Allergy Safety Policy

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The electronic version is the definitive version of this document.

The content of this procedure may be subject to revision from time to time in line with the policy review schedule or when legislation changes or operational reasons arise. Consultation with the recognised trade unions will be completed before any changes are made.

Version Changes

Version	Page Number	Details of Change	Agreed By	Date
0.1		Draft policy for ratification	SELT	20.07.2026
1.0		New policy circulated to all CAST schools	Board of Directors	21.07.2026

1. Vision and Values

1.1 Plymouth CAST is a multi-academy trust of Catholic schools which is part of the mission of the Catholic Church dedicated to human flourishing and the building of a kingdom of peace, truth and justice. The Trust is to be conducted in all aspects in accordance with canon law and the teachings of the Roman Catholic Church and at all times to serve as a witness to the Catholic faith in Our Lord Jesus Christ.

1.2 Our vision and values are derived from our identity as a Catholic Trust. Central to our vision is the dignity of the human person, especially the most vulnerable. Our academies are dedicated to providing an education and formation where all our pupils and young people flourish in a safe, nurturing, enriching environment. All governors in our academies are expected to be familiar with the vision, mission, values and principles of the Trust and not in any way to undermine them. They should support and promote the vision and conduct themselves at all times in school and on school business according to the vision and principles of the Trust.

1.3 Plymouth CAST expects all its employees to recognise their obligations to each school within the Multi-Academy Trust, the public, pupils and other employees and to provide consistently high standards of education and performance at all times and in accordance with Plymouth CAST's vision, mission and principles.

2. Purpose

St Paul's Catholic Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors with allergies. We recognise that allergies can have a significant impact on health, wellbeing and participation in school life, and that severe allergic reactions (anaphylaxis) can be life-threatening.

This policy sets out how we will:

- identify and support individuals with allergies
- reduce the risk of exposure to known allergens
- ensure effective emergency responses
- promote awareness and understanding of allergy safety, including through whole staff training
- support the emotional wellbeing of pupils with allergies

This policy is written in line with Section 34 of the Children's Wellbeing and Schools Act 2026 which requires that maintained schools, academies and pupil referral units (PRUs) have an allergy safety policy. It considers the Department for Education (DfE) statutory guidance Allergy safety in schools (July 2026). It also incorporates guidance issued by Anaphylaxis UK and The Allergy Team.

This policy has been centrally ratified by Plymouth CAST and must be localised and implemented by all individual Plymouth CAST schools and settings.

All localised policies will be published on individual school/setting websites and made available in hard copy on request to parents, carers, and staff.

3. Introduction and Core Principles

3.1 The Designated Leader

Plymouth CAST recognises that a named member of the Senior Leadership Team (SLT) in each school or setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

At St Paul's Catholic Primary School the designated leader for allergy safety Jo Hensman, Headteacher. For Plymouth CAST, the Trust-wide implementation is led by the Chief Operating Officer (COO), who oversees Health and Safety across the Multi-Academy Trust.

3.2. Policy Review

This policy will be reviewed by Plymouth CAST annually or sooner to reflect any updates in national guidance; any policy changes will be communicated to Plymouth CAST schools and settings following ratification by the Plymouth CAST Board.

Local policies must then be reviewed by the school's/setting's designated leader for allergy safety and the Local CAST Board annually to ensure the local personalisation remains appropriate to the setting. All reviews should take account of any incidents and "near misses" and should seek to learn lessons from them.

3.3. Relationship to Other Policies

This policy focuses explicitly on allergy safety but is inherently linked to and must be read in conjunction with the following Plymouth CAST policies:

- Plymouth CAST Safeguarding & Child Protection Policy
- Plymouth CAST Health & Safety Policy
- Plymouth CAST Medical Conditions Policy First Aid Allowance Policy
- Plymouth CAST Offsite Visits Policies (Primary & Secondary)
- Plymouth CAST Safe Touch Policy
- Plymouth CAST Model Behaviour Policy
- Plymouth CAST Data Protection Policy

4. Definition of allergy

Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency. Anaphylaxis is a potentially fatal reaction affecting the Airway/ Breathing/ Circulation ('ABC'). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Severe allergies are included under the disability provisions of the Equality Act 2010. This act defines a person as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is excluded from this definition of, unless it aggravates the effect of another health condition.

