intolerance does not involve the immune system and does not usually cause anaphylaxis.

5. UNDERSTANDING ANAPHYLAXIS

5.1 What is Anaphylaxis?

Anaphylaxis is a severe, potentially life-threatening allergic reaction requiring immediate treatment.

Symptoms can develop within minutes of exposure.

A previous mild reaction does not indicate future reactions will be mild.

5.2 Symptoms of Anaphylaxis

Symptoms may include:

Airway
- Swollen tongue
- Swollen throat
- Difficulty swallowing
- Hoarse voice

Breathing
- Wheezing
- Persistent cough
- Difficulty breathing
- Noisy breathing

Circulation
- Pale appearance
- Dizziness
- Collapse
- Loss of consciousness

Skin
- Hives
- Rash
- Itching
- Swelling

Gastrointestinal
- Vomiting
- Diarrhoea
- Severe abdominal pain

5.3 Key Principle

If anaphylaxis is suspected: **Administer adrenaline immediately.** Delaying treatment increases the risk of serious harm or death.

5.4 Broader Allergies

The Trust recognises that allergy includes food allergy, allergic asthma, eczema, allergic rhinitis (hay fever), insect venom allergy, latex allergy, medication allergy and other clinically diagnosed allergic conditions. Not all allergic conditions result in anaphylaxis, but all require appropriate support.

5.5 Asthma and Allergy

We recognise that children with asthma and food allergies are particularly high risk, we will follow asthma plans alongside allergy plans for children with both and in line with the Trust Asthma policy we will keep emergency asthma inhalers. We will administer adrenaline first if anaphylaxis is suspected and inhaler afterwards if action plan directs. Please read this policy in conjunction with the Shires MAT Asthma policy.

6. ROLES AND RESPONSIBILITIES

6.1 Board of Trustees

The Board will:

- Approve and review this policy.
- Monitor implementation.
- Receive annual allergy reports.
- Ensure adequate resources are available.
- Promote a culture of safety and inclusion.

6.2 CEO / Executive Team

Executive team will;

- Ensures consistent implementation across the Trust
- Review the Trust allergy compliance audit tool completed by each school and provide support as required (see appendix 13)
- Review incident investigation reports and near miss incidents, analyse and identify trends
- Produce an annual allergy report to Trust Board

6.3 Local Governance Committees

Local Governance Committees will;

- Monitor compliance, training completion, and incident reporting
- Appoint a link governor for allergy safety to report on the school's
    - position,
    - identify incident trends
- raise issues in relation to compliance and training as appropriate.

6.4 Headteachers / Heads of School / Principal

Headteachers / Heads of School / Principal will:

- Implement this policy and embed into culture
- Ensure staff receive training.
- Appoint a Designated Allergy Lead and receive updates and reports
- Maintain emergency procedures.
- Ensure compliance monitoring
- Consider air quality including ventilation, poor air quality, pollen, mould and HEPA filtration where appropriate.

6.5 Designated Allergy Lead (DAL)

Each school shall appoint a Designated Allergy Lead.

Responsibilities include:

- Maintaining the allergy register.
- Coordinating healthcare plans.
- Organising training, review and escalate if any issues
- Monitoring medication, overseeing the purchase, storage and monitoring of AAI's.
- Conducting audits.
- Reviewing incidents and reporting appropriately to the relevant stakeholders, identify trends and action.
- Liaising with parents

- Periodically undertake simulated anaphylaxis response exercises to test emergency procedures and identify learning.

6.6 All Staff

All staff must:

- Understand allergy procedures and read this policy.
- Complete mandatory training.
- Follow healthcare plans.
- Act promptly in emergencies.
- Report concerns and incidents.

6.7 Parents/Carers

Parents/carers must:

- Inform the school of their child's allergies
- Provide a completed Allergy Action Plan
- Provide two in-date AAIs and other prescribed medication
- Notify the school of any changes to their child's condition

6.8 Pupils with Allergies

Pupils should:

- Avoid sharing food
- Carry their AAIs where age-appropriate
- Inform an adult immediately if they feel unwell

7. IDENTIFICATION OF PUPILS WITH ALLERGIES

All pupils with diagnosed allergies must be recorded on the Allergy Register (Appendix 5). An Individual Healthcare Plan and Allergy Action Plan must be in place where required. Parent Allergy Information Forms must be completed and reviewed at least annually (Appendices 10 and 13).

Schools shall identify pupils with allergies through:

- Admissions processes
- Medical information forms
- Healthcare professionals
- Parents and carers
- Annual reviews

An Allergy Register shall be maintained and reviewed termly.

The register shall include:

- Pupil name
- Year group
- Allergens
- Severity
- Medication
- Emergency contacts
- Healthcare plan status

Schools should not assume someone has no allergy simply because diagnosis is ongoing.

8. INDIVIDUAL HEALTHCARE PLANS

An Individual Healthcare Plan (IHP) will normally be required where a pupil:

- Has been prescribed adrenaline
- Has experienced anaphylaxis
- Has complex allergies
- Requires ongoing management

Plans must include:

- Medical diagnosis
- Allergens
- Symptoms
- Medication requirements
- Emergency procedures
- Educational visit arrangements
- Review dates

Plans shall be reviewed:

- Annually
- Following an incident
- Following changes in medical advice

Individual Health Care Plan Template Appendix 2

8.1 Medication Management

Medication must be readily accessible, clearly labelled and stored safely. Expiry dates must be monitored monthly. Where permitted, spare AAIs must be available and audited regularly (Appendix 8). Emergency grab bags must be prepared for visits and off-site activities (Appendix 11).

9. RISK ASSESSMENT

Schools shall undertake allergy risk assessments covering:

- Classrooms
- Dining areas
- Educational visits
- Sports activities
- Science lessons
- Food technology
- Breakfast clubs
- After-school clubs
- School transport

Risk assessments must be reviewed annually or after incidents. Allergy risk assessment template Appendix 1

Schools will make reasonable arrangements to support staff, volunteers and visitors with known allergies while on site.

10. FOOD ALLERGY MANAGEMENT

10.1 General Principles

The Trust does not operate "allergen-free" schools because allergens cannot be completely eliminated. Instead schools will implement reasonable and proportionate controls.

10.2 Catering

Schools shall:

- Maintain allergen information.
- Full compliance with Food Information Regulations 2014 (allergen labelling) [gov.uk]
- Clear allergen information for all meals
- Safe food preparation and cross-contamination controls
- Train catering staff.
- Minimise cross-contamination.
- Follow food safety requirements.
- Communicate effectively with parents.

