



The Burgess Hill Academy

Allergy Safety Policy

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1. Aims

This Allergy Safety Policy is based on a model document designed to establish a consistent, Trust-wide framework for allergy safety across all academies within Sussex Learning Trust. Individual academies adapt and localise specific aspects of this model to match their physical settings, specific local systems, and responsible personnel.



This policy specifically aims to:

- Set out the academy's whole-school approach to identifying and managing the risks of allergic conditions, with an absolute priority on preventing accidental exposure.
- Detail clear, rapid-response emergency protocols for handling both mild-to-moderate allergic reactions and severe anaphylaxis (life-threatening allergic emergencies) for anyone on the academy premises.
- Ensure that all staff, including permanent, temporary, and peripatetic staff, are fully aware of their roles and responsibilities and receive annual allergy awareness and emergency response training.
- Support the overall physical, academic, and emotional wellbeing of pupils with allergies, ensuring they are fully included in all school activities, including field trips and extracurricular activities.
- Establish transparent and robust lines of communication with parents/carers to ensure accurate medical records and care details are maintained.

2. Legislation and Guidance

This policy is statutory and is issued under section 100 of the Children and Families Act 2014, as amended by Section 34 of the Children's Wellbeing and Schools Act 2026 (introduced as 'Benedict's Law' in September 2026), which places a mandatory statutory duty on academies, LA-maintained schools, and PRUs to implement and maintain a stand-alone allergy safety policy, publish it on the academy's website, and review it at least annually.

The policy also takes account of and complies with the following legislation, standards, and guidance:

- **DfE Statutory Guidance: Allergy Safety in Schools (July 2026):** Setting out statutory requirements and expectations under Section 34 of the Children's Wellbeing and Schools Act 2026 for identifying and supporting pupils with allergies.
- **DfE Statutory Guidance: Supporting Pupils with Medical Conditions at School (updated 2017):** Outlining schools' statutory duties to make arrangements for supporting pupils with medical conditions under Section 100 of the Children and Families Act 2014.
- **DHSC Guidance on Using Emergency Adrenaline Auto-Injectors in Schools (2017):** Providing clinical and operational advice for purchasing, storing, and emergency administration of 'spare' non-prescribed adrenaline auto-injectors.
- **The Food Information Regulations 2014:** Mandating school caterers to provide accurate allergen details for the 14 regulated allergens.
- **The Food Information (Amendment) (England) Regulations 2019 ('Natasha's Law' 2021):** Requiring full ingredients lists and highlighted allergens on food pre-packed for direct sale (PPDS) on-site.



- **The Requirements for School Food Regulations 2014 ('The School Food Standards')**: Obligating schools to make reasonable adjustments to accommodate medical dietary needs.
- **The Health and Safety at Work etc. Act 1974**: Obligating employers to ensure employees and visitors are not exposed to health and safety risks.
- **The Management of Health and Safety at Work Regulations 1999** (specifically Regulation 13 on the provision of health and safety training).
- **The Equality Act 2010**: Prohibiting discrimination against disabled pupils, noting that severe allergy can constitute a physical impairment that falls within the definition of a disability, as established in the case-law of *Wheeldon v Marston's plc*.
- **The Statutory Framework for the Early Years Foundation Stage (EYFS)**: Applicable where nurseries or early years provision operate across Trust sites.

3. Roles and Responsibilities

3.1 The Governing Board and Sussex Learning Trust

The Local Governing Board (LGB) and the Trust are responsible for ensuring that all academies have a robust, stand-alone allergy safety policy that effectively manages allergy-related risks. The LGB must ensure that severe allergy and anaphylaxis risks are formally included in the academy's risk register and actively managed. The LGB delegates the day-to-day implementation of this policy to the Academy Allergy Safety Lead.

3.2 Academy Allergy Safety Lead

The nominated Academy Allergy Safety Lead is Adam Griffith, Assistant Principal. This individual must be a member of the Senior Leadership Team (SLT) who holds pastoral or welfare responsibilities. Under the statutory guidance, this responsibility must not be delegated to a catering manager. The Allergy Safety Lead is responsible for:

- Implementing and driving this allergy safety policy across the academy, ensuring all staff understand their roles and are aware of the academy's procedures.
- Promoting and maintaining a high level of allergy awareness across the whole school community, actively fostering a supportive and 'allergy-aware' environment.
- Reviewing and updating this allergy safety policy at least annually, and immediately following any serious incident, near-miss, or change in national guidance, and ensuring it is published on the academy's website.
- Coordinating and ensuring annual, mandatory allergy awareness and emergency response training is completed by all staff present on site (including temporary, cover, and lunchtime staff).



