



Policy name	Allergy and Anaphylaxis
Member of Staff Responsible	CEO
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Signed	FRA Committee

Penrose Learning Trust comprises of:

Claydon High School
Colchester Academy
East Bergholt High School
Dale Hall Primary School
Hadleigh High School
Claydon Primary School
Elmstead Primary School
Frinton-on-Sea Primary School
Great Bentley Primary School

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1. Statement of intent:

The purpose of this policy is 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.

Penrose Learning Trust is a family of schools that firmly subscribes to our mission of excellence through collaboration to provide the best possible outcomes for all learners.

- This policy applies to all schools and operations within Penrose Learning Trust

Penrose Learning Trust is committed to providing a safe, inclusive, and supportive environment for all pupils, staff, visitors, and contractors across all Trust schools and activities.

This policy sets out the Trust's arrangements for managing allergies and anaphylaxis, reducing the risk of exposure to allergens, and ensuring effective emergency response procedures are in place to safeguard pupils and others with known or suspected allergies.

The Trust recognises that allergies and anaphylaxis can present a serious and potentially life-threatening medical condition. We are committed to adopting a proactive and preventative approach to allergy management and ensuring that reasonable adjustments are made to support pupils with medical needs to participate fully in school life.

This policy supports the Trust's responsibilities under relevant health and safety, safeguarding, equality, and medical conditions legislation and guidance, including:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Children and Families Act 2014 (including duties relating to pupils with medical conditions)
- Equality Act 2010 (including duty to make reasonable adjustments and prevent discrimination)
- Food Information Regulations 2014
- Food Safety Act 1990
- Department for Education: *Supporting Pupils at School with Medical Conditions and allergies* (Sept 2026)
- The Children's Wellbeing and Schools Bill (2025/26)
- Relevant guidance from UK health bodies and recognised allergy organisations, including Anaphylaxis UK

This policy is supported by local school procedures, individual healthcare plans, risk assessments, training arrangements, and emergency response procedures that provide staff with clear guidance for managing allergy risks safely and effectively.

Penrose Learning Trust will review this policy and associated arrangements annually, or sooner where significant changes to legislation, guidance, or operational practice occur.

All staff have a responsibility to support the effective implementation of this policy and to take reasonable care for the health, safety, and wellbeing of pupils and others who may be affected by school activities.

The roles and responsibilities of staff and stakeholders within Penrose Learning Trust are defined within this policy.

2. Definition of terms

Allergy & Anaphylaxis

An allergy is a reaction of the body's immune system to substances that are usually harmless (allergens). While reactions can be mild to moderate, they can progress rapidly to anaphylaxis.

Anaphylaxis is defined by the Trust as a severe, life-threatening generalised or systemic hypersensitivity reaction. It is a medical emergency. Penrose Learning Trust recognises the "ABC" symptoms (Airway, Breathing, Circulation) as the definitive clinical indicators for the immediate administration of adrenaline

The ABC Symptoms In line with Benedict's Law, staff must prioritise recognition of the following:

- **A (Airway):** Persistent cough, hoarse voice, difficulty swallowing, or a swollen tongue.
- **B (Breathing):** Difficult or noisy breathing, wheezing, or a persistent "croupy" cough.
- **C (Circulation/Consciousness):** Persistent dizziness, pale or floppy appearance, sudden sleepiness, or collapse.

Note: Penrose Learning Trust recognises that anaphylaxis can occur **without** skin symptoms (such as a rash or hives). If any "ABC" symptoms are present, it must be treated as an emergency.

Adrenaline Auto-Injectors (AAIs)

An AAI is a pre-loaded, disposable medical device used to deliver a life-saving dose of adrenaline

Penrose Learning Trust uses the term "AAI" to cover all brands (e.g., EpiPen, Jext, and Emerade)

- Personal AAIs - prescribed medication belonging to a specific pupil.
- Spare/Emergency AAIs - Generic stock held by the school for emergency use, as permitted by the Human Medicines (Amendment) Regulations 2017 and mandated by the 2026 Statutory Guidance.

Individual Healthcare Plan (IHP)

The formal legal document required under the *Children and Families Act 2014*, outlining the school's overall management of a pupil's medical condition.

Allergy Action Plan (AAP):

The standardised, visual medical instruction sheet (e.g., the BSACI template) that must be attached to every allergic pupil's IHP. The AAP provides the specific clinical "trigger" for staff to act

3. Role and responsibilities

The overall responsibility for Allergy Safety and Anaphylaxis management rests with the Board of Trustees and the CEO. They will ensure that sufficient resources, both financial and physical, are available so that this Policy and its Arrangements (including the provision of emergency AAI kits) can be implemented effectively.

Delegation of individual duties to employees does not remove the ultimate responsibility and duty of care placed on the Board and CEO by the Health and Safety at Work etc. Act 1974 and the Children and Families Act 2014.

Specific Responsibilities of the Board of Trustees and CEO

The Board of Trustees and CEO are responsible for implementing this policy across the Trust. In particular, they will work with the Head of Service - Estates to:

- Regularly assess the effectiveness of allergy safe-working practices and amend the policy in line with updated statutory guidance (Benedict's Law).
- Ensure that every School has a robust emergency response procedure for anaphylaxis, See appendix 1

Head of Service - Estates

As the responsible Health and Safety officer for the Trust, the Head of Service - Estates ensures that Allergy Safety is embedded at both a strategic and local level.