Catering allergen checklist appendix 9

10.3 Classroom Activities

Risk assessments shall be completed for:

- Baking activities
- Food tasting
- Cultural events
- Fundraising activities
- Science investigations

In addition:

- Risk assessments for classrooms, trips, clubs, and transport
- Allergen-aware practices (not blanket bans unless justified)
- Clear cleaning and hygiene processes
- Inclusive planning for trips, cooking, science, and enrichment
- Pre-activity risk assessments for allergen exposure

11. ADRENALINE AUTO-INJECTORS (AAIs)

11.1 Prescribed Devices

The MHRA (Medications and Healthcare Regulations Agency) advises individuals at risk of anaphylaxis should have access to two adrenaline auto-injectors.

Parents must provide:

- Two in-date devices.
- Replacement devices before expiry.
- Updated care plans.

11.2 Storage

Medication shall:

- Be easily accessible.
- Never be locked away.

- Be clearly labelled.
- Accompany pupils on visits.

11.3 Spare Emergency AAIs

Each academy shall maintain spare emergency devices.

Minimum Trust Standard

Small Primary School

- 2 x Junior Devices
- 2 x Adult Devices

Total = 4

Large Primary School

- 3 x Junior Devices
- 3 x Adult Devices

Total = 6

Secondary School

- 2 x Junior Devices
- 6 x Adult Devices

Total = 8

High School

- 2 x Junior Devices
- 6 x Adult Devices

Total = 8

Sixth Form

- 6 x Adult Devices

Total = 6

Schools may increase provision following risk assessment. This may include holding additional pens in dining areas or if the school is housed across several buildings or there is no central point to access a spare AAI within two minutes, the DAL must review and record where AAI's are stored and justification to location including ensuring medication is not locked away.

Spare AAI should be audited on a monthly basis and records kept.

Spare AAI Audit Form Appendix 8

12. EMERGENCY RESPONSE PROCEDURE

Where anaphylaxis is suspected:

1. Stay with the pupil.
2. Send for assistance.
3. Administer adrenaline immediately.

4. Dial 999.
5. State "anaphylaxis".
6. Contact parents.
7. Monitor continuously.
8. Administer a second dose after 5 minutes if symptoms persist.
9. Transfer to hospital.

Every administration of adrenaline requires hospital assessment.

12.1 Observation after mild reactions

Even when a child has a mild reaction they must be monitored as reactions may progress, if a child has a mild reaction you must:

1. Administer antihistamine if prescribed
2. Monitor the child for 60 minutes and record outcomes
3. Inform parents.

With any type of reaction you must NEVER send the pupil to the office alone, we will practise; Help comes to the child – not the child to help.

12.2 Unacceptable Practise

The school understands and will not tolerate practises that are not acceptable

Examples include:

- preventing access to medication
- sending pupils to fetch medication
- making parents attend to administer medicines
- excluding children from trips
- assuming older children need no support
- ignoring healthcare advice
- penalising attendance for allergy-related appointments

13. STAFF TRAINING

13.1 Mandatory Annual Training

All staff shall complete annual allergy training.

Training shall include:

- Allergy awareness
- Recognition of reactions
- Recognition of anaphylaxis
- Emergency procedures
- Use of AAIs
- Educational visits
- Record keeping

Target compliance: 100%

This aligns with new statutory expectations for whole-workforce allergy competence. [anaphylaxis.org.uk]

Training is via our training platform National College course Allergy and Anaphylaxis

All Training must be recorded on the Staff training matrix appendix 6

13.2 Practical Training

Practical training shall be provided annually.

This shall include:

- EpiPen
- Jext
- Trainer devices

13.3 New Starters

Training shall be completed before staff work unsupervised with pupils.

14. EDUCATIONAL VISITS

No pupil shall be excluded solely because of allergy.

Visit leaders shall ensure:

- Risk assessments are completed.
- Medication accompanies pupils.
- Staff understand healthcare plans.
- Emergency communication arrangements exist.

Educational visits checklist appendix 4

15. SPORTS AND EXTRA-CURRICULAR ACTIVITIES

Schools shall ensure:

- Medication is accessible.
- Staff understand procedures.
- Risk assessments are completed.
- Inclusion is promoted.

16. WELLBEING AND ANTI-BULLYING

The Trust recognises allergies can affect emotional wellbeing.

Schools shall:

- Promote awareness.
- Challenge myths.
- Prevent bullying.
- Support mental wellbeing.
- Encourage pupil voice.
- Provide emotional support after serious reactions

Pupils should not be disadvantaged because of:

- Allergy appointments

- Hospital Clinics
- Allergy Management

17. INCIDENTS AND NEAR MISSES

All allergy-related incidents and near misses must be logged, investigated and reviewed. Corrective actions and learning must be shared with staff and monitored to prevent recurrence.

17.1 Incident Reporting

All incidents shall be recorded.

17.2 Near Misses

Examples include:

- Incorrect meal identified before serving.
- Missing medication identified before departure.
- Incorrect allergen information discovered before use.

17.3 Investigation

Significant incidents shall be reviewed within five working days.

Any incident will be recorded on Incident Investigation Form including near miss appendix 7, these need to be reviewed by the DAL, LGC and COO.

18. MONITORING and AUDIT

Schools shall undertake:

- Annual allergy audit (Trust Allergy Compliance Audit Tool Appendix 13).
- Medication audit.
- Training audit.
- Policy compliance review.

Children, staff and parents will be involved when reviewing this policy

An annual report shall be provided to the Board of Trustees.

18.1 Policy Communication

This policy will be published on the school website and communicated with staff, parents and pupils via Arbor email, with paper copies available on request.

APPENDIX 1 – ALLERGY RISK ASSESSMENT TEMPLATE

School/Academy Details

Item	Details
School/Academy	
Department/Class	
Location	
Date of Assessment	
Assessor	
Review Date	
Pupil(s) Covered	

Person(s) at Risk

☐ Individual pupil ☐ Multiple pupils ☐ Staff ☐ Visitors

Names (if applicable):

Allergy Details

Item	Details
Known Allergen(s)	
Type of Allergy	Food / Medication / Insect Sting / Latex / Other
Severity	Mild / Moderate / Severe (Anaphylaxis)
Prescribed Medication	
Individual Healthcare Plan in Place	Yes / No

Risk Assessment

Activity/Area	Hazard	Who May Be Harmed	Existing Control Measures	Risk Rating (L/M/H)	Further Action Required	Person Responsible	Completion Date
Classroom	Exposure to allergen through food/items						
Dining Hall	Cross-contamination						
Break Times	Food sharing						
School Kitchen	Cross-contact during food preparation						
Educational Visits	Unknown food/environment						
After School Clubs	Snacks and activities						
School Transport	Delay in emergency response						
Science Lessons	Chemicals/latex						
Art Lessons	Food ingredients or latex products						
Forest School/Outdoor Learning	Insect stings/plants						
PE/Sports	Medication access during activities						
Visitors/Contractors	Bringing allergens onto site						

Environmental Controls

Please tick those in place.