- Developing, reviewing, and monitoring arrangements for the safe, unlocked storage and disposal of Adrenaline Auto-Injectors (AAIs) and salbutamol inhalers on site.
- Ensuring that all pupils who require specific support have an up-to-date Individual Healthcare Plan (IHP) and that those with prescribed AAIs have an active, medical-professional-signed Allergy Action Plan attached.
- Maintaining the central Academy Allergy Register, ensuring it is recorded securely on the school's MIS (SIMS/Arbor/GO4Schools) to remain accessible to all authorised staff in an emergency, while restricting physical photo lists strictly to staff-only areas (such as the staff room and kitchens) on a professional need-to-know basis in compliance with UK GDPR.
- Coordinating and ensuring relevant staff are aware of which activities require an allergy risk assessment (such as Food Technology, Science practicals, Art, and off-site excursions).
- Investigating and recording any serious incidents or near-misses, reporting them to the Trust Health & Safety Manager and Governing Board, and proactively sharing lessons learned and necessary updates to policies or IHPs with staff.
- Coordinating and executing annual simulated Allergy Safety Drills to test staff response times, emergency kit retrieval, and communication systems, and ensuring results are logged to refine local procedures.

3.3 Headteacher / Principal

The Headteacher/Principal is responsible for deciding, in active consultation with parents/carers, pupils, and healthcare professionals, whether a pupil's allergy can be managed safely through standard adjustments under the medical conditions policy or whether an Individual Healthcare Plan (IHP) must be established. The Headteacher/Principal is responsible for signing the pharmacy authorisation letter to procure 'spare' Adrenaline Auto-Injectors (AAIs).

3.4 Named Volunteers for Spare AAI and inhaler Monitoring

The academy has appointed the following named volunteers to oversee the spare emergency medication kits:

1. Louise Blake, Pastoral Medical Assistant, Medical Room
2. Chloe Orton, Pastoral Medical Assistant, Medical Room

These individuals are responsible for:

- Conducting monthly (as a minimum) physical inspections of all 'spare' AAIs and salbutamol inhalers held across the academy site to verify they are present, in-date, and stored in matching pairs.



- Tracking AAI and salbutamol inhaler expiration dates and arranging for pharmacy procurement of replacement devices before expiry.
- Managing the safe disposal of expired or used AAIs/inhalers in accordance with medical waste regulations.

3.5 Teaching and Support Staff

All staff present on the academy premises are responsible for:

- Completing mandatory annual training to recognise the signs of mild, moderate, and severe allergic reactions (anaphylaxis) and knowing how to respond in an emergency.
- Maintaining active awareness of this allergy safety policy and the specific pupils with allergies in their care (including regular and cover classes), supervising all activities with due caution.
- Proactively reducing the risk of pupils with known allergies coming into contact with known allergens across all school environments, including classroom learning, dining, and play spaces.
- Ensuring the wellbeing, inclusion, and emotional safety of pupils with allergies, ensuring they are never excluded from activities and actively reporting any potential peer exclusion or allergy-related bullying.
- Promoting and maintaining general allergy awareness among pupils, encouraging a supportive and peer-vigilant environment.
- Knowing where emergency medication (prescribed and spare) is stored and the vital protocol to bring help and medication to the casualty immediately rather than walking them.
- Reporting any allergic reactions, incidents, or near-misses immediately to the Academy Allergy Safety Lead in accordance with Trust reporting procedures.
- Ensuring competency and emergency readiness prior to leading any off-site visits, sports fixtures, or residential trips, carrying all relevant individual medication boxes and completing trip risk assessments.

3.6 Parents and Carers

Parents/carers are responsible for:

- Proactively informing the academy of their child's medical needs, allergy history, and triggers upon transition or immediately upon diagnosis.
- Where necessary, completing and returning the Severe Allergy Form and the appropriate clinical Allergy Action Plan signed by their healthcare professional.
- If required, providing the academy with two in-date, fully packaged prescribed AAIs with pharmacy dispensing labels clearly stating the child's name, dose, and instructions, plus any other medication, including inhalers, antihistamine etc., and ensuring these are replaced in a timely manner.



- Informing the Medical Welfare Officer (MWO) or Allergy Safety Lead (if different) of any changes in allergy management, new food trials, or any reaction episodes occurring outside of the academy.
- Following the academy's guidance on food brought in to be shared.
- Updating the academy on any changes in their child's condition.

3.7 Pupils with Allergies

If age-appropriate, pupils are responsible for:

- Developing an understanding of their specific allergens and triggers, and actively avoiding them.
- Carrying their prescribed AAI on their person at all times (e.g. in their school bag), ensuring it is accessible and only using it for its intended purpose. No other medications are permitted to be carried on their person; any other personal medication must be stored securely in the First Aid Room.
- Informing a member of staff immediately if they feel they are experiencing any allergic symptoms.

4. Identifying Individuals at Risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould.
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals.
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis.
- Asthma which may be triggered by airborne allergens.
- Allergy to insect stings and medicines.

4.1 Identifying Pupils with Allergies

During transition/enrolment, the academy utilises SIMS to gather comprehensive medical history from parents/carers. A 'Severe Allergy Form' and a blank BSACI Allergy Action Plan are sent to any parent who indicates an allergy. For mid-term admissions, information is requested and safety arrangements must be put in place within two weeks. At the start of every school year, a central reminder is sent to parents/carers to update medical details on Meditracker and expiry dates on medical conditions on the parent portal/MIS. The academy requests that parents/carers proactively



notify the medical team/school office via telephone at 01444 241691 or by emailing medical@theburgesshillacademy.org.uk should any adjustments to their child's clinical requirements or allergy status occur during the academic year.

