Whole-School Allergy Safety & Anaphylaxis Policy

This policy is Trust wide but must be tailored to each school and information needed to be personalised is highlighted yellow

Policy Scope:

This policy applies to all 19 academies, campuses, and settings within the Dartmoor Multi Academy Trust (DMAT). Operational implementation is divided across three clear, designated academy clusters and tiers: Tier 1 (Primary Academies), Tier 2 (Secondary Academies & Colleges), and Tier 3 (Special Education & Alternative Provision Settings).

This policy will be published on the academy website and reviewed annually.

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Portfolio		**Next Review** Annual (or immediately following a severe incident or near-miss)	August 2027
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Purpose	*To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.*		
Links with other policies	o Supporting Pupils with Medical Conditions Policy o First Aid Policy o Safeguarding Policy o Educational Visits Policy o Health and Safety Policy o Behaviour and Anti-Bullying Policy		
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Introduction

An allergy is a reaction to the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing, or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein; however, most people will react to a small group of potent allergens.

Common UK Allergens include (but are not limited to): - Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect Venom, Pollen and Animal Dander.

This policy sets out how DMAT will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

1.Statement of Intent and Trust Philosophy

1.1 DMAT acknowledges its duty of care under Section 100 of the Children and Families Act 2014 to safeguard pupils with medical conditions. As part of this commitment,

1.2 DMAT rejects a "Nut-Free" label for its schools, recognising that banning foods creates a false sense of security since hidden allergens can always enter a school site. Instead, all 19 academies operate a strict "Allergy Aware" model focused on rigorous risk assessment, cross-contamination avoidance, and rapid emergency execution.

1.3 Underpinning this approach is a philosophy of total inclusion, ensuring that no pupil within DMAT will be excluded from any aspect of school life including hot school lunches, cookery lessons, sports activities, or off-site educational visits— solely due to a diagnosed food allergy.

2. Multi-Tiered Governance & School Schedules

2.1 Operational implementation is divided across three clear, designated academy clusters and tiers. Every academy Principal must appoint a Senior Leader as the Named Academy Allergy Lead (this must not be a member of the kitchen team). The Academy Allergy Lead will maintain a central allergy register identifying all pupils with diagnosed allergies and the location of their medication.

2.2 **Tier 1: Primary Academies (Ages 2–11)**

These settings require high-vigilance, adult-led monitoring, fully supervised lunchtimes, and structured communication with parents regarding snack choices.

- Boasley Cross Primary School
- Bradford Primary School
- Bridestowe Primary School
- Bridgerule Primary School
- Black Torrington Primary School
- Exbourne Primary School
- Chagford Primary School
- Highampton Primary School
- Lydford Primary School
- Milton Abbot Primary School
- Northlew & Ashbury Primary School
- North Tawton Primary School
- Okehampton Primary School
- South Tawton Primary School
- St James Primary School

2.3 Tier 2: Secondary Academies & Colleges (Ages 11–18)

These settings focus on fostering student self-management, secure independent carrying of medication, and managing vast, fast-moving social spaces and open serveries.

- Holsworthy College
- Okehampton College
- Tavistock College

2.4 Tier 3: Special Education & Alternative Provision (AP) Settings

These environments require hyper-customised, highly visual Individual Healthcare Plans (IHPs). Staff must have specialized training to support pupils who may have complex speech, language, or communication needs (SLCN) and cannot easily articulate that they are experiencing an allergic reaction.

- The Promise School

3. Role and responsibilities

3.1 Parent Responsibilities

On entry to the school, it is the parent's responsibility to inform reception staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis, and details of all prescribed medications.

Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan, this should be developed as soon as possible in collaboration with a healthcare professional, e.g. School nurse/GP/allergy specialist.

Parents are responsible for ensuring that any required medication is supplied, in date, and replaced as necessary. Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be updated accordingly.

3.2 Staff Responsibilities

ALL STAFF will complete anaphylaxis training. Training is provided for ALL STAFF on a yearly basis and on an ad-hoc basis for any new members of staff.

Supply staff (regular or cover classes), volunteers, peripatetic staff and regular contractors will receive information regarding relevant pupil allergies and emergency procedures before taking responsibility for pupils. Staff must be

aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

The Designated Safeguarding Lead will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication. It is the parent's responsibility to ensure all medication is in date.

The Lead Administrator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

The Designated Safeguarding Lead keeps a register of pupils who have been prescribed as an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. School

The Lead Administrator/designated safeguarding lead will ensure that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction. Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for always carrying them on their person.

4. Individual Healthcare Plan (IHPs) & Pupil Data

4.1 Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

4.2 British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. 4.3 This is a national plan that has been agreed by the BSACI,

Anaphylaxis UK, and Allergy UK. Allergy action plans are designed to function as an individual healthcare plan.

4.4 The Academy Allergy Lead will maintain a central allergy register identifying all pupils with diagnosed allergies and the location of their medication.

5. Mandatory Trust Wide Staff Training

5.1 Universal Training: All permanent, contract, and regular temporary staff across all 19 sites must complete certified Allergy Awareness & Anaphylaxis Training annually.

5.2 Role-Specific Competencies:

5.3 *Teaching & Support Staff:* Must be capable of identifying early mild, moderate, and severe symptoms (e.g., hives, swelling, wheezing, structural airway changes).

5.4 *Lunchtime & Duty Staff:* Must be trained in recognizing immediate distress in busy, loud environments like dining halls or playgrounds.

5.5 *All Staff:* Must display practical competency in administering all major brands of Adrenaline Auto-Injectors (AAIs) including EpiPen.