Food Management

☐ No food sharing policy
☐ Hand washing before and after eating
☐ Tables cleaned before and after meals
☐ Staff supervise meal times
☐ Ingredient information available
☐ Catering staff informed
☐ Allergen labelling used
☐ Packed lunch arrangements in place
☐ Safe snack policy

Other:

Classroom Controls

☐ Staff aware of allergies
☐ Supply staff informed
☐ Individual Healthcare Plan available
☐ Emergency medication immediately accessible
☐ No allergen-containing teaching resources
☐ Cleaning procedures followed

Other:

Emergency Preparedness

☐ Adrenaline Auto Injector available
☐ Spare AAI available
☐ Medication in date
☐ Emergency Action Plan displayed
☐ Staff trained
☐ Emergency contacts available
☐ Ambulance access considered

Other:

Educational Visits

Have additional risks been considered?

☐ Yes ☐ No

If yes, include:

- Food arrangements
- Medication carriage
- Trained staff attending
- Emergency services access
- Overnight accommodation (if applicable)
- Travel arrangements

Additional controls:

School Events

Risk considered for:

☐ Birthday celebrations ☐ Charity events ☐ Cooking activities

☐ School fairs ☐ Christmas/Easter celebrations ☐ Cultural events

☐ External visitors

Control measures:

Key Guidance: This section provides a quick overview of some of the key concepts in a risk assessment.

Risk Assessment. All routine and specific activities require risk assessment to be completed prior to commencing to ensure personnel, are not exposed to unacceptable risk.

Dynamic Risk Assessment (DRA). Changes to the activity situation may mean additional controls are required to continue as planned by the responsible person overseeing the activity.

This takes place prior to the activity starting. The person overseeing the activity completes their final checks to ensure that all risks remain ALARP and Tolerable. If a hazard is not ALARP, then additional control measures must be developed and implemented. Ensure additional controls are communicated in a safety briefing.

Likelihood (L) **X** **Impact (I)** **=**

Risk Score Calculation						
IMPACT	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
LIKELIHOOD						

Overall Risk

Score	Rating
1–5	Low
6–10	Medium
11–25	High

Further Actions

Action Required	Responsible Person	Deadline	Completed
			☐
			☐
			☐
			☐

Review Following Any of the Following

➢ New allergy diagnosis	➢ Change in prescribed medication	➢ Allergic reaction at school
➢ Educational visit	➢ Change of classroom or key staff	➢ Annual review
➢ Parent or clinician request		

Assessment Outcome

☐ Risks adequately controlled. ☐ Additional controls required before activity continues. ☐ Refer to Individual Healthcare Plan.

Sign-Off

Role	Name	Signature	Date
Assessor			
Headteacher/Principal			
Parent/Carer (where individual assessment)			
Healthcare Professional (if applicable)			

Guidance Notes

When completing this assessment:

- Consider all areas where allergen exposure could occur, including curriculum activities, catering, trips, transport, and extracurricular events.
- Review the assessment immediately after any allergic reaction or significant change in the pupil's medical needs.
- Ensure this assessment is read alongside the pupil's Individual Healthcare Plan (IHP) and Allergy Action Plan.
- Share relevant control measures with all staff who have responsibility for the pupil, including temporary, agency, and volunteer staff where appropriate.

APPENDIX 2 – INDIVIDUAL HEALTHCARE PLAN

INDIVIDUAL HEALTHCARE PLAN (IHP)

Severe Allergy / Anaphylaxis

Pupil Details

Information	Details
Pupil Name	
Date of Birth	
Year Group	
Class/Form	
UPN (optional)	
Photograph Attached	Yes / No

Medical Information

Information	Details
Diagnosed Allergy/Allergies	
Date of Diagnosis	
Healthcare Professional	
Hospital Consultant (if applicable)	
GP Surgery	
NHS Number (optional)	

Known Allergens

Please circle all that apply:

Food Allergens

☐ Peanuts	☐ Tree nuts	☐ Milk
☐ Eggs	☐ Fish	☐ Shellfish
☐ Sesame	☐ Soya	☐ Wheat
☐ Mustard	☐ Celery	☐ Lupin

Non-Food Allergens

☐ Latex ☐ Medicines ☐ Insect venom

☐ Animal dander ☐ Pollen ☐ Mould

☐ Other (specify):

Typical Symptoms

Mild to Moderate Symptoms

☐ Itchy skin ☐ Rash/hives ☐ Tingling mouth

☐ Swollen lips ☐ Abdominal pain ☐ Vomiting

☐ Other (specify):

Severe Symptoms (Anaphylaxis)

☐ Difficulty breathing ☐ Wheezing ☐ Persistent cough

☐ Hoarse voice ☐ Difficulty swallowing ☐ Tongue swelling

☐ Collapse ☐ Loss of consciousness

☐ Other:

Prescribed Medication Adrenaline Auto Injector (AAI)

Brand:

☐ EpiPen ☐ Jext ☐ Other _____

Dose:

☐ 150mcg ☐ 300mcg ☐ 500mcg

Number carried:

Expiry Date(s):

Other Medication

Medication	Dose	When Required

Storage Arrangements

Item	Location
Prescribed AAI	
Spare AAI	
Antihistamine	

Emergency Contacts

Parent/Carer 1

Name:

Relationship:

Telephone:

Work:

Mobile:

Parent/Carer 2

Name:

Relationship:

Telephone:

Work:

Mobile:

Educational Visits

Required adjustments:

Staff Awareness

The following staff have been informed:

☐ Class Teacher ☐ Teaching Assistant ☐ Lunchtime Supervisor

☐ SENCO ☐ First Aid Lead ☐ School Office

☐ Trip Leaders

Review Information

Date	Outcome	Reviewed By

Signatures

Parent/Carer:

Date:

School Representative:

Date:

APPENDIX 3 – ALLERGY ACTION PLAN

EMERGENCY ALLERGY ACTION PLAN

Pupil Information

Name:

Photograph:

(Attach Here)

Date of Birth:

Class/Form:

Known Allergens:

RECOGNISE THE SIGNS

Mild / Moderate Allergic Reaction

May include:

- Itchy mouth
- Rash or hives
- Mild swelling
- Stomach pain
- Nausea

ACTION

1. Stay with pupil.
2. Inform First Aid Lead.
3. Administer antihistamine if prescribed.
4. Monitor closely.
5. Contact parent/carer.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Symptoms may include:

- Difficulty breathing
- Wheezing
- Persistent cough
- Hoarse voice
- Loss of consciousness
- Difficulty swallowing
- Swollen tongue
- Pale/floppy child
- Collapse
- Feeling of impending doom

IF ANY SEVERE SYMPTOMS ARE PRESENT ACT IMMEDIATELY

1. GIVE ADRENALINE AUTO-INJECTOR

Time administered:

By:

---

2. CALL 999

State:

"CHILD/PUPIL HAVING ANAPHYLAXIS"

School Address:

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3. CONTACT PARENTS/CARERS

Parent contacted:

☐ Yes

☐ No

Time:

---

4. POSITIONING

If breathing difficulties:

- Sit upright

If faint/collapsed:

- Lie flat
- Raise legs

If unconscious but breathing:

- Recovery position

5. SECOND AAI

If symptoms persist after 5 minutes and another AAI is available:

Administer second AAI.

Time:

---

6. HOSPITAL ASSESSMENT

ALL pupils receiving adrenaline must attend hospital even if symptoms improve.

APPENDIX 4 – EDUCATIONAL VISIT CHECKLIST

This checklist must be completed for all educational visits where a pupil with a diagnosed allergy or risk of anaphylaxis is attending.

Visit Details

Item	Details
School/Academy	
Visit Destination	
Date(s) of Visit	
Visit Leader	
Educational Visit Coordinator (EVC)	
Year Group/Class	

Pupil Details

Information	Details
Pupil Name	
Known Allergy/Allergy Type	
Risk of Anaphylaxis	Yes / No
Individual Healthcare Plan Reviewed	Yes / No
Allergy Action Plan Reviewed	Yes / No

Medication

Please confirm:

Check	Yes	No	N/A
Pupil's prescribed Adrenaline Auto-Injector (AAI) will accompany the visit	☐	☐	☐
Second prescribed AAI accompanies the visit (where prescribed)	☐	☐	☐
Medication is in date	☐	☐	☐
Medication is clearly labelled	☐	☐	☐

Check	Yes	No	N/A
Medication is easily accessible throughout the visit (not locked away or stored in luggage)	☐	☐	☐
Emergency medication remains with the pupil or supervising adult at all times	☐	☐	☐
Spare emergency medication available where appropriate	☐	☐	☐

Staffing

Check	Yes	No	N/A
Visit leader aware of pupil's allergy	☐	☐	☐
Supervising staff briefed before departure	☐	☐	☐
Confirm adults trained to administer an AAI	☐	☐	☐
Additional staff know emergency procedures	☐	☐	☐
Staff know location of medication	☐	☐	☐
Staff have emergency contact numbers	☐	☐	☐

Catering and Food

Check	Yes	No	N/A
Venue informed of allergy requirements in advance	☐	☐	☐
Packed lunch arrangements confirmed	☐	☐	☐
Food ingredients checked where meals are provided	☐	☐	☐
Cross-contamination risks considered	☐	☐	☐
Safe eating arrangements planned	☐	☐	☐
Staff supervising meal times	☐	☐	☐
No food sharing reminder given to pupils	☐	☐	☐

Activities

Consider whether any planned activity could expose the pupil to allergens.

Tick where relevant:

☐ Cooking	☐ Farm visit	☐ Animal handling	☐ Forest School
☐ Outdoor learning	☐ Insect exposure	☐ Science activities	☐ Arts and crafts
☐ Cultural food tasting	☐ Residential visit		

☐ Other

Additional control measures:

_____

_____

_____

Travel Arrangements

Check	Yes	No	N/A
Medication accessible during transport	☐	☐	☐
Staff seated near pupil if appropriate	☐	☐	☐
Emergency procedures discussed before departure	☐	☐	☐
Estimated emergency response arrangements considered	☐	☐	☐

Emergency Planning

Check	Yes	No	N/A
Emergency Action Plan carried by staff	☐	☐	☐
Parent/carer emergency contact details available	☐	☐	☐
Local emergency services access considered	☐	☐	☐
Mobile telephone available throughout visit	☐	☐	☐
Visit leader knows exact location details for emergency call	☐	☐	☐
Procedure for contacting school agreed	☐	☐	☐

Residential Visits (if applicable)

Check	Yes	No	N/A
Accommodation informed of allergy	☐	☐	☐

Check	Yes	No	N/A
Catering provider informed in writing	☐	☐	☐
Kitchen staff consulted	☐	☐	☐
Safe meal arrangements agreed	☐	☐	☐
Overnight medication arrangements agreed	☐	☐	☐
Staff sleeping nearby aware of emergency procedures	☐	☐	☐

Final Review Before Departure

Check	Yes	No
Medication present	☐	☐
Medication in date	☐	☐
Staff briefed	☐	☐
Parents informed of arrangements	☐	☐
Risk assessment reviewed	☐	☐
Individual Healthcare Plan available	☐	☐
Emergency Action Plan available	☐	☐

Declaration

I confirm that the allergy arrangements for this educational visit have been reviewed and appropriate control measures are in place.

Role	Name	Signature	Date
Visit Leader			
Educational Visit Coordinator (where required)			
Headteacher/Principal (where required)			

Post-Visit Review (if required)

Were there any allergy-related incidents or near misses?

☐ No

☐ Yes (provide details)

Actions required for future visits:

Good Practice Reminder

Before departure, visit leaders should ensure that:

- Emergency medication is immediately accessible at all times and never stored in locked compartments or checked luggage.
- Staff understand the signs of an allergic reaction and anaphylaxis and know when and how to administer an Adrenaline Auto-Injector.
- Parents/carers have confirmed that medication is in date and provided in sufficient quantity.
- Any catering providers or venues have been informed of relevant allergies and reasonable adjustments have been agreed.
- The pupil is included in all activities wherever it is safe to do so, with appropriate risk control measures in place.

APPENDIX 5 – ALLERGY REGISTER TEMPLATE

Purpose

This register provides a central record of pupils with diagnosed allergies to support safe care, emergency planning, staff awareness and compliance with the school's Allergy Management Policy.

Confidentiality Notice

This register contains confidential medical information and must be stored securely in accordance with UK GDPR and the Data Protection Act 2018. Access should be limited to staff with a legitimate need to know.