4.2 Allergy Action Plans and Individual Healthcare Plans (IHPs)

Any pupil who has been prescribed an Adrenaline Auto-Injector (AAI) must have an up-to-date, clinical **Allergy Action Plan** completed and signed by their healthcare professional defining emergency medication dosages. Similarly, all pupils with asthma should be issued with an **Asthma Action Plan** by their healthcare professional. These clinical plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a blue reliever inhaler in the event of an asthma attack. The Allergy Action Plan and/or Asthma Action Plan must be attached directly to the pupil's **Individual Healthcare Plan (IHP)** as an annex. Whenever an Action Plan is updated by a medical professional, the pupil's IHP must be reviewed immediately to incorporate the changes.

The academy will establish an **Individual Healthcare Plan (IHP)** for any pupil whose allergy has a functional impact on their education, health, or wellbeing, or where they are at risk of harm. An IHP is an essential communication tool that sets out the specific, additional, and/or different arrangements that will be in place to support the pupil. In accordance with statutory guidance, a pupil will be issued a formal IHP if they meet all of the following criteria:

- They have an allergy which has a **functional impact** on them in the academy environment;
- They are at **risk of harm** as a result of their allergy; and
- They require arrangements or support which are **additional to or different from** those made generally for all pupils.

It is **not necessary** for a pupil to have a formal medical diagnosis of an allergy for them to have an IHP. If an allergy is suspected or symptoms have newly emerged, and medical investigations are still underway, the academy will not dismiss the information. In such cases, the academy will put temporary safety arrangements in place within **two weeks** based on the best assessment of risk in discussion with parents/carers, and will actively seek further advice from healthcare professionals.

The **Headteacher/Principal** is responsible for deciding (in active consultation with parents/carers and relevant healthcare professionals) whether a pupil's allergy can be managed safely through standard reasonable adjustments under the academy's general medical conditions policy or whether a formal, detailed IHP is required. Some mild allergies may have little to no impact on the pupil while at school, or pose no risk of anaphylaxis. The academy will apply the following principles to determine when an IHP is **not required**:



- If the support or arrangements required would be available to any pupil as part of the academy's normal, day-to-day policies (such as standard school catering allergen information or generic adjustments), an IHP may not be required;
- If the pupil only needs non-prescription medication (e.g. over-the-counter antihistamine tablets or eye drops for mild hay fever) and the academy's medical conditions policy permits them to be stored in the first aid room and self-administered under supervision, an IHP may not be required.

All IHPs must be treated as **"live" documents** to ensure they are always clinically safe and up to date. They must be reviewed **at least annually**, and immediately following any serious incident, near-miss, or change in the pupil's medical needs or clinical advice. When a pupil transitions to a new school, college, or education phase, their existing IHP, alongside their clinical Allergy and/or Asthma Action Plans, will be shared as a matter of priority to ensure continuous safeguarding, and the receiving setting will draw up a new IHP tailored to their physical environment.

4.3 Central Register of Pupils with Allergies

The academy maintains a secure, electronic Allergy Register on the Management Information System Meditracker. The register includes:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed an AAI (and if so, what type and dose).
- Where a pupil has been prescribed an AAI, whether parental consent has been given to administer emergency medication.
- A photograph of each pupil to allow a visual check to be made.

For those with severe allergies, a denotation of 'Severe Allergy (AAI)' is embedded under the pupil's notes on class charts (visible to all teaching and cover staff).

To protect pupil privacy under UK GDPR, a complete list with up-to-date photos and specific allergen details is kept on meditracker.

Allowing pupils to keep their AAIs/reliever inhalers with them reduces delays and allows for confirmation of consent without the need to check the register.

4.4 Identifying Staff and Visitors with Allergies

All new staff are surveyed upon induction regarding severe food or environmental allergies. External visitors are asked in advance of visits if they have any severe food allergies that the academy should accommodate, especially if meals are being provided. The risk reduction and emergency protocols designed for pupils apply equally to staff and visitors.



5. Assessing Risk

The academy will conduct systematic written risk assessments for all curriculum and extracurricular activities where exposure to known allergens is a foreseeable hazard. This includes, but is not limited to: lessons such as food technology; science experiments involving food or chemical triggers; arts and crafts using old food packaging; off-site field trips or overnight camps; and events involving animals (e.g. guide dogs, mobile farms). Individual risk assessments must be completed for specific science/food technology lessons where allergens are deemed essential to the curriculum.

6. Minimising Risk

6.1 Whole-Academy Hygiene Procedures

The academy enforces strict hygiene practices to eliminate cross-contamination:

- Hand Washing: All pupils and staff are strictly reminded and encouraged to wash hands with warm soapy water before and after eating. Hand sanitizer gels are not effective at removing food protein allergens.
- Trading Prohibition: The trading, sharing, or giving away of food, snacks, drinks, lunch boxes, or utensils is strictly prohibited academy-wide.
- Food Containers: All drinks bottles and parent-provided lunchboxes must be clearly labelled with the pupil's name.
- Litter Control: Refuse and litter bins are managed to a high standard, particularly in outdoor dining zones, to prevent cross-contact and avoid attracting insects.
- Where food is not directly provided by the school or caterers, parental engagement and permission will be sought in advance.

