Diocese of Salisbury
Academy Trust
'Beyond expectations for all of God's children'

ALLERGY SAFETY POLICY

Policy Date: September 2026

Review Date: September 2027

This policy is to be adapted by each school

Diocese of Salisbury Academy Trust
Allergy Safety Policy

Policy owner	Diocese of Salisbury Academy Trust
Applies to	All DSAT schools
Policy date	July 2026
Review date	July 2027, or earlier after any serious incident, near miss, statutory update or Trust review

School Name	
School Designated Allergy Lead	
Location of Emergency Medication	

1. Purpose and scope

The Diocese of Salisbury Academy Trust (DSAT) is committed to ensuring the safety, inclusion and wellbeing of all pupils, particularly those with allergies and those at risk of anaphylaxis. This policy sets out a Trust-wide, whole-school approach to allergy safety, emergency preparedness, risk reduction, inclusion and assurance across all DSAT schools.

This policy applies to all DSAT schools and should be read alongside each school's arrangements for supporting pupils with medical conditions, first aid, educational visits, behaviour/anti-bullying, safeguarding, catering, data protection, risk assessment and health and safety.

The policy is designed to reflect the Department for Education statutory guidance on allergy safety in schools published in July 2026.

2. Legal and statutory context

- Schools must have a dedicated allergy safety policy and must review it at least annually.
- Each school must identify a named senior leader with responsibility for allergy safety, including implementation and review of the policy.
- All staff present when pupils are scheduled to be on site should receive allergy awareness and emergency response training at least annually.
- Schools should identify pupils who require Individual Healthcare Plans (IHPs), attach Allergy Action Plans or Asthma Action Plans where provided, and keep arrangements up to date.
- Schools should hold suitable spare adrenaline auto-injectors (AAIs) and ensure prescribed AAIs are rapidly accessible at all times.
- Schools must record, report, review, and learn from allergic reactions, anaphylaxis, serious incidents and near misses.

3. Principles

- Allergy safety is a whole-school responsibility, not solely a catering, medical or first-aid issue.
- Every diagnosed allergy must be taken seriously; allergic reactions can be unpredictable and can escalate quickly.
- Pupils with allergies must be included fully in school life, including curriculum activities, clubs, trips, visits, sport and collective worship, with suitable adjustments and risk controls where required.
- Information about a pupil's allergy will be shared on a need-to-know basis, respectfully and lawfully, recognising that health information is a special category of data.
- DSAT schools will maintain practical emergency readiness: trained staff, accessible medication, clear plans, prompt emergency action and post-incident learning.

4. Roles, responsibilities and governance

Role	Responsibilities	Evidence/assurance
Trust Board / nominated committee	Maintains strategic oversight of Trust-wide allergy safety, including policy approval, annual assurance and any escalation following serious incidents.	Policy review records; board/committee assurance
ASEC / nominated governor	Seeks school-level assurance that this policy	ASEC minutes; school

Role	Responsibilities	Evidence/assurance
role	is implemented effectively. Day-to-day responsibility remains with school leaders.	assurance report
Headteacher	Ensures the school implements this policy, allocates resources, appoints a Designated Allergy Lead who is a member of SLT and maintains safe operational arrangements. Ensures all school staff have received relevant training.	Named lead; local procedures
Designated Allergy Lead (SLT)	Drives implementation, oversees records, training, IHPs/Allergy Action Plans, emergency medication arrangements, risk assessments, incidents and annual review.	Training record; allergy register; annual checklist
All staff and regular volunteers	Complete training, follow this policy, reduce exposure risks, know where plans and medication are, respond immediately in an emergency, and report incidents/near misses.	Training completion; incident records
Catering and wraparound care staff	Follow allergen information, communication, preparation, serving and cross-contamination control arrangements.	Catering records; briefings
Parents/carers and pupils	Provide accurate allergy information, prescribed medication and updated plans, and work with the school to support safe inclusion.	Admissions/update forms; IHP review

5. Culture, wellbeing and inclusion

- Allergy awareness will be promoted through staff training, pupil education where appropriate, clear communication with families and a culture in which pupils with allergies are supported rather than singled out.
- Schools will make reasonable adjustments so that pupils with allergies can participate safely in the full life of the school wherever possible.
- Allergy-related bullying, teasing, deliberate exposure to allergens or misuse of medication will be addressed under the school's behaviour and anti-bullying policies.
- The emotional impact of allergies, including anxiety about accidental exposure or anaphylaxis, will be considered through pastoral support, IHP reviews, and communication with parents/carers.