School Details

Item	Details
School/Academy	
Academic Year	
Allergy Lead	
Date Created	
Last Updated	
Next Review Date	

Use the below template on a spreadsheet

Allergy Register

Pupil Name	Year/Class	Allergy/Allergen(s)	Risk of Anaphylaxis (Y/N)	Prescribed Medication	Medication Location	Individual Healthcare Plan	Allergy Action Plan	Expiry Date of AAI	Parent Contact Confirmed	Annual Review Completed
						☐	☐		☐	☐
						☐	☐		☐	☐
						☐	☐		☐	☐
						☐	☐		☐	☐
						☐	☐		☐	☐
						☐	☐		☐	☐
						☐	☐		☐	☐
						☐	☐		☐	☐

Medication Monitoring

Pupil Name	Medication Checked	Expiry Date	Replacement Requested	Date Replaced	Name	Initials
			☐			
			☐			
			☐			
			☐			
			☐			
			☐			
			☐			

Staff Notification Record

Record when staff have been informed of pupils with allergies.

Date	Staff Group	Briefing Completed By	Staff Signature/Confirmation
	Teaching Staff		
	Teaching Assistants		
	Lunchtime Staff		
	Office Staff		
	Catering Staff		
	Wraparound Club Staff		
	External club providers		
	Supply Staff Information Updated		
	Transport providers		
	Contractors where necessary		

New Diagnosis Record

Date Reported	Pupil Name	Allergy	Healthcare Plan Completed	Staff Informed	Medication Received	Completed By
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	

Annual Review Record

Pupil Name	Review Date	Parent Consultation Completed	Healthcare Plan Updated	Medication Checked	Next Review Due
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	

		☐	☐	☐	

Allergy Incidents Log (Summary)

Date	Pupil	Type of Incident	Medication Used	Ambulance Called	Follow-Up Completed
				☐	☐
				☐	☐
				☐	☐

Register Review Checklist

Complete monthly or at least once each term.

Check	Yes	No	Action Required
Register reviewed	☐	☐	
New pupils added	☐	☐	
Leavers removed	☐	☐	
Medication expiry dates checked	☐	☐	
Healthcare Plans up to date	☐	☐	
Allergy Action Plans available	☐	☐	
Parent contact details verified	☐	☐	
Staff informed of changes	☐	☐	

Register Authorisation

Role	Name	Signature	Date
Allergy Lead			
Headteacher/Principal			

Role	Name	Signature	Date
Review Completed			

Good Practice Notes

- Update the register immediately following a new diagnosis, a change in medical advice, or a reported allergic reaction.
- Check medication expiry dates at least monthly and notify parents well in advance if replacement medication is required.
- Ensure all pupils listed have an up-to-date Individual Healthcare Plan (IHP) and Allergy Action Plan where appropriate.
- Share relevant information only with staff who need it to keep pupils safe, in accordance with data protection requirements.
- Review the register formally at least annually and whenever there are significant changes to pupil medical needs.

APPENDIX 6 – STAFF TRAINING MATRIX

Use the below table in spreadsheet format to keep as record

Name	Role	Awareness Training	Practical Training	Renewal Date

Training Compliance Check (for use by the designated allergy lead / governor lead / headteacher)

Requirement	Yes	No
All staff trained within last 12 months	☐	☐
New starters trained	☐	☐
Agency staff induction process in place	☐	☐
Allergy Lead trained	☐	☐
Training records maintained	☐	☐

Actions Required

Action	Responsible Person	Completion Date

APPENDIX 7 – INCIDENT INVESTIGATION FORM

Allergy Incident and Near Miss Investigation Form

Purpose

This form must be completed following:

- An allergic reaction occurring on school premises or during a school activity.
- Administration of emergency medication (including an Adrenaline Auto-Injector).
- Any suspected exposure to an allergen.
- Any near miss that could have resulted in an allergic reaction.
- Any failure in allergy management procedures.

This form should be completed as soon as practicable after the incident.

Part 1 – Incident Classification

☐ Allergic Reaction (Mild)	☐ Allergic Reaction (Moderate)	☐ Suspected Anaphylaxis
☐ Confirmed Anaphylaxis	☐ Near Miss	☐ Medication Error
☐ Incorrect Food Served	☐ Cross-Contamination	☐ Failure to Follow Care Plan

☐ Other

Details:

Part 2 – Pupil Details

Information	Details
Pupil Name	
Date of Birth	
Year/Class	
Individual Healthcare Plan in Place	Yes / No
Allergy Action Plan in Place	Yes / No
Known Allergy/Allergen(s)	

Part 3 – Incident Details

Item	Details
Date of Incident	
Time	
Location	
Staff Member Completing Report	
Witnesses	

Description of Incident

Provide a factual account of what happened.

Suspected Allergen

☐ Peanut	☐ Tree Nut	☐ Milk	☐ Egg
☐ Sesame	☐ Wheat	☐ Fish	☐ Shellfish
☐ Soya	☐ Latex	☐ Medication	☐ Insect Sting
☐ Unknown			

☐ Other

Details:

How Did Exposure Occur?

☐ Food provided by school	☐ Packed lunch	☐ Shared food
☐ Cooking activity	☐ Cross-contamination	☐ Educational visit
☐ Playground	☐ Classroom activity	☐ Unknown

☐ Other

Details:

Part 4 – Symptoms Observed

Tick all that apply.

Mild / Moderate

☐ Itching	☐ Rash	☐ Hives	☐ Swelling
☐ Stomach pain	☐ Vomiting	☐ Sneezing	

☐ Other

Severe

☐ Wheezing	☐ Difficulty breathing	☐ Persistent cough	☐ Hoarse voice
☐ Difficulty swallowing	☐ Tongue swelling	☐ Collapse	☐ Loss of consciousness

☐ Other

Part 5 – Immediate Actions Taken

Action	Time	Completed By
Medication administered		
Adrenaline Auto-Injector used		
Second AAI administered		
999 called		
Parent/carer contacted		
Ambulance arrived		
Pupil transferred to hospital		

Additional information:

Part 6 – Outcome

☐ Returned to class

☐ Collected by parent/carer

☐ Admitted to hospital

☐ Taken to Emergency Department

☐ Seen by GP

☐ Other

Details:

Part 7 – Investigation

What happened?

Immediate Cause(s)

Tick all that apply.

☐ Incorrect food served	☐ Food sharing	☐ Cross-contamination	☐ Failure to check ingredients
☐ Failure to follow Healthcare Plan	☐ Medication unavailable	☐ Medication out of date	☐ Staff unaware of allergy
☐ Communication failure	☐ Supervision issue	☐ Human error	☐ Unknown

☐ Other

Underlying Cause(s)

Tick all that apply.