6.2 Catering (Aspens)

The academy's catering service, Aspens, operates an independent, robust allergy management system.

- Catering staff receive appropriate training and are able to identify pupils with allergies.
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements.
- Lunch/break menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers.
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils.



- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).
- Where food is provided by the school, staff will understand how to read labels for food allergens.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.
- To ensure absolute safety, the canteen till system contains a 'fail-safe' protocol: allergy details are linked directly to the individual pupil's account. When an allergic pupil attempts to purchase an item, the till system flags their specific allergen, and the system blocks the transaction. The Catering Manager is available to meet parents and guide pupils through safe meal choices.
- Pupils are never segregated from their peers (e.g. forced to sit at separate tables) as safety and social inclusion must be carefully balanced.

6.3 Food Technology curriculum adaptations

The Food Technology department applies strict controls to minimise the risk of cross-contamination and to support pupils with food allergies and intolerances. Pupils record any known food allergies or intolerances in their Food Technology booklets during their first lesson. All teaching staff and technicians are aware of where to access up-to-date pupil allergy and intolerance information on the school's computer system. All recipes used at Key Stage 3 (KS3) are nut-free. At Key Stage 4 (KS4), pupils are not permitted to bring in or use nuts in recipes or practical examinations. Additional measures are taken to support pupils with coeliac disease or gluten intolerance. A dedicated, sealed box containing kitchen utensils is available for their exclusive use to help minimise the risk of cross-contamination. Where appropriate, these pupils are allocated food preparation stations positioned as far away as practicable from other pupils. Finally, a separate fridge is available when required for pupils with coeliac disease, allowing suitable ingredients to be stored separately and reducing the risk of cross-contamination.

6.4 Science, Art, and Wider Classroom adaptation

Teaching staff must review curriculum materials to identify and remove allergen risks. For arts and crafts, packaging used for junk modelling (e.g. egg cartons, yoghurt pots) must be thoroughly washed in hot soapy water, and alternative non-food packaging should be used wherever possible. Glues and paints must be verified free of wheat, milk, or soy. In science, practicals must be adapted to create safe, allergen-free lab spaces. Commercial products such as 'play-doh' (which contains wheat flour)



or wild bird feed (which contains nuts and sesame) must be banned from classrooms where pupils have corresponding allergies, with safe alternatives substituted.

6.5 Animals, Insects, and Environmental Triggers

- **Animals:** To avoid environmental allergen contact, all pupils must wash hands after interacting with any animals. Pupils with known animal dander allergies are prohibited from direct animal interaction.
- **Insect Stings:** Outdoor activities must be designed to minimise stings. Shoes must be worn on fields, and food/drink must be kept covered during outdoor activities. Landscaping should avoid insect-attracting flora near play areas.

6.6 'Allergy Aware' vs 'Nut Free' Environment

Sussex Learning Trust does not enforce a complete 'nut-free' policy, as this can create a false sense of security. Nuts are only one of numerous severe food allergens, and 'may contain nuts' precautionary labels make absolute enforcement unfeasible. Instead, the academy operates a controlled, vigilant 'Allergy Aware' environment.

6.7 School Trips and External Visits

In accordance with the Equality Act 2010 and Department for Education (DfE) statutory guidance, no pupil with severe allergies will be excluded or face unnecessary barriers to participating in school trips, educational visits, sports fixtures, or residential outings. The academy is committed to making all reasonable adjustments to ensure that at-risk pupils can participate safely alongside their peers. Trip leaders must plan ahead and coordinate early with parents/carers, pupils, and the academy's Allergy Safety Lead to understand and accommodate catering, transport, and environmental safety needs.

For every off-site activity involving a pupil at risk of anaphylaxis, the trip leader must ensure that individualised allergy risks are systematically assessed and controlled. This can be documented either through a standalone allergy risk assessment or as a dedicated, comprehensive section integrated directly within the main trip risk assessment, which must be approved by the Educational Visits Coordinator (EVC) and the Allergy Safety Lead. Regardless of the format used, this assessment must specifically identify: environmental allergen triggers at the destination (such as farms, petting zoos, restaurants, and outdoor fields); critical emergency logistics, including mobile phone signal coverage and the exact distance and transit time to the nearest emergency medical facility; and a clear emergency response plan. The risk assessment must also incorporate and record a pre-trip consultation with the pupil's parents/carers to verify their current allergen triggers and symptoms.



Every off-site trip, fixture, or visit involving a pupil at risk of anaphylaxis must be accompanied by at least one member of staff who has completed mandatory annual allergy training and is fully competent to recognise anaphylaxis and administer an AAI. Trip leaders and high-contact personnel are strongly encouraged to receive a practical refresher briefing from the MWO / First Aider and practice AAI administration using trainer pens immediately prior to the trip departure.