5. Roles and Responsibilities

St Paul's Catholic Primary School takes a whole-school approach to allergy management.

Senior Leadership Team

The named senior leader responsible for allergy safety will:

- lead implementation of this policy
- ensure staff training is in place and reviewed annually
- ensure that Individual Healthcare Plans (IHPs) are created and communicated to staff
- oversee allergy records and IHPs
- ensure spare adrenaline devices are available and in date
- monitor incidents and near misses
- coordinate annual policy review

Plymouth CAST Board of Directors and Local CAST Board

Plymouth CAST's Directors and Local CAST Board Governors will:

- ensure that appropriate allergy management arrangements are in place
- monitor implementation of this policy
- ensure this policy is published and accessible on the school and Trust websites

Staff

All staff are responsible for:

- following this policy and associated IHPs
- attending required training
- considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate
- ensuring pupils always have access to their medication
- recognising symptoms of allergic reactions
- taking part in allergy safety drills
- acting promptly in an emergency
- reporting incidents and near misses

Parents and carers

All parents should:

- be aware of this policy
- consider the safety, inclusion, and wellbeing of pupils with allergies
- consider and adhere to any food restrictions or guidance the school has in place when providing food, such as packed lunches, snacks or for fundraising events
- refrain from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- encourage their child to be allergy aware

Parents of children with allergies should:

- inform the school of any allergy diagnosis, previous allergic reactions or anaphylaxis, and any related conditions, such as asthma, hay fever, rhinitis or eczema
- provide up-to-date medical information where available
- work with the school to fill out an Individual Healthcare Plan (IHP)
- supply prescribed medication where required, including adrenaline devices and ensure this is in date
- notify the school of any changes in medical needs
- support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic

All Parents and Carers within the Community should:

- be aware of this policy and consider the safety, inclusion, and wellbeing of pupils with allergies
- adhere to any food restrictions or local guidance when providing packed lunches, snacks, or baking items for school fundraising events
- refrain from informing the school that their child has an allergy or intolerance if this is purely a personal preference or dietary choice.

Pupils/Students should:

- be actively encouraged to take an active role in managing their allergies where appropriate
- follow all agreed school safety arrangements
- check directly with catering staff before selecting or purchasing their food choice
- inform a member of staff immediately if they feel unwell or believe they have been exposed to an allergen.

6. Allergy Awareness Training

We are committed to building an allergy-aware culture. Training is non-negotiable and strictly mandated for

all staff.

6.1 Standardised Training Delivery

All staff present during times when pupils are scheduled to be on site should receive allergy awareness, online or face to face, training annually. This includes:

- Teachers and teaching assistants
- Support staff
- Catering staff
- Breakfast and after-school club staff
- Regular volunteers
- Supply and agency staff

It does not include contractors with no pupil-facing role (e.g., maintenance personnel).

6.2 Key Training Outcomes

Training must ensure all staff:

- have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- understand the difference between food allergy, coeliac disease and food intolerance
- know where to find information on allergy triggers
- can identify the range of symptoms of allergic reactions
- understand and can recognise anaphylaxis
- know how to respond in an emergency, including:
    - calling emergency services and informing parents
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices)
- understand the impact allergy can have on a child or young person's wellbeing
- understand the school, college or setting's allergy safety policy
- know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan
- understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss")

LOCAL PROCEDURES:

- **Permanent & Regular Staff:** All staff are required to undertake the training module 'Allergy and Anaphylaxis Training for Schools' and 'Administering Medicines' on SSS training. This is fully compliant and will be checked and updated annually.
- **New Staff Induction:** *New staff will be required to undertake the training as part of the Induction Process within 3 months of start date. This includes other training directed as part of the process- Paediatric First Aid Training and First Aid training.*
- **Onboarding for Supply & Cover Staff:** *Any Cover or Supply staff will be presented with information alongside our Safeguarding information.*
- *For long-term supply/agency staff (beyond 5 days), completion of the SSS module, or evidence of*

equivalent, up to date Allergy Awareness training is mandatory.