6. Identification, records and Individual Healthcare Plans

- Each school will maintain an allergy register covering pupils with known allergies and relevant individual arrangements. Schools should also consider staff and visitor arrangements where relevant.
- Allergy information will be collected on admission, through annual data checks, from parents/carers, pupils where appropriate, previous schools/settings and healthcare professionals.

- A pupil should have an IHP where their allergy has a functional impact in school, where they are at risk of harm as a result of the allergy, and where arrangements are needed that are additional to or different from those made generally.
- Where a healthcare professional issues an Allergy Action Plan or Asthma Action Plan, this should be attached to or referenced within the IHP and reviewed whenever updated.
- IHPs should explain known triggers, symptoms, avoidance measures, medication, emergency response, reasonable adjustments, trip arrangements, catering arrangements, and information sharing requirements.

7. Training and competence

All staff present during times when pupils are scheduled to be on site will receive annual allergy awareness and emergency response training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and others who oversee pupils during breakfast or after-school clubs. New staff will receive allergy safety induction before or as soon as practicable after starting.

- Understanding allergies, anaphylaxis, asthma, coeliac disease, and food intolerance.
- Knowing where to find information about pupils' allergy triggers and plans.
- Recognising symptoms of allergic reactions and anaphylaxis.
- Knowing how to call emergency services, alert parents/carers, and stay with the pupil.
- Knowing where prescribed and spare AAIs are stored and how to use them in an emergency.
- Reducing allergen exposure in classrooms, catering, clubs, visits, sport, science, craft, cooking and events.
- Recording and reporting allergic reactions, anaphylaxis, AAI use and near misses.
- Understanding the role of the Designated Allergy Lead and the whole-school responsibilities in this policy.

8. Minimising allergy risk across school life

- Staff planning any activity must consider whether allergens may be present, including food, craft materials, science materials, animals, plants, sports/outdoor spaces and visiting providers.
- Risk assessments for trips, visits, residentials, sports fixtures, clubs and special events must consider pupils with known allergies and how emergency medication will remain available.
- Food brought into school by pupils, parents/carers or staff will be managed through clear local expectations, communication and supervision appropriate to the age and needs of pupils.
- The school will take reasonable steps to prevent cross-contamination where food is stored, prepared, served, or consumed.
- Where a pupil is allergic to airborne or contact allergens, reasonable control measures will be agreed through the IHP and relevant risk assessments.

9. Catering and food allergen management

- Catering staff and school staff will communicate clearly about pupils with food allergies and agreed food provision arrangements.
- Allergen information for food provided by the school will be available and communicated through agreed local arrangements.
- Food preparation, serving and supervision arrangements will include suitable controls to reduce the risk of cross-contamination.
- Where packed lunches, snacks, birthday treats, curriculum food activities or fundraising food events are permitted, schools will set local expectations that reduce known allergy risks.
- Schools will avoid blanket exclusion of pupils with allergies from food-related activities; instead, planning should focus on safe inclusion and reasonable adjustments.

10. Medication, prescribed AAIs and spare AAIs

- Pupils prescribed AAIs should have two in-date devices available in school, stored safely but accessible in line with their IHP or Allergy Action Plan.
- Prescribed AAIs must be clearly labelled, monitored for expiry and accessible without delay wherever the pupil is, including lunches, playgrounds, sports fields, clubs, visits and trips.
- Each school should hold suitable spare AAIs for emergency use, stored in pairs, clearly labelled, not locked away and known to staff.
- Schools should consider site layout and ensure no pupil is more than five minutes from an AAI in an emergency. Larger or split-site schools may require more than one spare AAI location.
- A clear process must be in place for checking expiry dates, replacing used or expired devices and safe disposal of AAIs because they contain a needle.
- Spare AAIs should be used only in line with statutory guidance, local protocols and emergency circumstances.

