

Meridian Trust			
SOP Title	Allergy Management and Anaphylaxis Policy		
SOP No:	5.86	Version No	1

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Related legislation, guidance and Trust procedures.	• First Aid Procedure • Supporting Pupils with Medical Conditions Procedure • Risk Assessment Procedure • Safeguarding and Child Protection Policy • Critical Incident Procedure • Emergency Evacuation Procedures • Catering and Food Safety Procedures • The Benedict Blythe Foundation and Campaign • Children and Families Act 2014 • Supporting Pupils at School with Medical Conditions (DfE) • Human Medicines (Amendment) Regulations 2017 • Equality Act 2010 • Health and Safety at Work etc. Act 1974 • Management of Health and Safety at Work Regulations 1999 • https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools?utm_source=chatgpt.com		

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PLAN

Purpose

This policy establishes the arrangements for identifying, assessing and controlling allergy-related risks across all Meridian Trust schools and activities. It reflects current statutory guidance, recognised good practice, the lessons arising from serious allergy incidents in educational settings and the principles commonly associated with “Benedict’s Law”. These include effective prevention, appropriate staff training, rapid emergency response and immediate access to emergency medication.

The Trust recognises that allergies and anaphylaxis present a significant risk to the health, safety and wellbeing of pupils, employees, visitors and contractors.

The Trust acknowledges that anaphylaxis can rapidly become life-threatening and therefore requires robust management arrangements, competent staff and effective emergency procedures.

The Trust further recognises that it is not reasonably practicable to guarantee an allergen-free environment and will therefore focus on risk reduction, communication, preparedness and emergency response.

Scope

This policy applies to:

- All Trust schools and premises.
- All pupils.
- All employees.
- Volunteers and agency staff.
- Contractors and visitors.
- Educational visits and off-site activities.
- Breakfast clubs, after-school activities, lettings, and extracurricular activities.

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Definitions

Allergy

An allergy is an immune system response to a substance (allergen) that is normally harmless.

Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction requiring immediate medical treatment.

Common allergens include:

- Milk/ Eggs
- Fruit
- Nuts and peanuts
- Sesame
- Fish and shellfish
- Wheat
- Soya
- Insect stings
- Latex
- Medication

Roles and Responsibilities

The Trust Board

The Trust Board will ensure:

- Suitable allergy management arrangements are established.
- Adequate resources are available.
- Appropriate monitoring arrangements are implemented.
- This policy is reviewed periodically.

Headteachers / Principals

Headteachers and Principals will ensure:

- This policy is implemented effectively within their school.
- Suitable allergy risk assessments are completed.
- Individual Healthcare Plans are implemented.
- Adequate numbers of trained staff are available.
- Emergency medication arrangements are maintained.
- Monitoring and inspections are completed.

The Responsible Person

The Responsible Person shall:

- Coordinate allergy management arrangements.
- Maintain allergy records and healthcare plans.
- Monitor medication storage and expiry dates.
- Coordinate training and competency records.
- Investigate allergy-related incidents.
- Ensure emergency procedures remain effective.

Employees

Employees must:

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- Follow this policy and associated healthcare plans.
- Attend required training.
- Report concerns, defects, or incidents immediately.
- Respond appropriately during allergy emergencies.
- Avoid actions that may increase allergy risks.

Parents and Carers

Parents/carers must:

- Provide accurate and up-to-date medical information.
- Supply prescribed medication as required.
- Provide healthcare professional allergy action plans.
- Inform the school of changes to medical conditions.
- Replace expired medication promptly.

Individual Healthcare Plans (IHPs)

The Responsible Person shall ensure that an Individual Healthcare Plan (IHP) is developed for pupils identified as being at risk of severe allergic reaction or anaphylaxis.

Healthcare Plans shall include:

- Known allergens.
- Signs and symptoms.
- Prescribed medication requirements.
- Emergency arrangements.
- Contact information.
- Educational visit requirements.
- Dietary controls and adjustments.

Healthcare Plans shall:

- Be reviewed at least annually or sooner if conditions change.
- Be communicated to relevant employees.
- Be accessible to employees with a legitimate need to know whilst maintaining appropriate confidentiality and data protection arrangements.

Allergy Risk Assessment and Planning

The school will implement a structured process for identifying, assessing, and controlling allergy risks.

Risk assessments will consider:

- Known allergens within the school environment.
- Curriculum activities involving food, chemicals, art materials, sensory materials, latex products, or other allergenic substances.
- Dining arrangements.

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- Educational visits and transport.
- Cleaning products and materials.
- Cross-contamination risks.
- Emergency response arrangements.
- Pupils with newly diagnosed allergies.
- Seasonal or environmental allergens.

The school will ensure suitable preventative controls are identified and documented.
The school recognises that it is not possible to guarantee an allergen-free environment; therefore, emphasis will be placed on risk reduction, awareness, and preparedness.

