KEYS
Academy Trust

# TKAT Pupil Allergy Policy

KEYS Academy Trust
Unlocking the future

## Version control summary and overview details

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| **TKAT Statutory Policy**<br>• All schools require a policy on this area.<br>• There should be no changes to the core text.<br>• LGBs will minute that they have noted Trust approval and will adopt the policy effective immediately.<br>• This is a Trust policy to be implemented by all schools within The Keys Academy Trust to ensure a consistent approach for all. |
| **Version control**<br>Version 1<br>• New policy based on The Key model policy – Pupils with Allergies October 24.<br>• Emerging statutory allergy requirements associated with Benedict's Law and the Department for Education's new Allergy Safety in Schools guidance, expected to come into force from September 2026. Schools are expected to implement whole-school allergy safety measures including dedicated allergy policies, staff training, emergency adrenaline auto-injectors (AAIs), individual healthcare plans and improved incident reporting processes. This includes ensuring accurate, up-to-date, relevant and appropriate risk assessments. |

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| **Reviewed by (Trust Officer)** | Hester Wooller, CEO |
| **Approved by TKAT Trustee Committee:** | CECE |
| **Trust date of approval:** | Sep 26 |
| **Trust date of next review:** | July 27 |

**TKAT vision**
We are a family of distinctive schools at the heart of the diverse communities we serve. In line with our Christian ethos, we aspire to excellent learning and pastoral care for pupils and staff and are committed to being open and welcoming to all.

**Key areas of note**
Please note the following, which will be applicable throughout the policy:

- Any reference to 'headteacher' should read as whatever title is relevant to the school using the policy (i.e. Executive Headteacher/Head of School or Headteacher). Anything else will be explicitly referenced within the policy.
- Any reference to 'everyone' to staff, trustees, local governors and pupils.
- Any reference to 'we' should be read as The Keys Academy Trust.
- Any reference to 'parents' should be read as 'parents, carers and guardians'.

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## 1. Purpose

1.1 The Keys Academy Trust (TKAT) is committed to safeguarding the health, wellbeing and inclusion of pupils with allergies, including those at risk of anaphylaxis. The purpose of this policy is to establish a consistent and effective approach to preventing, recognising and responding to allergic reactions across all TKAT schools. It seeks to reduce the risk of exposure to known allergens while ensuring that pupils with allergies can participate fully and safely in school life.

1.2 The Trust recognises that allergic reactions can be serious and, in some cases, life-threatening. Effective allergy management therefore requires a whole-school approach involving pupils, parents and carers, staff, catering providers, healthcare professionals and other relevant partners.

## 2. Aims

2.1 Through this policy, the Trust aims to achieve the following:

a) Minimise the risk of accidental exposure to known allergens through proportionate and effective preventative measures.
b) Ensure pupils with known allergies are identified and that appropriate information, risk assessments and individual healthcare arrangements are in place.
c) Ensure staff understand allergies and anaphylaxis and are able to recognise and respond appropriately to an allergic reaction.
d) Ensure prescribed emergency medication, including adrenaline auto-injectors (AAIs), is readily accessible and administered promptly when required.
e) Maintain appropriate supplies of emergency AAIs in accordance with statutory requirements and national guidance.
f) Ensure clear and effective procedures are followed before, during and after an allergic reaction or suspected anaphylactic emergency.
g) Enable pupils with allergies to participate safely and fully in the curriculum, educational visits, wraparound care, clubs, school meals and the wider life of the school.
h) Promote pupils' independence and understanding of their own allergies, where appropriate to their age and development.
i) Ensure effective communication and partnership between the school, pupils, parents and carers, healthcare professionals, catering providers and other relevant parties.
j) Promote awareness and understanding of allergies throughout the school community without creating unnecessary anxiety, stigma or exclusion.
k) Ensure allergy-related incidents and near misses are appropriately recorded, reported, reviewed and used to improve practice.
l) Meet the Trust's statutory duties relating to allergy safety, medical conditions, equality, food safety and health and safety.

## 3. Scope

3.1 This policy applies to all schools and nurseries within The Keys Academy Trust and to all pupils with known or suspected allergies, including those at risk of anaphylaxis. It applies to all staff, governors, trustees, volunteers, contractors, catering providers and other adults working with or providing services to pupils on behalf of the Trust, where their role may affect allergy safety.