7. Culture and Wellbeing

St Paul's Catholic Primary School recognises that living with allergies can cause anxiety and affect wellbeing. We will actively support wellbeing by::

- fostering an inclusive environment
- promoting understanding and awareness
- working closely with pupils/students and families
- providing additional pastoral support where appropriate
- Ensuring pupils/students with allergies can participate fully in school life
- addressing any bullying, teasing or discrimination related to allergies through the school's behaviour and anti-bullying policies

7.1 Addressing Bullying and Anxiety

All forms of bullying, including "allergen tampering" or teasing (threatening a peer with their allergen), will be explicitly addressed via the Plymouth CAST Model Behaviour Policy. Any concerns of child-on-child abuse must be referred to the school's Designated Safeguarding Lead.

LOCAL PROCEDURES:

- **Peer Awareness: Children will be made aware of who to contact in an emergency.**

8. Food Safety & Risk Minimisation

All Plymouth CAST schools and settings will take all reasonable, proactive steps to minimise the risk of individuals (including children, young people, staff, and visitors) coming into contact with their known allergens.

8.1 Daily Operational Risk Reduction

All Plymouth CAST schools/settings must have measures in place to manage exposure through school-provided food, food brought in by others (e.g., packed lunches), contact or airborne allergens, and non-food curriculum materials.

A. Food Provided by individual Schools/Settings

To manage allergen exposure through school-provided food, individual settings must ensure:

- **Provider Due Diligence:** Rigorous due diligence is carried out regarding allergen management when appointing or reviewing any catering providers.
- **Catering Training:** All catering staff receive certified, annual allergy awareness and emergency response training.
- **Menu Planning:** Individual medical needs are directly accounted for when menus are planned, ensuring safe, varied meal options.

- **Kitchen & Team Familiarity:** School staff actively support the catering team in getting to know pupils with allergies and their specific triggers.
- **Allergen Labelling:** Dishes and menus containing any of the 14 main allergens **must be clearly labelled using full words**, strictly prohibiting the use of symbols, icons, or abbreviations. Other ingredient information must be made available on request.
- **Natasha's Law (PPDS):** All pre-packaged food for direct sale complies fully with PPDS legislation, requiring full allergen information to be displayed on the packaging.
- **Ingredient Changes:** Where a last-minute change in ingredients introduces a known allergen, this must be immediately communicated to affected pupils with dietary needs by the designated lead.
- **Wrap-Around Care:** The above food safety measures apply with equal force to all school-run breakfast clubs, after-school clubs, and extra-curricular provisions.
- **Direct Catering Communication:** In addition to internal school updates, parents and carers of pupils with food allergies are actively encouraged to meet with the local Catering Manager directly to discuss their child's specific dietary needs.
- **Primary School Control Measure:** Food will not be given to primary-school-age children with a known food-related allergy without direct parental engagement and explicit permission.
- **Allergen Education:** Staff managing any on-site food provision will be educated about how to read food labels accurately for food allergens and instructed on strict measures to prevent cross-contamination during handling, preparation, and serving.

B. Food Brought Onto Site

To manage the risk of exposure to food brought from home, schools/settings will:

- Provide clear, regular written guidance to parents, carers, and staff regarding food items permitted on site.
- Actively manage and risk-assess exposure risks associated with school celebrations, class events, and fundraising/charity activities (such as bake sales).

C. Food Hygiene and Pupil Protocols

To prevent accidental cross-contamination and contact exposure, all schools and settings will enforce the following hygiene rules:

- **Handwashing:** Actively encourage and give pupils time to wash their hands with soap and warm water before and after eating.
- **Water Bottles & Packed Lunches:** Advise parents, carers, and pupils that all personal water bottles and lunchboxes must be clearly labelled, and that food must not be shared or swapped.
- **Behavioural Boundaries:** Communicate clearly to all pupils that food must never be thrown on school grounds.