DO

Allergy Risk Management

The school will implement reasonable measures to reduce allergen exposure.

These may include:

- Allergy-aware classrooms.
- Supervised meal arrangements.
- Careful food handling procedures.
- Cleaning and hygiene controls.
- Risk assessments for activities involving food.
- Appropriate storage of food and allergens.
- Communication with catering providers.
- Consideration of allergens during curriculum activities.

The school recognises that it is not possible to guarantee an allergen-free environment.

Catering and Food Management

The school and catering providers will:

- Maintain accurate allergen information.
- Clearly identify allergenic ingredients.
- Prevent cross-contamination where reasonably practicable.
- Follow food hygiene procedures.
- Communicate effectively with parents and carers.
- Ensure staff understand allergy risks.

Pupils will not be encouraged to share food or drinks.

Food brought into school for celebrations or events may be restricted or controlled where necessary.

Safe Systems of Work and Operational Controls

The school will establish operational controls to minimise allergy risks, including:

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- Communication of relevant allergy information and emergency arrangements to temporary, agency, peripatetic, and supply staff.
- Clear communication of allergy information to relevant staff.
- Supervision of younger pupils during eating activities.
- Cleaning protocols to reduce allergen contamination.
- Handwashing procedures before and after meals.
- Restrictions on food sharing.
- Safe disposal of food waste.
- Controls during cooking, science, and craft activities.
- Procedures for visitors, contractors, and external providers.
- Management of allergens during school events and fundraising activities.

Reasonable adjustments will be implemented for pupils with disabilities or medical conditions in line with the Equality Act 2010.

Adrenaline Auto-Injectors (AAIs) and Emergency Medication

Each school must purchase and maintain an appropriate supply of in-date spare AAIs and suitable, clearly identified emergency AAI storage stations. Each school is responsible for the associated purchasing, replacement and maintenance costs.

Each school must ensure that all employees receive appropriate allergy and anaphylaxis awareness training. Sufficient employees must also receive practical training and be competent in recognising anaphylaxis, administering the AAIs held by the school and following the emergency response procedure.

The Responsible Person shall ensure suitable arrangements are in place for the procurement, storage, accessibility, inspection, maintenance, transportation, and administration of adrenaline auto-injectors (AAIs).

Where appropriate and supported by medical advice and parental/carers agreement, pupils may carry their own prescribed AAIs. Schools shall ensure suitable arrangements exist to confirm medication remains readily accessible and that relevant employees are aware of these arrangements.

schools must maintain a supply of in-date spare AAIs in accordance with Department of Health guidance. Arrangements shall be established for the procurement, storage, accessibility, inspection, and administration of spare devices during emergencies.

Each school shall determine the appropriate number and location of AAIs and spare AAIs based upon:

- the number of pupils identified as being at risk
- the size and layout of the premises
- travel time to medication locations

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- educational visits and off-site activities
- breakfast clubs, after-school activities, and sporting events; and the need to ensure rapid access during emergencies.

Pupils prescribed AAls should normally have access to two prescribed devices at all times in accordance with medical guidance.

Supply and procurement

A pupil's individually prescribed AAls shall be obtained by their parent/carer through the normal prescription arrangements and supplied to the school in their original packaging, with the pharmacy dispensing label intact.

Spare AAls for emergency use shall be purchased by the school from a pharmaceutical supplier, such as a community pharmacy. A prescription is not required. The supplier shall be provided with a written request signed by the Headteacher or Principal, preferably on school-headed paper, stating:

- the name of the school;
- the name and strength of each AAI required;
- the purpose for which the AAls are required; and
- the quantity required.

The brand, strength and number of spare AAls purchased shall be determined with reference to the needs and ages of pupils at risk, the devices prescribed to those pupils, current medical guidance and, where appropriate, advice from a pharmacist or healthcare professional.

Storage and Accessibility

AAls shall:

- Be stored in clearly identified and appropriately labelled locations.
- Be rapidly accessible during emergencies.
- Emergency allergy medication must never be stored in a manner that could delay immediate access during an emergency.
- Be protected from heat, cold, moisture, and contamination.
- Be stored in accordance with manufacturer instructions.

Each school shall identify designated emergency medication locations based upon:

- Building layout.
- Pupil needs.
- Dining arrangements.
- Sports and playground activities.
- Educational visit arrangements.
- Emergency evacuation procedures.

Storage locations shall:

- Be communicated to all employees.
- Be clearly signed.

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- Be included within induction and emergency arrangements.

Security and Control

The Responsible Person shall ensure medication remains secure whilst remaining immediately accessible during emergencies.

