Allergy safety policy

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1.0	New policy	July 2026

1. Introduction

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that academies must have an allergy safety policy.

In line with the above, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. Anaphylaxis always requires an emergency response.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

Please note that this policy supersedes other policies that cover allergies.

1.1. Policy availability

The policy will be stored on the staff hub with all other trust policies. It will also be available on the Trust website, and will be made available in hard copy upon request. An annual communication regarding the policy and where to find it will be sent to parents/carers.

The policy will be updated before the annual update in response to local incident trends or updated statutory guidelines.

1.2. Plan owner

The Chief Executive Officer (CEO) is the policy owner and is responsible for ensuring that it is maintained, exercised and updated appropriately to ensure that it is always relevant and appropriate in line with the statutory guidance. The CEO may delegate the day-to-day development and implementation of the policy to a suitable officer, working closely in accordance with principals and other relevant stakeholders.

2. Core principles

Paradigm Trust has a whole school awareness approach because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that coeliac disease and food intolerance are managed through dietary avoidance but these conditions do not pose a risk of anaphylaxis and so they are not in scope of this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual

healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Paradigm Trust understands that severe allergies are included in the Equality Act, 2010. The act considers a person 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 explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Paradigm Trust schools are not 'nut free' and must not be regarded as so or referred to as such. This is not the most effective approach as it can create a false sense of security. Nuts are only one of a number of food allergens, all of which can have serious consequences for individuals.

2.1. Emergency treatment and management of anaphylaxis

Symptoms usually come on 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
- mild throat tightness
- sudden change in behaviour.

These symptoms are treated with antihistamines.

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, persistent cough.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious 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.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- LIE individual FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE DEVICE WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after five minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual 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.

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

2.2. Minimising risk and exposure to allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Paradigm Trust will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the pupil with allergy is cooking. Blanket bans, especially of nuts, create a false sense of security. Whilst

there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Paradigm Trust is allergy aware, ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Paradigm Trust will ensure that the risk of exposure is minimised by:

- providing all school staff with allergy training every year
- educating pupils through awareness assemblies and within PSHE
- communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- working closely with parents/carers and health professionals to understand the pupil's allergy
- monitoring this policy to ensure that the agreed practices are implemented
- establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

2.3. Food provision and catering

Paradigm Trust will manage the risk of food allergy and provide clear information on allergens in food provided by:

- ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- ensuring school caterers provide information on food allergens to parents/carers and have this available for the pupils to check independently
- providing pupils' allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- enabling parents/carers to liaise with the catering company or school chef
- ensuring that the catering provider has a list of current known allergens reported by parents/carers
- working with the catering provider to ensure a system is in place to identify pupils with allergies
- ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the

classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.

- teaching that, when people have known food allergies, it is important not to food share, trade food or share utensils or food containers'.
- ensuring that when staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.
- ensuring that where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies. A regular communication at least once a year, for instance in a newsletter etc. will state that if your child has food allergies that we need to be aware of, particularly in terms of food being brought in by other pupils, please let us know. The Trust will make all reasonable endeavours to communicate and ask about this, but it is incredibly difficult to manage where pupils share food themselves, particularly with older children.

These procedures apply to school-led breakfast and after school provision. Where this is provided by a third party, Paradigm Trust ensures that this policy is shared and the third-party provider meets the same procedures.

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. Each school will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

2.4. Medication and adrenaline devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times.

Serious anaphylaxis is a time critical situation - delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within five minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

The Trust will maintain clear records of which pupils have been provided with prescribed adrenaline devices and allergy action plans. The school will ensure clear routines are in place for these devices to be taken home at the end of the day for the journey home (where appropriate), and for parents and the allergy lead to routinely check that individually prescribed medication remains in date.

2.5. Spare adrenaline devices

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

In an emergency, staff should administer emergency adrenaline to a child, even if no device has been prescribed.

Paradigm Trust holds spare adrenaline devices for use in emergency situations. These 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.

School	**Devices held/quantities**	**Central storage location/specific details**
Culloden Primary Academy *Primary school*	4 EpiPen adrenaline auto-injectors (senior kits - 300mcg, junior kits - 150mcg)	First aid room
Ipswich Academy *Secondary school*	4 EpiPen adrenaline auto-injectors (senior kits - 300mcg)	Medical room
Murrayfield Primary Academy *Primary school*	4 EpiPen adrenaline auto-injectors (senior kits - 300mcg, junior kits - 150mcg)	First aid room
Old Ford Primary Academy *Primary school*	4 EpiPen adrenaline auto-injectors (senior kits - 300mcg, junior kits - 150mcg)	First aid room

Pipers Vale Primary Academy *Primary school*	4 EpiPen adrenaline auto-injectors (senior kits - 300mcg, junior kits - 150mcg)	Main office
Solebay Primary Academy *Nursery/Primary school*	4 EpiPen adrenaline auto-injectors (senior kits - 300mcg, junior kits - 150mcg)	Main office
Woodbridge Road Academy *Special school*	4 EpiPen adrenaline auto-injectors (senior kits - 300mcg, junior kits - 150mcg)	Medical room

A second kit will be stored in an appropriate location agreed with the Principal and communicated to staff.