8.2 Non-Food Allergens & Practical Curriculum Activities

When appropriate, curriculum planning and general school risk assessments must actively consider the risk of exposure to environmental, contact, or airborne allergens.

- **Activity Controls:** Staff planning any activity must consider the risk of exposure to allergens in craft materials, science activities, cooking lessons, and activities involving animals.

- **Required Risk Assessment Mapping:** Schools must ensure that the risk of allergen exposure is explicitly evaluated and documented within the following risk assessment documents, as appropriate to the setting:
    - **PRIMARY ONLY:** *PrimaryRAA21 (Primary Curriculum Activities)* and *Primary RAA22 (Whole School Risk Assessment)*.
    - **SECONDARY ONLY:** *RAA06A (D&T Resistant Materials)*, *RAA06B (D&T Food Technology)*, and *RAA06C (D&T Textile Technology)*.
    - **PRIMARY & SECONDARY:** *RAA23 (Science)*.

LOCAL PROCEDURES: SITE-SPECIFIC IMPLEMENTATION

- **External Food Rules:** All Plymouth CAST schools and settings must implement a **"Nut-Aware"** protocol, which prohibits parents from sending in nuts, sesame, or specific high-allergen items in packed lunches, snacks, or birthday treats.
- **Food Preparation Cleaning Protocols:** *local signage in staff rooms and communal kitchens mandating thorough cleaning of shared food preparation areas to protect allergic staff, volunteers, and visitors*.
- **Curriculum Activity Integration:** Curriculum leads, when planning Primary curriculum, D&T, or Science activities, must explicitly cross-reference activity materials against the individual class allergy register before agreeing lesson plans (e.g., blocking the use of raw egg cartons in art if an egg allergy is recorded; checking animal handling risk against pet dander allergies).
- **Peer Awareness-** Children will be taught allergy safety awareness, such as teaching how to spot symptoms and quickly seek help from an adult in an emergency, as appropriate for the age and discussed with parents.

9. Individual Care Arrangements

Our care is centered on the specific medical needs of each individual. Identification is the first step.

9.1 Identification and Care Plans

Arrangements must be in place to identify individuals with allergy (children, staff, and visitors), their known allergens, and their required medication.

A central register will be kept of all individuals with allergies, including whether children and young people have Individual Healthcare Plans (IHPs) and/or Allergy Action Plans (AAPs). The IHP documents the additional or different arrangements necessary for the individual, incorporating flexibility and reasonable adjustments.

Children and young people must have an IHP if they meet any of the following criteria:

- They have an allergy which has a functional impact on them in their school day.
- They are at risk of harm as a result of their allergy.
- They require support arrangements which are additional to or different from those made generally.

A. Core Components of an Individual Healthcare Plan (IHP)

Every compiled IHP must explicitly document:

- Allergy details, including specific known allergens.
- Known triggers and specific preventative risk-minimisation measures.
- Medication requirements (proactive daily medication and/or emergency medication).
- Emergency procedures during an allergic reaction or anaphylaxis.
- Staff roles and clinical responsibilities on-site and during visits.

B. Clinical Status of Allergy Action Plans (AAPs)

Where available, a clinical Allergy Action Plan (AAP) and/or Asthma Action Plan must be attached to or referenced within the pupil's IHP. These clinical action plans are medical documents created by a GP, an allergy team consultant, or an allergy nurse specialist. All staff must understand that AAPs:

- Detail the child/young person's specific allergy and emergency medication requirements.
- Contain up-to-date parent/carer emergency contact details.
- **Must be signed by the parent/carer** – as this signature provides the essential parental authority for staff to administer emergency medication, including "spare" adrenaline devices.
- Can only be updated or altered by a qualified medical professional following a formal clinical review of the child's allergy management.
- Are issued primarily for students who have an IgE food allergy (and often a venom allergy) that could lead to anaphylaxis, or an FPIES (Food Protein-Induced Enterocolitis Syndrome) allergy.
- Are not issued for all allergies; individuals with non-IgE allergies do not experience acute anaphylaxis and therefore will not have a clinical AAP issued, though they may still require a standard IHP.