Arrangements shall include:

- Restricting routine handling to authorised personnel.
- Monitoring medication access.
- Preventing tampering or misuse.
- Maintaining a spare AAI register identifying pupils prescribed an AAI and recording relevant medical authorisation, parental/carer consent, the prescribed dose, the location of the pupil's own AAI, and confirmation of whether the school's spare AAI may be used.
- Reporting missing or damaged medication immediately.

Inspection and Maintenance

The Responsible Person shall arrange replacement of spare AAI's before expiry and promptly following use, damage or loss. Parents/carers remain responsible for replacing pupils' prescribed AAI's. AAI's shall be inspected at least monthly.

Inspections shall include:

- Expiry dates.
- Physical condition.
- Correct labelling.
- Accessibility.
- Storage conditions.

Inspection records shall be maintained.

Expired, damaged, or discharged devices shall be removed from service immediately and replaced.

Emergency Response Arrangements

All suspected allergic reactions shall be treated seriously.

Employees shall not delay emergency response measures where anaphylaxis is suspected, including where no previous diagnosis or healthcare plan exists.

Where anaphylaxis is suspected, employees must:

1. Administer an adrenaline auto-injector immediately. Keep the casualty lying flat with their legs raised. If breathing is difficult, they may sit with their legs extended. Do not allow

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them to stand, walk or suddenly sit up. If unconscious, place them in the recovery position and commence CPR if they are not breathing normally.

2. Call 999 and state "anaphylaxis".
3. Follow the individual's Allergy Action Plan.
4. Inform the school office and senior leadership.
5. Contact parents/carers.
6. Monitor the casualty continuously.
7. Administer a second AAI after five minutes if symptoms have not improved or have returned, using a new device.
8. Emergency planning arrangements shall consider continued access to allergy medication during evacuations, lockdowns, educational visits, off-site movement, and critical incidents.
9. Record the time, brand and dose of each AAI administered. Give the used device to the ambulance crew and provide details of the suspected allergen and the casualty's response.

The Trust recognises that delayed administration of adrenaline presents a significant risk, staff are expected to administer adrenaline immediately where anaphylaxis is suspected.

All incidents shall be reported and investigated in accordance with Trust procedures.

Information, Instruction, Training and Competence

The Responsible Person shall ensure sufficient numbers of employees are trained and competent in allergy management and anaphylaxis response.

Refresher briefings or awareness updates may also be provided following incidents, procedural changes, or identification of emerging risks.

- Anyone can administer adrenaline in an emergency under Regulation 238 of the Human Medicines Regulations 2012.
- Spare AAIs can legally be purchased by schools without prescription since October 2017.
- AAIs should never be locked away or inaccessible during an emergency.
- Best practice is for pupils to have access to two AAIs.

Training shall include:

- Allergy awareness.
- Recognition of anaphylaxis.
- Administration of AAIs.
- Emergency response procedures.
- Educational visit arrangements.
- Location of medication.

Training shall:

- Be provided during induction where appropriate.
- Be refreshed at least annually.
- Include practical demonstrations where possible.

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- Be recorded.

Suitable trained personnel shall be available during:

- Normal operational hours.
- Breakfast and after-school clubs.
- Educational visits.
- Sporting events.
- Lunch and break periods.

CHECK

Monitoring, Inspection and Review

The Responsible Person shall monitor the effectiveness of allergy management arrangements through:

- Inspection of medication storage locations.
- Monitoring expiry dates.
- Review of Individual Healthcare Plans.
- Monitoring training completion.
- Incident and near miss analysis.
- Audit and inspection activities.
- Review of educational visit arrangements.

Findings shall be reported to senior leadership where appropriate.

Records relating to allergy management, training, inspections, medication checks, healthcare plans, and incidents shall be retained in accordance with the Trust's data retention arrangements.

Incident Reporting and Investigation

All allergy-related incidents, near misses, medication failures, delayed responses, or procedural breaches shall be reported and investigated.

Investigations shall consider:

- Accessibility of medication.
- Staff response times.
- Adequacy of supervision.
- Communication arrangements.
- Training effectiveness.
- Compliance with healthcare plans.
- Near misses involving allergen exposure shall be treated as significant learning opportunities regardless of whether symptoms occurred.
- Findings and corrective actions shall be documented.

Following a serious allergy incident, the school shall consider the welfare and support needs of affected pupils, employees, and others involved, including access to appropriate debriefing and support arrangements where necessary.

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Continual Improvement

The Trust shall continually review and improve allergy management arrangements through:

- Review of incidents and near misses.
- Audit findings.
- Changes to legislation or guidance.
- Feedback from staff, pupils, parents/carers, and healthcare professionals.
- Review of training effectiveness.
- Periodic review of this policy.

Any actions arising from monitoring, inspections, audits, incidents, or reviews shall be incorporated into the Trust's continual improvement arrangements for health and safety management.

Review Frequency

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

Review Panel

Version Number	Description of Changes/review	Date of review	Approved by
1	Original version	May 2026	L Hook