5.6 Good Faith Safeguarding Clause: The Trust operates in a strict, no-blame culture. Any staff member who administers an AAI to a pupil in good faith during a suspected life-threatening emergency will be fully indemnified and supported by the Trust Executive Board, regardless of clinical outcome or minor procedural errors.

5.7 The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are listed in appendix A

5.8 All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis.
- Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

6. Emergency Treatment and Management of Anaphylaxis

6.1 What to look for:
Symptoms usually come quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:
- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:
AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases, there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?
- It opens the airways
- It stops swelling
- It raises blood pressure

6.2 As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action: Following **The 5-step Rule**

Step 1 - Administer the pupils' personal AAI immediately into the outer mid-thigh. NOTE THE TIME IT IS ADMINISTERED.

Step 2 - Dial 999. State Clearly "ANAPHYLAXIS emergency with minor".

Step 3 - Send a runner to bring the academy's spare emergency AAI box to the scene.

Step 4 -Keep the pupil flat with legs raised, if breathing is heavily labored sit them up slightly

Step 5 - If symptoms do not improve after 5 minutes, administer a second AAI.

• Call parent/carer as soon as possible.

• Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

• If there are no signs of life, commence CPR.

• All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

7. Supply, storage and care of medication

7.1 DMAT will supply spare AAIs for emergency use in children who are risking anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

7.2 These are stored in (detail what this is i.e. red drawstring bag, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.)

7.3 The Lead Administrator is responsible for checking the spare medication is in date monthly and to replace as needed. Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

7.4 Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:
- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

7.5 It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School

7.6 The Lead Administrator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

7.7 Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

7.8 **Older children and medication**

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

7.9 **Storage**

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

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 in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a specialist collection service. The sharps bin is kept in the First Aid room.

8. Inclusion and safeguarding

8.1 DMAT is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

8.2 The Trust will not tolerate bullying, teasing or discrimination relating to medical conditions or allergies and will address such incidents through the Behaviour and Anti-Bullying Policies.

8.3 No pupil within the Trust will be excluded from any aspect of school life—including hot school lunches, cookery lessons, sports activities, or off-site educational visits—solely due to a diagnosed food allergy.

9. Catering

9.1 All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

9.2 The Primary schools and Promise school menus are available for parents to view termly in advance with all ingredients listed and allergens highlighted on the school comms platform.

9.3 All college sites operate with full allergen guides for parents and pupils to read along with a robust labelling system within the canteen service areas.

9.4 The lead Administrator/Recotion Team will inform the Catering Manager of pupils with food allergies.

9.5 Admin Staff are responsible for updating Arbor with pupil allergy information. This data is shared with the catering manager in each setting and responsible for providing food for a specific site. This data is automatically shared into the cypad system which alerts the catering manager to specific pupils with specific allergens.

9.6 Parents/carers are encouraged to meet with the Catering Manager or the Trust's Catering Lead to discuss their child's needs.

9.7 The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The pupils should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school-age food-allergic children without

parental engagement and permission (e.g. birthday parties, food treats).
• Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) need to be considered and may need to be restricted/risk assessed depending on the allergies of children and their age.

9.8 Curriculum Safeguards:
For practical subjects at Holsworthy College, Okehampton College, Tavistock College, Promise School and across the primary network, all ingredients brought in for Design & Technology (Food), Science, or art projects must be pre-vetted against the class allergy register 48 hours in advance.

10. School trips

10.1 Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

10.2 All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

10.3 Overnight school trips should be possible with careful planning and a meeting for parents with the lead members of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

11. Sporting Excursions

11.1 Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

11.2 Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

12. Allergy awareness and nut bans

12.1 DMAT supports the approach advocated by Anaphylaxis UK towards nuts bans/nut free schools. They would not necessarily support a blanket ban on any allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergies. They advocate instead for schools to adopt a culture of allergy awareness and education.

12.2 A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12.3 The Trust rejects a "Nut-Free" label for its schools. Banning foods creates a false sense of security, as hidden allergens can always enter a school site. Instead, all 19 academies operate a strict "Allergy Aware" model focused on rigorous risk assessment, cross-contamination avoidance, and rapid emergency execution.

13. Risk Assessment

13.1 DMAT will conduct a detailed individual risk assessment for all new joining pupils with allergies and any newly diagnosed pupils, to help identify any gaps in our systems and processes for keeping allergic children safe.

14. Governance, Incident Reporting & Escalation

14.1 **Trust Reporting:** Every deployment of an AAI, severe allergic reaction, or notable near miss must be recorded on the Trust's central compliance platform.

14.2 **24-Hour Notification:** The Named Academy Allergy Lead must report any moderate-to-severe reaction to the Trust Executive Leadership Team - Deputy CEO within **24 hours** of the incident.

14.3 **Mandatory Incident Review:** Within 5 school days of an incident, the individual academy must host a full operational debrief. This meeting will evaluate emergency service response times, review staff performance, and update the specific pupil's IHP to prevent future occurrences.

Appendix A: Local Academy Customisation Log

(This specific table must be completed and appended locally by each school's leadership team)

Academy Name	**Designated Named Allergy Lead (SLT)**	**Location of Spare Emergency AAIs**	**Local Catering Provider Name**	**Staff Co-ordinators At least 2 members of staff**	**Date of Annual Staff Training**
e.g., Holsworthy College	[Insert Name / Role]	e.g., Main Medical Room	[Insert Provider]	(Insert Names)	[Insert Date]
e.g., The Promise School	[Insert Name / Role]	e.g., Student Support Office	[Insert Provider]	(Insert Names)	[Insert Date]