3.2 The policy applies throughout the school day and to school-organised activities, including the following:

a) Lessons and curriculum activities, including food preparation and practical activities.
b) Breakfast, lunchtime and other food provision.
c) Breaktimes and social activities.

d) Educational visits, residential visits and sporting events.
e) Before- and after-school provision and extracurricular activities.
f) School events, celebrations and fundraising activities where food or potential allergens may be present.
g) Transport or off-site provision where the school retains responsibility for pupils.

3.3 The policy covers the identification and assessment of allergy risks; individual healthcare arrangements; prevention and allergen management; staff training; storage and administration of medication; emergency AAIs; responding to allergic reactions and anaphylaxis; catering and food information; educational visits; communication with families and other providers; and the recording, reporting and review of incidents.

## 4. Principles

4.1 TKAT's approach to allergy management is based on the following principles:

a) **Safety:** known risks will be identified and managed proactively and proportionately.
b) **Preparedness:** schools will be prepared to recognise and respond immediately to an allergic reaction.
c) **Inclusion:** pupils with allergies should be able to participate fully in school life wherever reasonably possible.
d) **Individualisation:** arrangements will reflect the individual pupil's allergy, level of risk, medical advice and needs.
e) **Shared responsibility:** effective allergy management requires cooperation between schools, families, pupils, healthcare professionals and service providers.
f) **Proportionality:** schools will manage risk rather than seek to eliminate all allergens from the environment. Blanket "allergen-free" guarantees will not normally be made where these cannot reliably be achieved.
g) **Continuous improvement:** incidents, near misses and changes in national guidance will inform the review and development of practice.

## 5. Legislative and statutory framework

5.1 This policy has regard to relevant legislation and statutory guidance, including:

- Section 34 of the Children's Wellbeing and Schools Act 2026
- Children and Families Act 2014
- Supporting pupils with medical conditions at school - GOV.UK
- Health and Safety at Work etc Act 1974 - HSE
- Equality Act 2010
- Department for Education (DfE)'s guidance on Allergy safety in schools statutory guidance
- The Food Information Regulations 2014
- Statutory allergy requirements associated with Benedict's Law and the DfE's new Allergy Safety in Schools statutory guidance (September 2026). Schools are expected to implement whole-school allergy safety measures including dedicated allergy policies, staff training, emergency adrenaline auto-injectors (AAIs), individual healthcare plans and improved incident reporting processes.

## 6. Definitions

6.1 As stated in the Allergy Safety in Schools statutory guidance, the following definitions are recognised:

a) 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.

b) 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.
c) Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.
d) Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley and wheat.

## 7. Roles and responsibilities

7.1 The Trust Board, as the governing body/proprietor of the Trust's academies, has overall responsibility for ensuring that the Trust has an effective allergy safety policy and appropriate arrangements for its implementation, oversight and review. The Trust Board will ensure the following:

- Ensure suitable policies and procedures are in place.
- Monitor compliance across all schools.
- Ensure appropriate training resources are available via SSSCPD training provider.
- Review allergy incidents and trends annually.
- Ensure this policy is reviewed as part of an appropriate cycle.

7.2 Each school in the Trust is responsible for implementing the TKAT Allergy policy, in line with the statutory guidance.

**Local governance oversight**

7.3 In accordance with the Trust's Scheme of Delegation, local governance will provide appropriate monitoring, support and challenge in relation to the implementation of this policy within individual schools. This will include seeking assurance that the school has a named Allergy Lead, appropriate staff training is in place, allergy risks are being effectively managed, and serious incidents and near misses are appropriately reviewed and reported.

7.4 The LGB may nominate a governor to take a particular interest in allergy safety, or incorporate this oversight within an appropriate existing governor monitoring responsibility (such as within Health and Safety, or Safeguarding).