Trip leaders must ensure that pupils at risk of anaphylaxis have their two personal, in-date prescribed AAIs and reliever inhalers on their person or carried by a designated adult in their immediate 'grab bag' before boarding transport. For pupils whose backup medications are stored in the First Aid Room, the trip leader must collect the pupil's personalised emergency medical box immediately prior to departure and return it to the First Aid Room immediately upon return (and no later than morning registration time the following day) to ensure the First Aid Room is never left without essential emergency supplies. Pupils are strictly prohibited from using nuts or high-risk allergens in recipes during off-site practical work or exams.

For high-risk, remote, or overnight residential visits, the trip leader, in consultation with the Allergy Safety Lead, may authorise taking a pair of the academy's 'spare' school-purchased emergency AAIs as a secondary backup. This allocation is subject to the trip's risk assessment and must never cause the central spare holdings on the academy site to fall below the mandatory minimum holdings detailed in Section 8.2.

To minimise the risk of accidental exposure during travel and overnight stays, trip leaders will actively manage the environment by requesting that other pupils do not bring high-risk allergens (such as nuts or sesame) in their packed lunches or snacks. Trip leaders must also contact external venues, restaurants, and host caterers in advance to verify that strict ingredient segregation, cleaning, and allergen cross-contamination controls are in place to safeguard at-risk participants.

7. Procedures for Handling an Allergic Reaction

7.1 Management of a Mild-to-Moderate Allergic Reaction

- **Symptoms:** Localised skin rash/hives, swelling of lips/face/eyes, itchy or tingling mouth, abdominal pain, vomiting, or a sudden change in behaviour.
- **Action:** Stay with the individual. Call for assistance. A member of staff must accompany the individual directly to the First Aid Room (never send an unwell individual alone).
- **Treatment:** Remove the allergen if possible (e.g. remove sting, rinse mouth, wash skin). Administer oral antihistamines as prescribed/noted on the pupil's Severe Allergy Form or IHP, or staff/visitor record. Phone the parent/carer (or emergency contact for staff/visitors).



- **Monitoring:** Observe the pupil in a safe first-aid space for at least 60 minutes. Mild reactions are unpredictable and can rapidly progress to severe anaphylaxis. Seek parental advice / additional medical assistance where necessary.

7.2 Management of a Severe Allergic Reaction / Anaphylaxis (Life-Threatening)

Anaphylaxis is a time-critical medical emergency. Fatalities occur due to delays in giving adrenaline. There is only a 20-to-30-minute window of opportunity to prevent death. Administering adrenaline is extremely safe.

- **Symptoms:** Sudden onset of Airway, Breathing, or Circulation (ABC) issues:
 - **Airway:** Throat tightness, hoarse voice, swollen tongue, difficulty swallowing.
 - **Breathing:** Difficult/noisy breathing, sudden wheeze, persistent deep cough.
 - **Circulation:** Pale, floppy, persistent dizziness, sudden sleepiness, collapse, loss of consciousness.
- **Immediate Emergency Protocol:**

If you recognise symptoms of severe allergic reaction/anaphylaxis in **ANY** pupil, staff member, or visitor on site:

1. **Position the Individual:** Lie the individual flat with legs raised. If breathing is difficult, allow them to sit, but **DO NOT** let them stand up or walk around. Bring help and medication to the individual, not the other way around.
2. **Administer Adrenaline Without Delay:**
 - a. Use the individual's prescribed AAI if available.
 - b. If their prescribed device is missing/unavailable/misfired, or if an individual with **no prior allergy history** displays severe anaphylaxis, administer the school's 'spare' AAI immediately.
 - c. Do NOT wait to connect to 999 or ask for operator permission before giving adrenaline. The law explicitly permits you to use a spare AAI to save a life in an emergency.
3. **Call 999:** State 'ANAPHYLAXIS' (ana-fil-ax-is), and request an ambulance immediately after or while giving adrenaline.
4. **Timing and Second Dose:** Write the exact time of administration on the pen. If there is no improvement or symptoms worsen after 5 minutes, administer a second AAI.
5. **Asthma Inhaler:** If the individual is wheezy and has a prescribed reliever inhaler, administer 2 puffs (and up to 10 puffs, 2 puffs every 2 minutes) via a spacer **AFTER** giving adrenaline. Never give an inhaler instead of adrenaline.



6. **CPR:** If there are no signs of life, immediately commence CPR (30 compressions to 2 breaths) and retrieve the AED/defibrillator from reception.
7. **Post-Administration:** Stay with the individual until the ambulance arrives. Keep them lying flat. A used AAI must be handed to the paramedics.

7.3 Procedures for Undiagnosed Individuals

In accordance with the Human Medicines (Amendment) Regulations 2017 and DfE statutory guidance (Allergy Safety in Schools), the academy's 'spare' AAIs are legally available for emergency use to save a life, including for any individual (pupil, staff member, or visitor) presenting with severe anaphylaxis for the first time due to an unrecognised allergy.

Where an undiagnosed individual displays signs of severe anaphylaxis (Airway, Breathing, or Circulation collapse), staff must administer a 'spare' AAI as soon as possible, within five minutes. Staff must not delay administering adrenaline to wait for 999 call connection or emergency operator authorisation; emergency services (999) should be called immediately after or simultaneously while administering the device.