11. Emergency response to allergic reaction and anaphylaxis

1. Recognise signs of an allergic reaction or anaphylaxis and act immediately.
2. Call 999, state anaphylaxis if suspected, and follow emergency operator advice.
3. Administer adrenaline without delay where anaphylaxis is suspected and an AAI is available.
4. Ensure a second AAI is immediately available in case it is required.
5. Do not leave the pupil alone; position and monitor the pupil in line with training and the Allergy Action Plan.
6. Inform parents/carers as soon as it is safe to do so.
7. Ensure the pupil is transferred for medical assessment following anaphylaxis or AAI administration.
8. Record the incident, medication used, timings, witnesses and follow-up actions, and review lessons learned.

Emergency readiness

Each school should maintain and rehearse a local Anaphylaxis Emergency Response Plan. This should be brief, visible to staff, included in induction and reviewed after any incident or near miss.

12. Educational visits, trips, sport and outdoor activities

- Pupils with allergies should be enabled to participate safely in visits and trips through early planning, risk assessment, reasonable adjustments and communication with parents/carers.
- Risk assessments must cover allergen exposure, food provision, access to medication, trained staff, transport, emergency services access and overnight/residential arrangements where relevant.
- Pupils at risk of anaphylaxis should have their own prescribed AAI devices available throughout the trip, and staff trained to administer adrenaline must be present.
- Schools should consider insect sting allergy, outdoor activities, sports fields, local environment, animal contact and other relevant triggers.

13. Incidents, near misses and learning

- All allergic reactions, suspected anaphylaxis, use of AAIs, exposure incidents and near misses must be recorded promptly using the school's agreed reporting arrangements.
- The Designated Allergy Lead must review incidents and near misses, inform the Headteacher, involve parents/carers and consider whether plans, risk assessments, training or procedures require amendment.
- Where required, external reporting must be completed in line with DSAT, health and safety, safeguarding, RIDDOR, medical or local authority arrangements.

- Lessons learned will be shared proportionately with staff and, where appropriate, Trust leaders and ASEC/nominated governors.

14. Information sharing and data protection

Information about a pupil's allergy is health information and will be treated as special category data. Schools will share information only where necessary to keep the pupil safe, support inclusion and enable staff to act in an emergency. Sharing must be controlled, respectful and proportionate, recognising that pupils may not wish to be singled out unnecessarily.

- Relevant staff will know where to access the allergy register, IHPs and emergency plans.
- Supply and cover staff must receive essential allergy safety information before responsible supervision of pupils.
- Pupils and parents/carers will be involved in decisions about how information is shared with classmates or wider groups where appropriate.
- Records will be stored and retained in line with DSAT data protection and records management arrangements.

15. Publication, communication and review

- This policy must be published on each school website and made available in hard copy on request.
- All staff must know and understand this policy as part of annual allergy awareness training.
- Schools will raise awareness of allergy safety with pupils and parents/carers in an age-appropriate and inclusive way.
- The policy will be reviewed at least annually and sooner following statutory changes, local learning, serious incidents or near misses.
- The Designated Allergy Lead will contribute to or lead local review, with assurance reported through Headteacher and governance arrangements.

Appendix 1: School allergy safety checklist

Requirement	Met?
Named Designated Allergy Lead, member of SLT, recorded and communicated.	☐ Yes ☐ No
ASEC/nominated governance oversight agreed.	☐ Yes ☐ No
Allergy register current and accessible to relevant staff.	☐ Yes ☐ No
IHPs and Allergy Action Plans in place where required and reviewed.	☐ Yes ☐ No
Annual allergy awareness and emergency response training completed and recorded for all relevant staff.	☐ Yes ☐ No
Supply, temporary, peripatetic, agency, volunteer, catering and wraparound staff briefing arrangements in place.	☐ Yes ☐ No
Prescribed AAIs: two in-date devices available, labelled, checked and accessible.	☐ Yes ☐ No
Spare AAIs: appropriate number, in pairs, in date, accessible, known to staff and not locked away.	☐ Yes ☐ No
Emergency response plan written, circulated and rehearsed.	☐ Yes ☐ No
Catering allergen information and cross-contamination controls agreed.	☐ Yes ☐ No
Risk assessments include allergy considerations for trips, visits, clubs, sports, curriculum activities and events.	☐ Yes ☐ No
Incident and near miss recording/review process in place, including lessons learned.	☐ Yes ☐ No
Policy published on website.	☐ Yes ☐ No