☐ Training needs identified	☐ Policy not followed	☐ Policy unclear	☐ Inadequate supervision
☐ Poor communication	☐ Inadequate risk assessment	☐ Documentation incomplete	☐ Staffing issues
☐ Equipment issue	☐ External provider failure		

☐ Other

Part 8 – Near Miss Investigation

Complete this section if no allergic reaction occurred but there was potential for harm.

Describe the near miss.

What prevented harm?

☐ Staff intervention	☐ Pupil identified risk	☐ Parent notification
☐ Catering check	☐ Ingredient label checked	☐ Medication available

☐ Other

What could have happened if the issue had not been identified?

Was this a repeat event?

☐ Yes ☐ No

If yes, provide details.

Part 9 – Corrective Actions

Action Required	Responsible Person	Target Date	Completed
			☐
			☐
			☐
			☐

Part 10 – Learning and Improvement

Has the incident identified a need to:

Improvement	Yes	No
Review Individual Healthcare Plan	☐	☐
Update Allergy Action Plan	☐	☐
Review Risk Assessment	☐	☐
Retrain staff	☐	☐
Inform catering provider	☐	☐
Review educational visits procedures	☐	☐
Improve communication with parents	☐	☐
Update school policy	☐	☐
Share learning with staff	☐	☐

Additional learning identified:

Part 11 – Notifications

Notification	Date	By Whom
Parent/Carer		
Headteacher/Principal		
Trust (if applicable)		
Governing Body/Committee (if required)		
Health & Safety Lead		
Local Authority (if applicable)		
RIDDOR considered (where applicable)		

Part 12 – Investigation Outcome

☐ Incident closed ☐ Further investigation required. ☐ Monitoring required.

☐ Policy review initiated. ☐ Referred to Trust Health & Safety Team.

Comments:

Sign-Off

Role	Name	Signature	Date
Reporting Staff Member			
Investigating Manager			
Headteacher/Principal			
Trust Representative (if required)			

Post-Investigation Review (4–8 Weeks Later)

Review Question	Yes	No	Comments
Corrective actions completed	☐	☐	
Staff informed of learning	☐	☐	
Procedures amended if required	☐	☐	
No repeat incidents identified	☐	☐	
Case formally closed	☐	☐	

APPENDIX 8 – SPARE AAI AUDIT FORM Checklist

School:

Month:

Checked By:

Emergency Spare AAI Audit

Check	Yes	No	Action Required
Correct number of spare AAIs held	☐	☐	
AAIs stored in agreed location	☐	☐	
AAIs easily accessible	☐	☐	
Storage location labelled	☐	☐	
Medication protected from heat	☐	☐	
Devices undamaged	☐	☐	
Instructions available	☐	☐	
Staff aware of location	☐	☐	

Expiry Date Check

Device Type	Quantity	Earliest Expiry Date	Location	Replacement Required
150mcg				
300mcg				
500mcg				

APPENDIX 9 – CATERING ALLERGEN CHECKLIST

Purpose

This checklist is designed to help catering staff manage food allergens safely, minimise the risk of allergen exposure, and support pupils with diagnosed food allergies.

This checklist should be completed:

- Daily (where appropriate)
- At the start of each term
- Following menu changes
- Following changes in suppliers
- After any allergy-related incident
- As part of routine kitchen audits

School Details

Item	Details
School/Academy	
Catering Provider	
Kitchen Manager	
Date Completed	
Completed By	
Review Date	

1. Allergen Information

Check	Yes	No	Action Required
Current menu contains full allergen information	☐	☐	
Ingredient lists available for every menu item	☐	☐	
Supplier allergen specifications available	☐	☐	
Allergen information reviewed after supplier changes	☐	☐	
Recipes are standardised and documented	☐	☐	
Menu changes communicated before service	☐	☐	

2. Communication

Check	Yes	No	Action Required
Catering team has access to the school's Allergy Register (where appropriate)	☐	☐	
Pupils with food allergies identified before service	☐	☐	
Kitchen staff understand each pupil's dietary requirements	☐	☐	
Clear communication process with school staff	☐	☐	
Parents informed where clarification is required	☐	☐	

3. Food Preparation

Check	Yes	No	Action Required
Separate preparation areas used where possible	☐	☐	
Work surfaces cleaned before allergen-free preparation	☐	☐	
Separate utensils available	☐	☐	
Separate chopping boards used	☐	☐	
Clean gloves/aprons used where appropriate	☐	☐	
Handwashing completed before preparing allergen-free meals	☐	☐	
Ingredients checked every time before use	☐	☐	

4. Cross-Contamination Controls

Check	Yes	No	Action Required
Allergen-free meals prepared first where practicable	☐	☐	
Shared utensils avoided	☐	☐	
Shared serving spoons avoided	☐	☐	
Frying oils managed appropriately	☐	☐	
Separate storage for allergen-free ingredients	☐	☐	
Spillages cleaned immediately	☐	☐	
Cleaning procedures effective	☐	☐	

5. Food Storage

Check	Yes	No	Action Required
Ingredients stored in original packaging where possible	☐	☐	
Containers clearly labelled	☐	☐	
Allergen-free products stored separately where practicable	☐	☐	
Opened products labelled with date	☐	☐	
Expired products removed	☐	☐	

6. Serving Meals

Check	Yes	No	Action Required
Allergen-free meals clearly identified	☐	☐	
Meal handed directly to the correct pupil	☐	☐	
Staff verify pupil identity before serving	☐	☐	
Separate serving utensils used	☐	☐	
Staff available to answer allergen queries	☐	☐	
Self-service risks considered	☐	☐	

7. Staff Knowledge and Training

Check	Yes	No	Action Required
Staff trained in food allergen awareness	☐	☐	
New staff receive allergy induction	☐	☐	
Temporary/agency staff briefed	☐	☐	
Staff understand cross-contamination risks	☐	☐	
Staff know emergency procedures	☐	☐	
Staff know how to summon assistance	☐	☐	

8. Emergency Preparedness

Check	Yes	No	Action Required
Emergency contact procedures known	☐	☐	
School procedure for allergic reactions understood	☐	☐	
Staff know who the First Aid Lead is	☐	☐	
Staff know how to contact emergency services	☐	☐	
Incident reporting procedure understood	☐	☐	

9. Special Events and Menu Changes

Check	Yes	No	Action Required
Allergy risks considered before themed events	☐	☐	
Ingredient changes reviewed	☐	☐	
Parents consulted where appropriate	☐	☐	
External food providers informed of allergy requirements	☐	☐	
Buffet/self-service arrangements risk assessed	☐	☐	

10. Daily Service Checks

Check	Yes	No
Menu checked	☐	☐
Allergen information available	☐	☐
Ingredients verified	☐	☐
Allergen-free meals prepared safely	☐	☐
Serving staff briefed	☐	☐
Meal labels checked	☐	☐
Cross-contamination controls in place	☐	☐

Non-Conformities

Record any issues identified.