**Roles**

7.5 Each Headteacher will ensure the following:

- Implementing this policy locally ensuring that all staff are trained appropriately to enact the policy.
- Maintaining an Allergy Register that is accessible to the relevant staff. This will be maintained via Arbor and Medical Tracker.
- Ensuring Individual Healthcare Plans (IHPs) are in place.
- Ensuring all staff, temporary staff and regular volunteers receive annual allergy training.
- Ensuring emergency procedures are rehearsed annually with all staff groups.
- Ensuring spare AAIs are available for emergency use.
- Nominating a member of the Senior Leadership Team (or an appropriately senior member of staff, such as an Operations Manager) as the school's Allergy Lead, reflecting Benedict's Law expectations for named leadership accountability.

7.6 The school's Allergy Lead will be responsible for the following:

- Whilst the school's admin team will input and maintain the record, the Allergy Lead will be responsible for overseeing the up-to-date register of pupils with known allergies and ensuring relevant staff can access this information.
- Ensuring appropriate Individual Healthcare Plans (IHPs) and allergy risk assessments are in place and regularly reviewed.
- Liaising with parents, staff, healthcare professionals and catering providers (where needed) regarding individual allergy needs.
- Ensuring pupils' prescribed allergy medication is appropriately stored, accessible, in date and available wherever the pupil is participating in school activities.
- Overseeing the school's supply and management of emergency adrenaline auto-injectors (AAIs), including expiry-date checks (done through Arbor) and replacement.
- Ensuring staff receive appropriate allergy and anaphylaxis training and that training records are maintained.
- Promoting consistent implementation of allergy-control measures across the school, including classrooms, catering, clubs, wraparound provision and educational visits.
- Ensuring appropriate allergy arrangements are considered when planning trips, events, food activities and other higher-risk activities.
- Ensuring allergy incidents and near misses are recorded, reported and reviewed, with appropriate action taken to reduce future risk.
- Providing advice and support to staff and promoting awareness of allergy safety across the school community.
- Monitoring the effectiveness of the school's allergy arrangements and reporting significant issues or concerns to the Headteacher.
- Keeping school procedures and practice under review in response to changes in pupils' needs, legislation and national guidance.

7.7 Teaching and support staff are responsible for the following:

- Promoting and maintaining allergy awareness among pupils.
- Maintaining awareness of our allergy policy and procedures.
- Being able to recognise the signs of severe allergic reactions and anaphylaxis.
- Attending appropriate allergy training as required.
- Being aware of specific pupils with allergies in their care.
- Carefully considering the use of food or other potential allergens in lesson and activity planning.
- Ensuring the wellbeing and inclusion of pupils with allergies.

7.8 Parents are responsible for the following:

- Being aware of our school's allergy policy.
- Supporting their child to understand their allergy and how to keep themselves safe.
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Carefully considering the food they provide to their child as packed lunches and snacks, and avoiding all allergens/foods the school specifies are not allowed at school for health and safety reasons. This can be added and updated by parents via Arbor.
- Following the school's guidance on food brought in to be shared.
- Updating the school on any changes to their child's condition via the school's MIS system. It is the parent's responsibility to keep this updated.
- Informing the school catering company via the relevant methods, as agreed between the catering company and the school.

7.9 Pupils with allergies are responsible for the following:

- Being aware of their allergies and the risk/s they pose.
- Understanding how and when to use their adrenaline auto-injector, where appropriate for the child.

7.10 Pupils without allergies are responsible for:

- Being aware of allergens and the risk they pose to their peers.
- Acting appropriately around pupils with allergies.
- Working to understanding a peer's allergy and how to keep them safe.

## 8. Allergy registers and pupil information

8.1 The headteacher will ensure there are arrangements in place for identifying all individuals with allergy (children/ members of staff and visitors). This will include recording their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices).

a) For pupils, this is on the school's MIS.
b) For staff, this is recorded on a designated register.
c) For parents/visitors, all schools will have a notice on their Sign In protocols (such as the Sign In App). It is for the parent/visitor to make a member of the school office staff aware of any allergy and AAIs upon arrival. The office staff member will then speak with the Allergy Lead to ensure relevant members of the school know.

8.2 Each school will keep a record of all individuals with allergies, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plan. The information will be gathered regarding about known allergies from the child's parents and their previous educational setting (where appropriate). This is kept on Arbor and Medical Tracker.