In line with statutory protections, anyone who attempts to save a life in good faith is fully protected legally. Staff are reassured that mistakes, hesitation, or imperfect technique do not amount to misconduct, and taking immediate action to administer adrenaline in a suspected life-threatening emergency is always supported by the academy and the Trust.

8. Adrenaline Devices (ADs) and Inhalers

8.1 Prescribed ADs

Pupils prescribed AAIs must carry their devices with them in their bags at all times, including when travelling to and from the academy. Clinical guidance recommends carrying two devices at all times. For younger pupils who cannot self-carry, their prescribed AAIs will be stored in a clearly marked, unlocked cupboard in the medical room, organised in personalised boxes containing their photo, AAI devices, and emergency medication (e.g. antihistamines, inhalers). A copy of the child's Allergy Action Plan is stored with their medication as it includes instructions on how it should be used in an emergency. Pupils must take their devices home at the end of each day.

8.2 Sourcing and Sizing 'Spare' AAIs and Emergency Reliever Inhalers

The Allergy Safety Lead will purchase spare AAIs and salbutamol inhalers from a pharmaceutical supplier/local pharmacy. The procurement requires a letter on academy headed paper signed by the Headteacher/Principal, stating the academy name, the total quantity, the brand, and confirming they



are required for emergency use. The academy recommends purchasing a single brand of AAI (e.g. EpiPen or Jext) to prevent staff confusion. Spare AAI's must always be stocked and stored in matching pairs.

Table 1: Mandatory Spare AAI Holdings by School Type

School Type / Academy Department	AAIs for Children Under Age 6 (150 mcg) (e.g., EpiPen Junior, Jext 150)	AAIs for Individuals Over Age 6 (300 mcg) (e.g., EpiPen, Jext 300)
State-funded nursery / Early Years	One pair of 'spare' AAI's	n/a
Primary School	One pair of 'spare' AAI's	One pair of 'spare' AAI's
Secondary School	n/a	One or two pairs of 'spare' AAI's *
Special School	One pair of 'spare' AAI's	One pair of 'spare' AAI's

* Note: Secondary academies with large sites must stock two pairs of spare AAI's so that no location is more than 5 minutes away.

8.3 Location, Storage, and Accessibility

AAIs must NEVER be locked away, kept in restricted drawers, or stored in offices where access is limited. Severe anaphylaxis is time-critical. Spare AAI's must be stored in an appropriate, central, unlocked, and clearly labelled location: Medical room and reception. The storage site must remain at room temperature (between 15°C and 25°C), protected from direct sunlight and extremes of heat, and must NEVER be refrigerated. They must be kept in pairs and clearly marked as 'SPARE EMERGENCY DEVICE' to avoid confusion with prescribed devices.

8.4 Emergency Asthma Inhalers

Under the Human Medicines Regulations 2012, the academy is permitted to buy and stock emergency asthma reliever inhalers (salbutamol and spacer devices) without a prescription. These are kept alongside the spare AAI's. Emergency inhalers may only be administered to pupils who have been diagnosed with asthma or prescribed a reliever inhaler, and only where written parental consent has been obtained. If a pupil's own inhaler is broken, empty, or unavailable, the emergency inhaler must be used.

To support this protocol and ensure no location is more than five minutes away from emergency medication, **primary settings** are recommended to stock **at least one** emergency salbutamol inhaler and spacer kit alongside their central spare AAI's, whereas **secondary settings** with larger physical footprints are recommended to stock **at least two** emergency salbutamol inhalers and spacer kits to ensure rapid coverage across key high-risk zones (such as PE blocks and dining halls).



8.5 Safe Disposal

All AAI's are single-use only. Once administered, the used pen must be placed needle-down in a sharps bin for collection by the local council, or handed directly to the ambulance paramedics on arrival. Expired AAI's must be disposed of in the same manner, completely separated from general or clinical waste.

Similarly, used, empty, or expired salbutamol inhalers must be disposed of safely. In accordance with statutory guidance, because medications contain active ingredients that can have harmful effects on people, animals, and the environment if not disposed of correctly, they must never be thrown into general rubbish. Instead, used or expired inhalers must be returned to a local pharmacy for safe disposal and environmental processing. Spacers should be disposed of in line with local clinical waste guidelines.

9. Serious Incidents and 'Near Misses'

9.1 Definitions

- **Serious Incident:** Any event relating directly to an allergy in which an individual is harmed or placed at immediate, significant risk of harm, requiring emergency medication, clinical intervention, or emergency services.
- **Near Miss:** An event that did not result in harm but had the clear potential to do so (e.g. a pupil with a severe peanut allergy is served peanut butter but notices and returns it before ingestion).

9.2 Incident Recording

All serious incidents and near-misses must be recorded as soon as feasible. The named senior person who managed the incident (e.g. First Aider or Medical Welfare Officer) must complete the academy's official Accident/Incident Reporting Form (see [Trust Accident/Incident/Illness Reporting and Investigation Procedure](#)). The report must log: who was affected; what, when, and where it happened; why it occurred; how staff responded; whether 999/AAI was deployed; and the final conclusion.