Issue	Action Taken	Responsible Person	Completion Date

Manager Review

Overall assessment:

☐ Fully Compliant

☐ Minor Improvements Required

☐ Immediate Corrective Action Required

Comments:

_____

_____

_____

Sign-Off

Role	Name	Signature	Date
Catering Manager			
School Representative			
Catering Contractor Manager (if applicable)			

Good Practice Reminders

- Never guess whether a food contains an allergen. If you are unsure, **do not serve the food** until the ingredients have been verified.
- Check ingredient labels **every time** a product is used, even if it has been used previously, as recipes and manufacturing processes can change.
- Prevent cross-contamination by using clean equipment, utensils, work surfaces, and storage arrangements for allergen-free meals.
- Ensure allergen-free meals are clearly identified and handed directly to the correct pupil.

- Inform the designated school lead immediately if there is any concern about allergen exposure, a labelling issue, or an incorrect meal being prepared or served.
- Record and report all allergen incidents and near misses in line with the school's reporting procedures to support learning and continuous improvement.

APPENDIX 10 – PARENT ALLERGY INFORMATION FORM

Parent/Carer Allergy Information Form

Purpose

This form should be completed by the parent/carer when a pupil is diagnosed with an allergy or joins the school with an existing allergy. The information provided will be used to develop the pupil's Individual Healthcare Plan (IHP), Allergy Action Plan, and risk assessments.

Section 1 – Pupil Details

Information	Details
Pupil Name	
Preferred Name	
Date of Birth	
Year Group/Class	
Photograph Attached	Yes / No
NHS Number (optional)	

Section 2 – Parent/Carer Details

Parent/Carer 1

Name:

Relationship:

Home Telephone:

Mobile:

Work Telephone:

Email:

Parent/Carer 2

Name:

Relationship:

Home Telephone:

Mobile:

Work Telephone:

Email:

Section 3 – Medical Information

Diagnosis:

Date of Diagnosis:

Healthcare Professional Confirming Diagnosis:

GP Practice:

Hospital Consultant (if applicable):

Section 4 – Allergy Information

Please indicate all diagnosed allergies.

☐ Peanut	☐ Tree Nut	☐ Milk	☐ Egg
☐ Sesame	☐ Wheat	☐ Fish	☐ Shellfish
☐ Soya	☐ Latex	☐ Medication	☐ Insect Sting
☐ Unknown			

☐ Other:

Section 5 – Previous Allergic Reactions

Has your child experienced:

Reaction	Yes	No
Mild allergic reaction	☐	☐
Anaphylaxis	☐	☐
Hospital admission	☐	☐

Reaction	Yes	No
Intensive Care admission	☐	☐

Please describe previous reactions.

Section 6 – Typical Symptoms

Tick all that usually occur.

☐ Rash	☐ Hives	☐ Swelling	☐ Vomiting
☐ Abdominal pain	☐ Wheezing	☐ Persistent cough	☐ Difficulty breathing
☐ Hoarse voice	☐ Collapse		

☐ Other:

Section 7 – Medication

Medication	Dose	Frequency
Adrenaline Auto-Injector		
Antihistamine		
Inhaler		
Other		

Number of AAIs provided to school:

Expiry Date(s):

Section 8 – Daily Management

Please tell us about any specific arrangements your child requires.

Food:

Classroom:

PE/Sport:

Educational Visits:

Wraparound Care:

Other:

Section 9 – Dining Arrangements

☐ School meals

☐ Packed lunch

Additional information:

Section 10 – Emergency Consent

I consent to:

☐ School staff administering my child's prescribed medication.

☐ School staff administering a spare Adrenaline Auto-Injector where appropriate and permitted.

☐ Relevant staff being informed of my child's allergy.

☐ Emergency medical treatment if required.

Section 11 – Parent Declaration

I confirm that the information provided is accurate and that I will notify the school immediately of any changes to my child's allergy, medication, or treatment.

Parent/Carer Name:

Signature:

Date:

APPENDIX 11 – ALLERGY EMERGENCY GRAB BAG CHECKLIST

Purpose

This checklist should be completed whenever an allergy emergency grab bag is prepared or checked. The grab bag should accompany the pupil during educational visits, sporting events, emergency evacuations, or any activity away from the usual medication storage location.

Grab Bag Details

Item	Details
Pupil Name	
Date Checked	
Checked By	
Next Review Date	

Medication

Item	Present	In Date	Notes
First prescribed Adrenaline Auto-Injector	☐	☐	
Second prescribed Adrenaline Auto-Injector	☐	☐	
Antihistamine (if prescribed)	☐	☐	
Reliever inhaler (if prescribed)	☐	☐	
Spacer device (if required)	☐	☐	
Other medication	☐	☐	

Documentation

Item	Present
Individual Healthcare Plan	☐
Allergy Action Plan	☐
Parent emergency contact details	☐
Emergency services information	☐
Educational visit risk assessment (where applicable)	☐

Equipment

Item	Present
Disposable gloves	☐
Alcohol hand wipes	☐
Incident report form (optional)	☐
Pen and notebook	☐
Mobile phone available to supervising adult	☐

Final Check

☐ Medication is easily accessible.

☐ Medication is clearly labelled.

☐ Supervising staff know who is carrying the bag.

☐ Staff know how to administer medication.

☐ Parent has confirmed medication remains in date.

Checked By

Name:

Signature:

Date:

APPENDIX 12 Allergy Annual Review Form

Purpose

This form should be completed annually, or sooner if there is a change in the pupil's medical condition, medication, or allergy management needs.

Pupil Details

Information	Details
Pupil Name	
Year Group/Class	
Date of Review	
Reviewer	

Medical Review

Has there been any change to:

Item	Yes	No
Allergy diagnosis	☐	☐
Severity of allergy	☐	☐
Medication prescribed	☐	☐
Dose of medication	☐	☐
Healthcare professional	☐	☐

If yes, provide details.

Recent Allergic Reactions

Has the pupil experienced any allergic reactions during the last 12 months?

☐ No

☐ Yes

If yes, provide details.

School Experience

Have there been any allergy-related incidents, concerns, or near misses in school during the past year?

Educational Visits

Have any changes to educational visit arrangements been identified?

Medication Review

Check	Yes	No
Medication supplied	☐	☐
Medication in date	☐	☐
Two AAIs supplied where prescribed	☐	☐
Medication storage arrangements remain appropriate	☐	☐

Documentation Review

Document	Updated
Individual Healthcare Plan	☐
Allergy Action Plan	☐
Risk Assessment	☐
Allergy Register	☐

Parent/Carer Comments

School Comments

Actions Agreed

Action	Responsible Person	Completion Date

Review Outcome

☐ No changes required.