Staff are personally responsible for knowing individual child needs before teaching them and must access IHPs and AAPs to understand specific triggers and what works.

LOCAL PROCEDURES: SITE-SPECIFIC IMPLEMENTATION

- **Data Collection Forms:** Schools must use a consistent data collection form for all pupils/students upon the point of admission intake form.
- **Identification of Adult Allergies:** All regular staff should be prompted upon commencement of employment and annually to inform the school/setting of any allergies. This should be recorded within the employee's SAMpeople HR record. All visitors and visiting staff must be prompted via visitor sign-in systems (e.g., InVentry) to inform the school/setting of any severe allergies.
- **IHP and AAP Integration (Bromcom Workflow):** Upon learning of any pupil's/student's severe allergy, the school/setting must ensure that a copy of a healthcare professional's Allergy Action Plan (AAP) is provided, which must be appended to the local IHP in the pupil's/student's MIS record on Bromcom. If no AAP is available, schools must immediately request one from the parents/carers.
- **Dynamic Review Trigger:** Individual Healthcare Plans (IHPs) will be immediately reviewed and updated by the designated school leader upon receipt of an updated clinical Allergy or Asthma Action Plan.
- **Transition Protocol:** All schools/settings must ensure detailed individual plans, including triggers are updated and transferred to new settings or relevant staff at the start of the term/year. Information must be objective, factually accurate, and fair.
- **In-Year Enrolment Timelines:** For children starting at the beginning of the school term, care arrangements must be active on day one. In other cases, such as children and young people enrolling at the school mid-year during the academic term, the school will ensure that appropriate care arrangements and IHPs are fully finalized and put in place within two weeks.

- **Temporary Support Pending Diagnosis:** In cases where pupils have or are suspected of having a severe allergy but no clinical advice or medical Allergy Action Plan is available yet (e.g., where the process of medical investigation or diagnostic testing is still under way), the school will not dismiss the information. The Designated Allergy Lead will work closely with the pupil and their parent/carer to establish appropriate temporary support arrangements, based on the most robust assessment possible of the likely risk to the individual, pending receipt of official clinical advice.

9.2 Special Category Health Data (UK GDPR)

All health information is special category data under UK GDPR. While we have a lawful basis to hold this data for pupils, students, staff and visitors it must be handled in a highly controlled, respectful manner, because unnecessary sharing can reduce children's confidence in practitioners and can be deeply embarrassing or stigmatising for pupils who do not wish to be singled out

LOCAL PROCEDURES:

- Detailed photo-matrices of children with severe allergies should only be placed on the inside of kitchen serveries and cabinet doors (visible to staff, shielded from pupils/visitors).
- Bromcom MIS profiles should be set to automatically flag medical alerts only to teaching, admin and cover staff, not public screens.
- Open "medical boards" in staffrooms/corridors are strictly prohibited.
- *Staff/visitor allergy information will be available to key staff whilst preserving dignity.*

10. Adrenaline Auto-Injectors (AAIs)

Individuals must have rapid access to AAIs at all times. Adrenaline should be administered within five minutes of an incident.

10.1 Prescribed AAIs

Depending on their age, understanding and competence, pupils/students will be encouraged to take responsibility for and to carry their own **two** Adrenalin Auto Injectors on them at all times in a suitable bag/container. However, symptoms of anaphylaxis can come on very suddenly, so school staff will be alert to the symptoms of anaphylaxis and be prepared to administer medication if the individual cannot.