8.3 Allergy information will be obtained as early as reasonably practicable through the school's admissions and induction processes, information supplied by parents, information transferred from a pupil's previous education setting and, where appropriate, information provided by healthcare professionals. Parents must inform the school promptly of any new diagnosis, allergic reaction, prescribed medication or change in their child's allergy.

8.4 Where a pupil joins the school with a known allergy, relevant information will be shared with appropriate staff before, or as soon as reasonably practicable after, the pupil begins attending. Where a new allergy is identified during a pupil's time at the school, the Allergy Register and any relevant individual arrangements will be updated promptly.

8.5 Every school will maintain a current Allergy Register (via Arbor and Medical Tracker) that includes the following, as a minimum:

- Pupil name.
- Allergy type.
- Severity.
- Medication and dosage.
- Location of medication.
- Emergency contacts.
- Healthcare Plan review date.

8.6 The register will be created from the Arbor information to create a medical report for each class, which will go with their class medical bag/box.

8.7 The register shall be accessible to relevant staff whilst maintaining confidentiality.

8.8 A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Our schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it will always be done in as a controlled and respectful way as possible, whilst maintaining the health and safety of the child as the highest priority.

**Sharing allergy information**

8.9 Information about an individual's allergy will be shared with all staff and other relevant adults to safeguard the individual and manage their allergy safely.

8.10 For pupils, this may include information being made available through Arbor, Medical Tracker, class medical information, IHPs/Allergy Action Plans, medical bags or boxes, staff briefings and information provided to staff responsible for educational visits, clubs, wraparound provision or other activities.

8.11 Relevant allergy information must also be shared with catering providers, external activity providers and other organisations responsible for the pupil where this is necessary to manage risk safely. Information will be shared proportionately and in accordance with the Trust's data protection arrangements.

8.12 Staff will be informed promptly where the school becomes aware of a significant new allergy or a material change to an existing pupil's allergy arrangements.

8.13 The school will ensure that all medical information (as stored on Arbor) is transferred to the pupil's next school as part of transition, and will be explicitly mentioned in any transition documents.

## 9. Individual Healthcare Plans (IHP) for pupils with allergies

9.1 As per the TKAT Supporting Children with Medical conditions policy, an Individual Healthcare Plan (IHP) should be put in place where a pupil's allergy requires individual arrangements to ensure that they are safe, appropriately supported and able to participate fully in school life.

9.2 In determining whether an IHP is required, the school will consider the following:

- The nature and severity of the pupil's allergy;
- The risk of an allergic reaction or anaphylaxis within the school environment;
- The impact of the allergy on the pupil's participation in school life;
- The medication, emergency response or other arrangements required; and
- Whether the pupil requires arrangements that are additional to, or different from, the school's general allergy safety arrangements.

9.3 An IHP will be created in partnership with the school, parent/s and, if relevant, any healthcare professionals.

9.4 Where children have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, this should be attached to the IHP.

9.5 IHPs will be reviewed in the following ways:

- Annually, with input from the parent and child. This review will be noted on the IHP.
- Following any allergic reaction and/or following a change in medical advice.

## 10. Staff Training

10.1 All staff, including permanent staff, temporary staff, supply teachers, peripatetic staff and regular volunteers must receive annual training via the Trust Training provider (SSSCPD) or via their induction process. The Training will cover:

- Allergy awareness.
- Recognition of mild, moderate and severe reactions.
- Recognition of anaphylaxis.
- Administration of AAIs.
- Emergency response procedures.
- Incident reporting processes.

10.2 For agency workers, the school will seek written assurance (as it does with safeguarding) that the relevant training (as outlined above) has been completed.

10.3 In line with anticipated Benedict's Law requirements, training will extend beyond teaching staff to include support staff, lunchtime supervisors, office staff, wraparound care staff and others regularly working with pupils.

10.4 Staff will be trained in the administration of AAIs.

## 11. Adrenaline auto-injectors (AAIs)

**Prescribed adrenaline**

11.1 Each school will ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices at all times, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips.

11.2 The IHP will outline instructions for prescribed adrenaline devices and any individual instructions for storing.

**Emergency / Spare Adrenaline devices**

11.3 Each School will hold a stock of emergency AAIs to comply with the core requirement of the new allergy guidance linked to Benedict's Law. See further information in section 7.6.