☐ Healthcare Plan updated.

☐ Medication updated.

☐ Risk Assessment revised.

☐ Staff briefing required.

☐ Further medical advice required.

Signatures

Role	Name	Signature	Date
Parent/Carer			
School Representative			
Allergy Lead (where applicable)			

APPENDIX 13 – TRUST ALLERGY COMPLIANCE AUDIT TOOL

Purpose

This audit should be completed by each academy at least annually and following any significant allergy-related incident. It enables the Trust to monitor compliance with its Allergy Management Policy, identify areas for improvement, and support consistent standards across all schools.

Audit Details

Item	Details
Trust	
School/Academy	
Headteacher/Principal	
Allergy Lead	
Date of Audit	
Auditor	
Review Period	

Audit Rating

Rating	Description
Fully Compliant (FC)	Requirement fully met and evidenced.
Partially Compliant (PC)	Requirement partly met; improvement required.
Non-Compliant (NC)	Requirement not met or evidence unavailable.
Not Applicable (N/A)	Requirement does not apply.

Section 1 – Leadership and Governance

Standard	FC	PC	NC	N/A	Evidence/Comments
Allergy Management Policy adopted	☐	☐	☐	☐	
Policy reviewed within required timescale	☐	☐	☐	☐	
Named Allergy Lead appointed	☐	☐	☐	☐	
Roles and responsibilities clearly assigned	☐	☐	☐	☐	
Governing Body receives allergy reports	☐	☐	☐	☐	

Significant incidents reported through Trust procedures	☐	☐	☐	☐	

Section 2 – Identification of Pupils

Standard	FC	PC	NC	N/A	Evidence
Allergy Register maintained	☐	☐	☐	☐	
Register reviewed regularly	☐	☐	☐	☐	
New diagnoses added promptly	☐	☐	☐	☐	
Leavers removed from register	☐	☐	☐	☐	
Emergency contacts verified	☐	☐	☐	☐	

Section 3 – Documentation

Standard	FC	PC	NC	N/A
Parent Allergy Information Forms completed	☐	☐	☐	☐
Individual Healthcare Plans in place	☐	☐	☐	☐
Allergy Action Plans available	☐	☐	☐	☐
Individual risk assessments completed where required	☐	☐	☐	☐
Annual reviews completed	☐	☐	☐	☐

Section 4 – Medication Management

Standard	FC	PC	NC	N/A
Medication immediately accessible	☐	☐	☐	☐
Medication storage appropriate	☐	☐	☐	☐
Medication expiry dates monitored	☐	☐	☐	☐
Spare AAIs available (where applicable)	☐	☐	☐	☐
Monthly medication checks completed	☐	☐	☐	☐

Section 5 – Staff Training

Standard	FC	PC	NC	N/A
Allergy awareness training completed	☐	☐	☐	☐
Anaphylaxis training completed	☐	☐	☐	☐
Practical AAI training completed	☐	☐	☐	☐
New staff inducted	☐	☐	☐	☐
Agency staff informed	☐	☐	☐	☐
Training records maintained	☐	☐	☐	☐

Section 6 – Catering

Standard	FC	PC	NC	N/A
Catering allergen checklist completed	☐	☐	☐	☐
Allergen information available	☐	☐	☐	☐
Cross-contamination controls implemented	☐	☐	☐	☐
Staff trained in allergen management	☐	☐	☐	☐
Menu changes communicated	☐	☐	☐	☐

Section 7 – Educational Visits

Standard	FC	PC	NC	N/A
Allergy risks considered during planning	☐	☐	☐	☐
Visit checklists completed	☐	☐	☐	☐
Medication accompanies visits	☐	☐	☐	☐
Staff trained for visits	☐	☐	☐	☐
Emergency procedures documented	☐	☐	☐	☐

Section 8 – Emergency Preparedness

Standard	FC	PC	NC	N/A
Emergency Action Plans available	☐	☐	☐	☐
Emergency medication accessible	☐	☐	☐	☐
Staff know emergency procedures	☐	☐	☐	☐
Emergency contact details available	☐	☐	☐	☐
Emergency drills include medical emergencies where appropriate	☐	☐	☐	☐

Section 9 – Incident Management

Standard	FC	PC	NC	N/A
Allergy incidents recorded	☐	☐	☐	☐
Near misses recorded	☐	☐	☐	☐
Investigations completed	☐	☐	☐	☐
Learning shared with staff	☐	☐	☐	☐
Corrective actions monitored	☐	☐	☐	☐

Section 10 – Communication

Standard	FC	PC	NC	N/A
Relevant staff informed of pupil allergies	☐	☐	☐	☐
Parents consulted regularly	☐	☐	☐	☐
Contractors informed where necessary	☐	☐	☐	☐
Wraparound providers informed	☐	☐	☐	☐
Volunteers appropriately briefed	☐	☐	☐	☐

Section 11 – Evidence Reviewed

Tick evidence seen during audit.

☐ Allergy Management Policy	☐ Parent Allergy Information Forms	☐ Individual Healthcare Plans	☐ Allergy Action Plans
☐ Allergy Register	☐ Risk Assessments	☐ Medication Audit Records	☐ Staff Training Records
☐ Catering Audit Checklists	☐ Educational Visit Checklists	☐ Incident Investigation Forms	☐ Annual Review Forms
☐ Governor/Trustee Reports			

☐ Other:

Compliance Summary

Rating	Number
Fully Compliant	
Partially Compliant	
Non-Compliant	
Not Applicable	

Overall Compliance Rating

☐ Outstanding (95–100% compliance)

☐ Good (85–94%)

☐ Requires Improvement (70–84%)

☐ Significant Improvement Required (Below 70%)

Strengths Identified

1.

2.

3.

Areas for Improvement

Recommendation	Priority (High/Medium/Low)	Responsible Person	Target Date

Action Plan Review

Action Completed	Date	Reviewed By

Auditor Declaration

I confirm that this audit has been completed using the Trust Allergy Management Policy and supporting procedures.

Role	Name	Signature	Date
Auditor			
Headteacher/Principal			
Allergy Lead			
Trust Representative			

Recommended Audit Frequency

- **School self-audit:** Termly, with a full annual audit.
- **Trust validation audit:** Annually, or more frequently where risks or previous non-compliance have been identified.
- **Additional audit:** Following any serious allergic reaction, anaphylaxis, or significant change to legislation or Trust policy.