Midsomer Norton Schools Partnership

Issued: September 2026
Review: Term 1 annually
LST: AWI/EYA

# ALLERGY SAFETY POLICY

*In line with* Section 34 of the Children's Wellbeing and Schools Act 2026 *and the Allergy Safety in Schools statutory guidance with effect from 1st September 2026.*

This policy will be reviewed annually, or more frequently if required.

The Headteacher in each Trust school will have responsibility for allergy safety, including driving the implementation of the Allergy Safety policy.

This policy should be read in conjunction with the following related policies:

- Medical Conditions in Schools
- Home school agreement
- Behaviour (Primary / Middle, Secondary, Special / AP )
- Health and Safety
- Food and packed lunches

## Culture

**Awareness training**

All staff (including permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers) who are present during times when pupils are on site will receive allergy awareness training as part of their induction and annually thereafter. MNSP employees will receive training through Flick. Non-MNSP staff should arrange their own suitably accredited training and provide evidence of successful completion.

Contractors carrying out work with no pupil-facing role, such as builders, electricians or other ad hoc maintenance personnel, will not be required to undertake this training.

Allergy awareness training will endeavour to support staff to:

- 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**;
- 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 (e.g. adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack;
    - Training on how to use the medication/devices 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 well-being;
- 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").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical advice, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

**Wellbeing**

The Trust recognises that the risk associated with allergies (and the possibility of anaphylaxis) can be a significant cause of anxiety. Pupil wellbeing and associated appropriate support will be considered as part of the process of agreeing a pupil's Individual Healthcare Plan. In addition, schools will cover allergies and wellbeing as part of their curriculum. This may be enhanced for pupils in a class with a pupil with a known allergy.

Bullying related to a pupil's allergy will not be tolerated and will be dealt with via the Behaviour Policy.

**Minimising risk**

Schools will minimise the risk of individuals (whether pupils, staff, or visitors) coming into contact with their known allergens. This will be achieved by various means, including;

- Having clear procedures in place to ensure the risk of exposure to a food allergen through food provided by the school's catering service is minimised.
- Encouraging pupils not to share food and implementing a policy of staff and visitors not sharing food with pupils. Awareness will be raised with pupils and parents by schools.
- Undertaking risk assessments as part of the process of agreeing a pupil's Individual Healthcare Plan where pupils have a known significant allergy to airborne or contact allergens, which include minimising the risk of exposure to the known allergens.
- Risk assessments for curriculum or extra curricular activities (e.g. craft activities, science, cooking) will include consideration of the risk of exposure to common allergens.
- Risk assessments for external visits or trips where pupils with known allergies are attending, will include specific measures to mitigate the risk of exposure to allergens. The needs of pupils with high risk allergies where emergency rescue medication is required will always be considered as part of the trip planning and risk assessment process.

**Food allergy**
All schools have food safety procedures in place, which set out the arrangements for management of the risk of food allergy and how information on allergens in food is provided.

## Individual children and young people

**Identification**
Admission arrangements for pupils and onboarding arrangements for staff and volunteers include the completion of a medical conditions declaration. For any pupil, staff or volunteer with a known allergy where the pupil or staff member holds medication (for example adrenaline autoinjectors) or has an allergy action plan, a risk assessment will be undertaken and an Individual Healthcare Plan will be put in place.

Visitors are asked on arrival at school sites about any medical requirements they may have whilst on site.

**Individual Healthcare Plans**
Pupils / staff will have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school / work setting;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in school for supporting the pupil / staff member with their medical condition or allergy, including in emergency situations. Any allergy, asthma, or other action plan issued by a healthcare professional will be attached to the IHP. Whenever an updated Action Plan becomes available, the IHP will be reviewed to incorporate it.

**Prescribed adrenaline**
For pupils / staff who have been prescribed adrenaline, arrangements to ensure they have rapid access to devices at all times will be set out within their IHP. Pupils / staff will be required to carry their medication with them throughout the school day (in primary settings, staff will support pupils closely with this), including taking it with them during break times or to extra curricular activities.

Pupils / staff will be required to carry their medication with them throughout any off site school trip or event. Trip risk assessments will cover arrangements for emergency medication, including checking that pupils with known allergies have their medication before the trip departs school.

IHPs and any associated allergy action plans will be stored as part of the pupil / staff record and shared with staff as required.

## School-wide support

**“Spare” adrenaline devices**
Trust schools hold “spare” adrenaline devices to ensure that no pupil or member of staff is more than approximately five minutes from an adrenaline device. Devices are stocked and stored in pairs.

Each school will establish local procedures regarding;

- How and when “spare” adrenaline devices should be used;
- How many devices are required to ensure rapid access for all pupils (more than one set may be

required for schools with larger sites);
- What dosage is required for the age of the pupils concerned
- Where devices will be located;
- How devices will be stored (see below):
- How devices will be checked to confirm that they are in date;
- Processes for replacing devices when they are used or go out of date (including safe disposal of adrenaline autoinjectors as they contain a needle).

When storing "spare" adrenaline devices:

- "Spare" adrenaline devices must be readily accessible and not locked away;
- Devices must be stored in a location where they can be brought to a person having anaphylaxis within approximately 5 minutes.
- Devices will be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- Devices will be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.

The majority of schools in the Trust have subscribed to the 'Kitt Medical Service', which ensures devices are replaced as required and labelled and stored appropriately.

**Visits and trips**

Pupils with known allergies will be required to carry their medication with them throughout any off site school trip or event. Trip risk assessments will cover arrangements for emergency medication, including checking that pupils with known allergies have their medication before the trip departs school.

Where appropriate and identified by a risk assessment, pupils with allergies will be placed in groups with members of staff whilst on an external trip or event.

**Serious incidents and "near misses"**

Incidents and near misses will be recorded and investigated in line with the Trust Health and Safety Policy.

**Information sharing**

Information sharing will take place in accordance with the Trust Data Protection Policy and associated Privacy Notices.