**Local school arrangements**

11.4 Each school will document its local arrangements for ensuring rapid access to prescribed AAIs and inhalers. This will be written down and displayed clearly in the school's staffroom and made available to staff/adults who need it (i.e. club organisers). These arrangements will identify the following:

a) Where medication is normally stored.
b) How medication remains accessible during lessons, breaktimes, lunchtimes, PE and outdoor activities.
c) Arrangements for medication during clubs, wraparound care and educational visits.

11.5 These arrangements will be communicated to staff and reflected within the pupil's IHP.

**Storage (of both spare and prescribed AAIs)**

11.6 As delegated by the Headteacher, the Allergy Lead and First Aid Lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children.
- Not locked away, but accessible and available for use at all times.
- Not located more than 5 minutes away from where they may be needed (larger schools will likely require more than one AAI kit, depending on site layout).
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.
- Schools should ensure that no child or young person is more than five minutes from adrenaline devices.
- Adrenaline devices should always be stocked and stored in pairs.

11.7 Whilst statutory guidance (p. 42) states "'Children and young people at risk of anaphylaxis should have their own adrenaline device with them", the Trust has determined that its primary-aged pupils are not of an appropriate age to ensure they have their AAI with them at all times. Therefore, schools will ensure AAIs are in the medical bag/box in the school's designated location/s.

**Maintenance (of both spare and prescribed AAIs)**

11.8 Medical Tracker (supported via Arbor's information) will send alerts for any expiring medication, so that the following expectations are met:

- The AAIs are present and in date.
- Replacement AAIs are obtained when the expiry date is near.

**Disposal (of both spare and prescribed AAIs)**

11.9 AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions, or sent with the patient if they are taken to a medical facility.

**Emergency anaphylaxis kit**

11.10 Each school should hold a spare AAI as part of an emergency anaphylaxis kit. The kit should include:

- Spare AAIs (these should always be stored in pairs and appropriate dosage for the age of children in the school)
- Instructions for the use of AAIs
- Instructions on storage and manufacturer's information.
- A note of arrangements for replacing injectors.

11.11 Each school will maintain a local record identifying the location of its emergency anaphylaxis kit/s and any spare emergency inhalers. Locations will be selected so that medication can be accessed rapidly in an emergency and will be made known to all staff. The school will record its local storage locations and monitoring arrangements as part of its local arrangements. Expiry dates and routine checks will be monitored through Medical Tracker, supplemented by physical checks in accordance with this policy.

11.12 As part of an electronic 'anaphylaxis kit', a checklist of AAIs, identified by batch number and expiry date will be noted on Medical Tracker, with checks conducted via Medical Tracker.

11.13 A record of when AAIs have been administered will be on Medical Tracker.

## 12. Assessing and managing risk

12.1 The school will ensure all relevant risk assessments specifically identify risks for any pupil at risk of anaphylaxis. Particular attention should be paid to the following activities:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A pupil at risk of an allergic reaction where a visitor requires a guide dog or similar.

12.2 Each TKAT school will implement reasonable measures to minimise children and staff exposure of coming into contact with known allergies. These will include but are not exclusive to the following:

12.2.1 Food provision from on-site providers and external sources (the food provider or external source should provide this information to the school):

- Accurate ingredient information.
- Cross-contamination controls.
- Identification of allergen risks and risk of exposure to a food allergen through food provided by the school.
- Identification of allergen risks and risk of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).

12.2.2 Events and celebrations being carried out within or after the school day that are organised or run by the school (external lettings or companies running clubs and events should have their own procedures, as outlined earlier in this policy) should be risk assessed to review the risk of exposure to allergens considering the following:

- Advance consideration of allergy risks and potential exposure to allergens.
- Communication with parents to enable issue to be raised.
- Safe alternatives provided where necessary to ensure inclusivity.

12.2.3 Pupils with allergies will not normally be prevented from participating in educational visits or off-site activities solely because of their allergy. The school will make reasonable and proportionate adjustments to enable safe participation. Planning and risk assessment will consider the following:

a) The pupil's known allergens and potential routes of exposure.
b) The venue, activities, catering and food arrangements.
c) Communication with the venue or provider about the pupil's allergy.
d) Appropriate alternatives or adjustments where an activity presents an avoidable risk.
e) The availability and accessibility of prescribed medication throughout the visit.
f) The availability of spare emergency medication where appropriate.
g) Ensuring relevant staff know the pupil's allergy, ihp/allergy action plan and emergency procedures.
h) Ensuring an appropriately trained member of staff is available where this is required by the pupil's individual arrangements.
i) Arrangements for transport, residential accommodation and meals, where applicable.
j) Access to emergency medical assistance.