9.3 Statutory and Trust Reporting

The following reporting lines must be executed without delay:

- Parents/Carers: Notified immediately. For pupils aged 16+, confirm they agree to their parents/carers being informed.



- Local Senior Leadership Team and Trust Health & Safety Manager: The completed report must be shared with the Academy Allergy Safety Lead, Headteacher/Principal, and the Trust Health & Safety Manager.
- HSE (under RIDDOR 2013): Any incident arising directly out of a work activity (e.g. catering staff mistakenly preparing/serving food containing a declared allergen to a known allergic pupil) resulting in death or immediate hospitalisation must be reported within 10 days by the Academy's Health & Safety Lead, following consultation with the Trust Health & Safety Manager.
- Local Authority / Food Standards Agency (FSA): Under Article 19 of Regulation (EC) 178/2002, a legal duty to notify arises if the academy operates as a food business (including academy catering and regular wraparound care such as breakfast, after-school, or holiday clubs) and 'unsafe food' (e.g. containing an undeclared allergen) has left its immediate control. This reporting is **strictly required ONLY if there is a 'wider risk of exposure'** — meaning the food is no longer in the school's control and cannot be guaranteed safe (e.g. mislabelled grab-and-go/PPDS items in chillers, or food distributed at community events). If the error is isolated and fully contained on-site (e.g. an incorrect plate intercepted at the counter, or consumption of a correctly labelled product), formal notification is **not required**; these must instead be recorded and investigated locally as internal serious incidents or near-misses. Where required, the Allergy Safety Lead must immediately notify the [local Environmental Health Team](#) and the [FSA via email](#).
- Healthcare Professionals: If the incident related to the failure of a clinically issued care plan or action plan, the issuing clinician/team must be notified.

9.4 Learning Lessons and Post-Incident Support

The academy operates a 'no-blame' culture. Following any significant incident, a formal debriefing meeting must be convened by the Allergy Safety Lead with all involved staff to identify system failures, review training adequacy, and update the pupil's IHP. Dedicated mental health and pastoral support must be provided to the pupil, their family, responding staff, and witnessing peers to manage anxiety.

10. Staff Training and Allergy Awareness

10.1 Mandatory Whole-Academy Training

The academy mandates comprehensive, IOSH-approved, and clinically reviewed allergy training refreshed at least annually. All permanent, temporary, cover, peripatetic, and regular volunteer personnel who are present during times when pupils are scheduled on site must complete this training. New starters must complete these modules as part of their health and safety induction.

Table 2: Mandatory Allergy Safety Training



Course Title	Renewal Period	Who Completed?	Additional Information	Training Provider
Allergy Awareness	Annual	All Staff	Covers the 14 major allergens, identifying symptoms from mild to severe, and whole-school risk management strategies.	iAM Compliant
AAls (EpiPen) Use & Severe Allergy Response	Annual	All Staff	Focuses on severe anaphylaxis recognition and provides practical instruction to safely and confidently administer AAls.	iAM Compliant
How to use the Adrenaline Auto-Injector Pen	Annual	All Staff	Clinical video training: demonstrates step-by-step administration, casualty positioning, 999 calling, and second dose timing.	NHS University Hospital Southampton (Video)

10.2 Allergy Safety Drills

In the same manner as fire drills, the academy will conduct simulated allergy safety drills at least annually. These active exercises simulate a case of anaphylaxis to test staff response times, emergency kit retrieval, and communication effectiveness. Results are logged on iAM Compliant and used to refine local response procedures. The academy utilises trainers and 'trainer pens' purchased from EpiPen and Jext to ensure staff are familiar with the mechanical differences.

10.3 Policy Publication and Pupil Awareness

The academy is committed to ensuring that allergy safety is actively promoted, and that this policy is transparently shared across the school community. This policy will be published on the academy's public website and shared with all staff upon ratification by the LGB.



All staff present on the academy site must be aware of and understand this policy, and its practical emergency procedures, as a core component of their mandatory annual allergy awareness training.

Teaching Pupils About Allergies: is taught through the PSHE curriculum as part of health education, helping pupils understand how to stay healthy, recognise health risks, and support people with medical conditions. This helps to foster empathy, vigilance, and peer support. Useful educational resources, lesson plans, and assembly packs can be accessed on the Allergy School website:

<https://www.allergyschool.org.uk/>

11. Wellbeing and Bullying Support

Pupils with severe allergies often suffer from heightened anxiety, depression, and social isolation due to the constant threat of anaphylaxis and feeling 'different' during meals. The academy will proactively promote their wellbeing by:

- Conducting regular check-ins with their tutor and Pastoral leader.
- Providing continuous reassurance that robust risk management and rapid response emergency systems are actively maintained.
- Actively identifying and preventing allergy-related bullying. Bullying can range from teasing about dietary restrictions to physical threats (e.g. threatening to force-feed or wave a known allergen). Any such behaviour is classified as a severe safety breach and will be met with immediate disciplinary action in strict accordance with the academy's Behaviour Policy.