For younger children, or those not ready to take responsibility for their own medication, there will be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication will be stored in a suitable container and clearly labelled with the pupil's name. The precise contents of the anaphylaxis kit will be determined by the relevant Action Plan but should contain:

- **Two** AAIs.
- The up-to-date Allergy Action Plan.
- Antihistamine (as determined by the Allergy Action Plan).
- Asthma reliever inhaler (if included on Allergy or Asthma Action Plan).

It is the responsibility of the individual's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled. However, the Medical First Aid Leads Mrs Foweraker and Ms Byrne will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

All Plymouth CAST schools and settings will ensure that pupils prescribed AAIs have rapid access to them (within 5 minutes) at all times, including:

- In classrooms.
- During break and lunch times.
- On sports fields.
- During educational visits and off-site activities.

All Plymouth CAST schools and settings must:

- Keep records of all pupils prescribed AAIs.
- Monitor AAI expiry dates.
- Work proactively with families to ensure replacement devices are provided when required.
- Ensure that arrangements are in place for taking individually prescribed devices home (e.g., at the end of the day) and checking that they remain in date.

LOCAL PROCEDURES:

- **Daily Transport and Logistical Arrangements:** *Devices will stay on site and be handed directly to parents when exchanged.*

10.2 "Spare" Emergency AAIs

The *Human Medicines (Amendment) Regulations 2017* permit schools to purchase "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting with anaphylaxis for the first time due to an undiagnosed allergy.

These "spare" AAIs are a back-up and are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

The named senior leader responsible for allergy safety will ensure:

- "Spare" devices are accessible within 5 minutes and are never locked away.
- Devices are stored in pairs, clearly labelled with "Emergency Anaphylaxis Kit", and their locations are clearly signposted.
- Expiry dates are checked, and devices remain clear (not cloudy) on a monthly basis.
- Used devices are replaced promptly and disposed of safely.
- Expired devices are replaced one month prior to their expiration date.

A. Storage Storage Requirements: Schools/ settings with large sites should consider having two pairs of "spare" devices, so that a pair is always available within five minutes. If operating across multiple sites, ensure appropriate devices of the correct dosage are on each site as required.

B. Record of "Spare" AAI Usage

All schools/settings must maintain an accurate record of when a "spare" adrenaline device is used. This will include details of:

- Where and when the reaction took place.]

- How much medication was given.
- Who gave the medication.

Parents or carers must be contacted at the earliest opportunity.

LOCAL PROCEDURES:

- **Dosage split:** The adrenaline dosage for the AAIs held by each school or setting will be based on the school's or setting's pupil/student age, and is non-negotiable:
    - **Nursery Sites (0-4 years):** Will only stock **0.15 mg** spare AAIs (suitable for infants under 30kg).
    - **Primary/Secondary Sites:** Will stock a localised balance of **0.3 mg** (standard dosage) and **0.5 mg** devices as determined by the local setting's need.
- **Local Inventory Details:** *Epipen Junior 0.15mg (under 6 years)*
- *Epipen 0.3mg (6-12years)*
- **Uninterrupted 5-Minute Emergency Mapping:**
    - *Staffroom, canteen*

    - It is a mandatory requirement that kits are unlocked, stored in clearly labeled pairs, and include emergency instruction cards and emergency salbutamol reliever inhalers and spacers.

10.3 Parental Permission

Arrangements for most individuals with anaphylaxis will be established in an IHP which is informed by a clinical Allergy Action Plan. The IHP will be used to record parental consent for the administration of the AAI. The same applies to the use of an emergency salbutamol inhaler in respect of asthma.

However, anaphylaxis is a medical emergency and can be fatal. Circumstances may arise where a child presents with anaphylaxis symptoms for the first time due to an unrecognised allergy and prior written consent may not be present. In the event of an anaphylaxis reaction, adrenaline will be administered as soon as possible within five minutes. Whilst the emergency services will be called immediately via 999, **staff will not wait to contact the emergency services before administering adrenaline where anaphylaxis symptoms are displayed**. Whilst it is good practice to obtain advance consent from parents/carers as described above, in an emergency situation school staff may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment. If in doubt, always treat for anaphylaxis.