12.2.4 Medication required in an emergency must remain readily accessible and must not be left on a coach, in luggage or in another location where it cannot be accessed promptly.

12.3 Schools will actively promote the wellbeing and inclusion of pupils with allergies. This will include ensuring the following:

a) Pupils are not unnecessarily excluded from meals, curriculum activities, celebrations, visits, clubs or other aspects of school life because of their allergy.
b) Providing safe alternatives or reasonable adjustments where required.
c) Promoting age-appropriate understanding of allergies amongst pupils.
d) Encouraging pupils with allergies to raise concerns with a trusted adult.

12.4 Staff will remain alert to signs that a pupil may be experiencing anxiety, embarrassment, isolation, teasing or bullying relating to their allergy. Allergy-related bullying, including deliberately exposing or threatening to expose a pupil to an allergen, will be treated seriously and addressed in accordance with the school's Behaviour and Anti-Bullying Policies and, where appropriate, safeguarding procedures. Individual schools will use their usual pastoral, behaviour and safeguarding systems to identify patterns or concerns and provide appropriate support.

## 13. Procedures for handling an allergic reaction

13.1 If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents informed.

13.2 If a pupil has an allergic (or suspected allergic) reaction, the staff member will manage the situation and alert the Allergy Lead and First Aid Lead. If there is an allergy action plan in place, the school will follow that plan.

13.3 If there is a suspected concern of any allergic reaction, staff must ensure an adult remains with the child. A child must not be sent to the school office or another place within the school without suitable adult supervision, in case their symptoms worsen.

13.4 If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one. A school AAI device will be used instead of the pupil's own AAI device in the following cases:

- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered);
- A pupil does not have an AAI but the trained school leads believe there is a risk of harm to the pupil due to suspected anaphylaxis.

13.5 If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## 14. Serious incidents and near misses

14.1 The school will record any serious incidents or near misses on the child's IHP, or create an IHP for the pupil if one is not already known (i.e. where there was not a known allergy).

14.2 The school will report any serious incidents or near misses involving allergy reactions on the Medical Tracker system.

14.3 In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child is back at home. Therefore, it is important that the child, their parents or others (i.e. healthcare professionals) report, to the school, that there has been an incident. This can be done via the school office, who will report the incident on Medical Tracker.

14.4 Medical Tracker will be the school's central system for recording allergy-related incidents and near misses. Records should include, as appropriate, the circumstances of the incident, suspected allergen, symptoms observed, action taken, medication administered, communication with parents and any subsequent action required.

14.5 The Allergy Lead will review reported incidents and near misses, including relevant information provided subsequently by pupils, parents or healthcare professionals. Where appropriate, the pupil's IHP, Allergy Action Plan, risk assessment or wider school arrangements will be reviewed and amended.

14.6 Significant incidents, recurring concerns and emerging patterns will be reported to the Headteacher and, where appropriate, escalated through the Trust's governance and health and safety arrangements. The Trust Board will review allergy incidents and trends as part of its oversight arrangements.

## 15. Communication and publication of this policy

15.1 Each school will ensure that this policy is readily accessible to staff and parents. The current policy will be published on the school's website and a hard copy will be made available on request.

15.2 Staff will be made aware of the policy through induction and annual allergy training. Relevant updates or changes to procedures will be communicated to staff as required.

15.3 Parents will be made aware of the school's allergy arrangements through appropriate school communications, including information provided to new families and information published on the school website.

15.4 Pupils will be taught about allergy awareness in an age-appropriate way, including the importance of taking allergies seriously, respecting other pupils' medical needs and not sharing or interfering with another person's food or medication.

15.5 Contractors, catering providers, wraparound providers, regular volunteers and other relevant adults will be made aware of those parts of the school's allergy arrangements necessary for them to carry out their role safely.