11.1 Wellbeing Support Following a Serious Incident or Near Miss

The academy recognises that a serious allergy incident or near-miss is highly distressing. To rebuild confidence and support recovery, the following post-incident wellbeing procedures will be implemented:

- **Affected Individual & Family:** The Allergy Safety Lead and pastoral team will meet with the individual and parents/carers to review the event, address concerns, and collaboratively update their IHP to ensure a safe, confident return to school.
- **Responding Staff:** Responders will receive dedicated debriefing time in a supportive, 'no-blame' environment, with access to the Trust's employee assistance programme (EAP). Staff are explicitly reassured that simple mistakes or hesitation in an emergency do not constitute misconduct.
- **Witnessing Peers:** The pastoral team will provide targeted check-ins or emotional support for classmates and witnesses. With family consent, the event may be used constructively to deliver peer-vigilant allergy education to reduce any risk of social isolation.



- **Staff Learning:** While respecting pupil privacy under UK GDPR, key lessons learned will be shared with the wider staff body during briefings to reinforce procedures and strengthen collective school vigilance.

12. Unacceptable Practice

In accordance with the DfE statutory guidance, the LGB ensures that the academy's procedures and staff actions are explicit about what practices are strictly unacceptable. Staff must never:

- **Prevent easy access to medication:** Staff must never prevent pupils from easily accessing their prescribed AAs or emergency reliever inhalers, whether on site, during lunch, on the playground, or during off-site trips.
- **Ignore views of pupils or parents:** Staff must never ignore the views of pupils, parents, or carers, or dismiss clinical advice and instructions provided by healthcare professionals (including GPs, school nurses, or specialists).
- **Assume uniform support requirements:** Staff must never assume that every pupil with an allergy requires the exact same support, or that older pupils do not require supervision and monitoring simply because they are able to self-manage.
- **Dismiss suspected allergies without diagnosis:** Staff must never assume that a pupil does not have an allergy simply because they do not yet have a formal medical diagnosis (for example, while clinical investigations are still underway).
- **Discriminate or exclude pupils:** Staff must never send a pupil home frequently for reasons associated with their allergy, or prevent them from fully participating in any aspect of school life (including lunchtimes, physical education, practical lessons, and off-site school trips).
- **Force parents to attend to administer medication:** Staff must never require parents or carers (or make them feel obliged) to attend the school site to administer medication or provide medical support to their child.
- **Send an unwell pupil unsupervised:** Staff must never send a pupil who becomes unwell to the first aid room or school office without a suitable, trained escort. In an allergic emergency (such as anaphylaxis), help and medication must always come to the individual in situ, and under no circumstances should they be walked.
- **Penalise attendance for medical reasons:** Staff must never penalise pupils for their attendance records if their absences are related to their allergy or medical appointments (including medical consultations, hospital trials, or recovery periods). This includes excluding pupils from school-level rewards for 100% attendance.



13. Information Sharing

A pupil's health information is classified as 'Special Category Data' under UK GDPR, requiring heightened legal protections. The academy has a lawful basis to hold and share this data for safeguarding and welfare purposes, but it must be done in a controlled, respectful way that avoids unnecessary sharing or causing embarrassment. Medical details and IHPs will only be shared with staff on a strict 'need-to-know' basis. Transition data must be securely transferred to receiving settings in compliance with local data sharing agreements.

14. Monitoring and Review

This policy is owned and monitored by the Academy Allergy Safety Lead. It must be reviewed and approved at least annually by the LGB, or more frequently following any changes in statutory legislation, or lessons highlighted by local serious incidents or near-misses.

15. Links to Other Policies and Appendices

This policy must be read in conjunction with the following Sussex Learning Trust and academy policies:

- [SLT Health, Safety, Welfare and Security Policy](#) (Trust)
- The Burgess Hill Academy - Managing Medications / Carrying medication
- Policies – The Burgess Hill Academy
- [SLT Data Protection Policy](#) (Trust)

The following documents are appended as linked resources for staff use:

- [Appendix 1: Individual Healthcare Plan \(IHP\) for Allergy Template](#)

A formal template developed in accordance with the DfE July 2026 guidelines. This is a non-clinical document used to capture essential pupil contact information, allergen details, care plans, and storage locations.

- [Appendix 2: Allergy Management \(Whole-School\) Model Risk Assessment](#)

A proactive risk management tool covering whole-school hazards (medication storage, training, catering, curriculum activities, and off-site outings) using a 5x5 matrix to calculate risk scores.

- [Appendix 3: Letter to Pharmacy to Purchase Spare AAls Template](#)

A formal procurement template sourced from [Spare Pens in Schools](#), to be printed on official academy letterhead and signed by the Headteacher/Principal. It provides the statutory authorisation required under the Human Medicines (Amendment) Regulations 2017 for local pharmacies or pharmaceutical suppliers to supply non-prescribed 'spare' emergency Adrenaline Auto-Injectors (AAls) to the academy. .



Document Version Control

Date	Version	Comment	Ratified by	Reviewer
September 2026	v1			Adam Griffith Academy Allergy Safety Lead
13 October 2026	1.1	Amendment to clause 7.3 Procedures for Undiagnosed Individuals in line with DFE guidance		