In contrast, there is a different legal position for the use of spare emergency asthma inhalers; a spare salbutamol inhaler can only be used if the child or young person's prescribed inhaler is unavailable. Importantly, emergency asthma inhalers can only be used where written consent has been obtained. Nevertheless, if any individual (pupil, member of staff or visitor) experiences a life-threatening medical emergency, anyone may take reasonable action to save their life and are supported in doing so by this policy and the law. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

10.4 Auditing & Verification of Devices

All Plymouth CAST schools and settings must adhere to a strict monthly inspection routine for all adrenaline auto-injectors (AAIs) and salbutamol inhalers on-site to confirm that they are in date. Responsibility for this audit is determined by local staffing structures:

Option A: Settings with a Designated First Aid Allowance Holder

In schools/settings where a member of staff is in receipt of the First Aid Allowance:

- The mandatory monthly check of all AAI devices (both prescribed student devices and the school's "spare" emergency kits) will form an integrated part of their monthly First Aid Kit Inspection.
- The First Aid Allowance Holder must physically check each device, verifying that they are in-date, stored in pairs (for spares), remain clear (not cloudy), and are unlocked and accessible within 5 minutes.
- These checks must be recorded directly on the first aid kit inventory and checklist within Appendix 2 of the Plymouth CAST First Aid Allowance Policy.

Option B: Settings WITHOUT a Designated First Aid Allowance Holder

In schools/settings where there is no active First Aid Allowance Holder on the staff team:

- It is the direct, non-delegable responsibility of the designated leader for allergy safety to either formally designate a named, competent member of staff (such as the Senior Administrator or Health & Safety Co-ordinator) to perform the mandatory monthly check, or undertake the monthly checking routines themselves.
- The designated individual must carry out the exact same physical check of both prescribed and spare AAIs on a strict monthly cycle.
- They must record, sign, and date these checks on a copy of the first aid kit inventory and checklist within Appendix 2 of the Plymouth CAST First Aid Allowance Policy, only completing the AAI checks section.

Log Retention and Inspection

In all schools/settings, completed monthly audit logs must be filed immediately in the school's Health & Safety files (either in a physical binder or on the school's secure digital storage drive). These records must be readily available for compliance monitoring and inspection by the School Business Manager, Estates & Facilities Manager, or central Trust officers upon request.

10.5 Disposal Protocols

- **Needle and Waste Disposal:** AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of. The sharps bin is located *in Admin Office.*

11. Educational Visits and Offsite Activities

Pupils and students with allergies will be enabled to participate in educational visits, trips, and residential experiences wherever reasonably possible.

11.1 Trip Sign-Off and Risk Assessment

To ensure safety and full inclusion off-site, schools and settings must ensure that:

- Individual, documented risk assessments are completed for all pupils with allergies attending visits, trips, and residential experiences.
- Risk assessments for all off-site visits explicitly manage planning for potential allergen exposure.
- Relevant visiting staff are fully informed of pupil food and non-food allergies, and emergency procedures are thoroughly understood by all accompanying staff.
- Required medication physically accompanies the pupil.
- Provider staff at any venue used for residential visits, or any externally led activity, must be explicitly briefed in advance about the presence of participants with allergies. If a venue or external provider explicitly states in writing that they are not equipped to cater for a specific food-allergic child, the school will not exclude the pupil/student; instead, the school will coordinate with the parents to arrange alternative food for the child to bring with them.
- These policy arrangements extend fully to off-site sporting activities. Pupils with allergies must have every opportunity to attend sports fixtures. The Physical Education department will ensure that any school hosting a fixture is formally notified that a participating pupil.student has an allergy at the exact time the fixture is arranged.

Mandatory Staffing Threshold: No educational visit or off-site trip involving a pupil or student at risk of anaphylaxis shall proceed without at least one accompanying staff member physically present who is fully trained in emergency allergy response and AAI administration.

LOCAL PROCEDURES:

The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

A designated adult will be available to support the pupil at all times during a school trip. If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip. A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip. Two AAIs will be taken on the trip and will be easily accessible at all times.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take own packed lunch and snacks.