They are stored in orange colour containers and labelled 'Anaphylaxis Rescue Kit.'

The Principal is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires. Duties can be delegated by the principal, but the responsibility remains with the principal.

Adrenaline devices that are used will be disposed of in a sharps box or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. All schools have sharp boxes.

In the event of anaphylactic reaction:

- adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- the child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- if the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- if the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices should be used.
- if the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices should be used.

- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

2.6. Spare inhalers

Schools should hold spare inhalers in school. The inhaler can be used if the child or young person's prescribed inhaler is not available (for example, because it is broken or empty). Emergency asthma inhalers may only be used for a child or young person who has been prescribed a reliever inhaler, but where their own prescribed inhaler is not available. Importantly, emergency asthma inhalers can only be used where written consent has been obtained. These should be stored in an emergency grab bag.

2.7. Pupil self-management

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

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

2.8. Staff training and emergency response

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff, agency workers, and regular volunteers have received allergy awareness training.

Training can be online or face to face.

2.9. Emergency preparedness

Paradigm Trust will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

3. Roles and responsibilities

3.1. Allergy lead and governance

The Trust is responsible for ensuring that its policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The Trust monitors this policy with it being reviewed annually and near misses reported to the Operations and Finance Committee .

Paradigm Trust includes the risks pertaining to pupils and staff with allergy on the Trust's risk register.

Each school's principal is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy. Duties can be delegated by the principal, but the responsibility remains with the principal.

The allergy lead (the principal, by default) is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the pupil starting
- holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of pupils at mealtimes
- communication about:
    - the policy
    - the pupils who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents
- communication with:
    - directors to provide updates about the policy implementation

    - health and safety and designated safeguarding leads to keep allergy safety as part of their roles
    - outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - caterer; the procedures in the kitchen and the procedures for ensuring that the pupils with allergies are provided with a safe meal
    - parents/carers to enable them to input into individual healthcare plans and to request allergy action plans when appropriate
    - pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that individual healthcare plans are created and communicated
- training
    - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
    - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

All staff are responsible for understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency. All staff are also encouraged to build proactive relationships with parents/carers and report near misses and incidents.

3.2. Identification of individuals with allergies

Admissions data collection: Paradigm Trust collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission.

Information sharing: UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

Transition: Allergy information and existing care plans are shared as part of a pupil's transition. Paradigm Trust will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Paradigm Trust works with parents/carers and the pupil, if appropriate, to write a new plan. Staff will provide information about pupils for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

3.3. Allergy action plans

These are clinical documents that are created by a GP/allergy nurse or allergy clinic. They detail the pupil's allergy and medication.

These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.

Allergy action plans are issued for pupils who have an IgE food allergy (reactions triggered by an immune response) and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies do not experience anaphylaxis and so an allergy action plan is not issued.

3.4. Individual healthcare plans

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk mitigation measures that need to be followed.

Individual healthcare plans are school owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to

the attention of supply or cover staff and be passed on during transition to a new school.

The owner of the IHP is required to update the photo of the pupil annually so that the pupil is recognisable.

Paradigm Trust will ensure that:

- pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan
- pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- individual healthcare plans are created whilst pupils are waiting for a diagnosis.

3.5. Educational visits

Paradigm Trust ensures that pupils with allergies are fully included in every educational visit, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the pupil is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the educational visit.

Staff leading educational visits will ensure they carry all relevant emergency supplies. Visit leaders will check that all pupils have their medication including adrenaline devices with them before departure. Pupils unable to produce their required medication may not be able to attend the excursion.

In conjunction with the allergy lead, the visit leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Paradigm Trust will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them, ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Paradigm Trust will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

3.6. Serious incidents and "near misses":

Paradigm Trust approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.
The Trust recognises that the impact of an allergen exposure may not become apparent until a pupil has returned home. Parents, carers, and pupils are encouraged to report any delayed reactions or suspected school-based incidents to the Allergy Lead immediately so they can be recorded and investigated retroactively.

Paradigm Trust is aware that when an incident occurs, materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Paradigm Trust uses a software package to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

Paradigm Trust will share the report with the pupil’s parents/carers, the pupil and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Paradigm Trust will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil’s plan will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

3.7. Wellbeing and support

At Paradigm Trust allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into each school’s culture. Pupils with allergy often become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Paradigm Trust:

- regularly communicates with pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management

- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promotes "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies. Such champions can can share feedback and support new joiners or anxious pupils
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available
- ensures that, where appropriate and in consultation with the pupil and parents/carers, the peers and friends of pupils prescribed adrenaline devices are made aware of how to quickly alert a member of staff in an emergency.

Safeguarding

Paradigm Trust recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

Paradigm Trust staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their individual healthcare plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;

- assuming 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;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition.
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.