12. Emergency response

Through our training, we will ensure that all staff are prepared and know what to do in the event of an anaphylactic reaction. The signs of anaphylaxis are:

A: Airways
Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)

B: Breathing
Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing

C: Circulation
Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Reactions usually progress quickly and can be life-threatening – so we will always undertake an immediate emergency response, as set out in Appendix A. In doing so, we will:

- administer adrenaline as soon as possible and within five minutes
- bring the adrenaline device to the child, young person or individual
- use the child, young person or individual's own prescribed adrenaline devices in the first instance
- use the spare adrenaline devices where a child, young person or individual does not have prescribed adrenaline devices, or where this is not available, or misfires
- always administer adrenaline first if any doubt about whether an individual with allergy and asthma is presenting with anaphylaxis
- call 999 if anaphylaxis is suspected
- contact parents or carers as soon as possible

In responding to an emergency, we recognise that the Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for 'spare' adrenaline devices to be used.

13. Emergency preparedness

We will hold a practice response to anaphylaxis on an annual basis, as a minimum. Following this, we will review how the practice went and update our policy and procedures if necessary.

We will also communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, we will ensure that a pupil's adrenaline device is with them.

14. Incident Reporting and Learning Lessons

All allergy-related incidents and near misses will be recorded and reviewed.

14.1 Serious incidents & Near Misses

Serious Incidents
Serious incidents may take many forms, but should be interpreted as any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

Near Misses
A near miss should be interpreted as an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Where this happens, we will:

- Record the incident on the OSHENS Health & Safety incident management system under either the **'H&S - Work/Premises Related Injury'** or the **'H&S – Work-related Near Miss/No Injury'** categories. Incident reporting details must always include a record of the use of any emergency medication.
- investigate incidents appropriately
- identify lessons learned
- review procedures where necessary
- share findings with relevant staff

We recognise that symptoms of an exposure occurring at school may only manifest once a pupil returns home. Parents, carers, and attending healthcare professionals must report these delayed incidents immediately to the school's designated allergy lead to Jo hensman j.hensman@plymouthcast.com to trigger a formal near-miss investigation.

15. Unacceptable practice

In carrying out our duties towards allergy safety, we will not:

- prevent children and young people from easily accessing their medication (for example prescribed adrenaline devices)
- ignore the views of the child or young person or their parents or carer
- ignore medical evidence or the opinion and advice of healthcare professionals
- assume that every child or young person with allergy requires the same support
- assume that older children and young people do not require support, even if they are able to take increasing responsibility for managing their allergy
- assume that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way
- discriminate against children or young people with allergy by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch
- send a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an allergic emergency (e.g. anaphylaxis), help will come to the child or young person rather than the other way round
- penalise children or young people for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management
- require parents or carers (or otherwise making them feel obliged) to attend the school, to administer medication or provide medical support to their child.

16. Raising awareness

To raise awareness of allergy safety, we will:

- publish this policy on the school website
- provide allergy awareness and emergency response training to all staff
- promote an inclusive understanding of allergies among pupils
- ensure appropriate awareness of how to seek help during an emergency

Appendix A: Recognise and respond to the signs of anaphylaxis

A: Airways

- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B: Breathing

- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C: Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy tiredness
- Collapse/ unconscious

If any one (or more) of these signs are present: **Don't delay**

- **Lie flat with legs raised** (if breathing is difficult, allow to sit)
- **Give adrenaline device without delay** (use the school's spare device if needed)
- **Immediately dial 999** for ambulance and say anaphylaxis (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up
- Keep them lying down, even if things seem to be getting better
- Phone parent/ emergency contact

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available
Commence CPR at any time if there are no signs of life

Always give adrenaline device first if someone has **severe and sudden breathing difficulty** (including wheeze, persistent cough or hoarse voice). **Then seek medical help. Anaphylaxis can occur without skin symptoms.**

Taken from Allergy safety in schools (Department for Education, July 2026)