- Producing the standardised Allergy and Anaphylaxis Policy and templates (IHPs/Risk Assessments) for the Trust
- Monitoring the performance of each school within the trust via the Parago compliance dashboard, ensuring monthly checks of emergency kits are completed
- The Head of Service - Estates will provide competent Health and Safety support to all schools regarding allergen-safe environments and the storage of hazardous substances/medication
- Monitoring the activities of third-party caterers and hirers to ensure they adhere to Natasha's Law and Trust-wide allergy standards.
- Preparing and reporting key allergy safety information (e.g., training completion rates and kit audit data) for the Finance, Risk, and Audit (FRA) Committee.

- Ensure all allergic reactions and "near misses" are recorded via the Parago incident module and reviewed to limit future risk.
- Arrange for the procurement and replacement of emergency medical equipment (AAls) identified as being required for statutory compliance.

Headteachers (Site Responsible Person)

Headteachers will take on the role of the site Responsible Person (RP) and are responsible for ensuring this Policy is managed at a local level:

- Implementing and embedding local procedures for the identification of allergic pupils and the storage of their specific medication.
- Ensure induction and application arrangements identify any medical concerns
- Individual Healthcare Plans (IHPs): Ensuring every pupil with a known allergy has a Trust-approved IHP and a BSACI Allergy Action Plan in place.
- Ensuring all staff receive adequate information, instruction, and practical training in the use of Adrenaline Auto-Injectors (AAls).
- Maintaining accurate and up-to-date medical folders and digital alerts for all staff to access in an emergency.

Parent Responsibilities

- Notify the school immediately of any known allergies or changes in medical status.
- Provide a clinically signed Allergy Action Plan (BSACI preferred).
- Supply and maintain two in-date Adrenaline Auto-Injectors (AAls) at the school.
- Accept primary responsibility for replacing expired pupil-specific medication.

Staff Responsibilities

All Penrose Learning Trust employees have a legal duty under the Health and Safety at Work Act to cooperate with this policy. Specifically:

- All staff must complete anaphylaxis awareness and AAI practical training annually. New staff must receive induction training prior to supervising allergic pupils.
- All staff (including cover and supply) must be aware of the allergic pupils in their care. Allergy awareness must be maintained at all times, not solely during mealtimes.
- Trip leaders are responsible for ensuring all emergency supplies are carried, any pupil unable to produce their prescribed AAI(s) will be excluded from the excursion.
- The Designated School Lead must ensure that an up-to-date Allergy Action Plan is stored with the pupil's medication at all times.
- While primary responsibility rests with parents, the Designated School Lead will perform termly secondary checks of pupil-specific medication.
- The Designated School Lead must maintain a register of prescribed AAls and ensure all reactions or "near misses" are recorded on the Penrose Learning Trust reporting system and reported in accordance with RIDDOR where applicable.

Pupil Responsibilities

The Trust encourages pupils to take age-appropriate responsibility for their allergy management. Pupils are expected to:

- Alert a member of staff immediately if they feel unwell or recognize the onset of allergic symptoms.
- Secondary-aged pupils (where deemed competent) should take responsibility for carrying their prescribed AAls at all times, including during PE and off-site visits.
- Refrain from sharing food, drinks, or utensils with peers.
- Inform a member of staff if they are concerned about potential cross-contamination in a lesson (e.g., Food Technology or Science).
- Cooperate with staff during the development of their Individual Healthcare Plan (IHP) to ensure the practicalities of their school day are considered.

4. Trust Standards and Implementation

Documentation and Risk Management

- Each School must maintain an Individual Healthcare Plan (IHP) for every pupil with a known allergy, supported by an Allergy Action Plan (AAP). As a written emergency treatment plan is a standard component of clinical care for any patient prescribed an AAI, the AAP must be a document already issued or endorsed by the child's healthcare team (e.g., allergy consultant, specialist nurse, or GP) as part of their ongoing medical management
- It is the responsibility of parents to provide this clinician issued plan to the school. The school's role is to obtain and implement the provided plan, schools are not required to commission, arrange, or pay for separate clinical approval or GP reviews
- To ensure consistency across Penrose Learning Trust, the BSACI template is the mandatory standard, and only Penrose Learning Trust approved templates shall be used
- High-risk departments (Catering, Science, and Technology) must maintain a specific Allergy Risk Assessment, reviewed annually by the Headteacher (or their Designated Allergy Lead)
- To ensure a rapid and effective response, every School shall conduct an annual Whole-School Allergy Risk Assessment. This assessment will determine the appropriate quantity and strategic locations of emergency AAI kits, ensuring that regardless of the site's layout, emergency medication is reachable within 5 minutes for all pupils and staff. This assessment must consider high-risk areas, split-site buildings, and the distance to sporting facilities

Emergency Medication and Monitoring

- In accordance with the Human Medicines (Amendment) Regulations 2017, all Schools shall hold a minimum of two "spare" Adrenaline Auto-Injectors (AAIs) for emergency use
- Emergency medication must be stored in a centralised, unlocked, and clearly

signposted location accessible to all staff

- Local site teams must perform a monthly physical inspection of spare AAls. Results, including expiry dates, must be recorded via the Parago compliance system
- The Head of Service - Estates shall conduct termly audits of the Parago records to ensure compliance

Training and Educational Visits

- All staff must complete accredited anaphylaxis awareness on an annual basis via National College
- Trip Leaders must ensure all required medical supplies are present before departure. Pupils without their prescribed AAls shall not be permitted to attend off-site excursions
- *The Site Responsible Person (Headteacher) must ensure that the practical application of AAI training is verified locally, using physical trainer devices to support the National College accredited module.*

Environmental Safety

- All catering provisions, whether in-house or contracted, must comply with Natasha's Law regarding the labeling of pre-packed food.
- Schools must be an 'Allergy Aware' environment focused on hand hygiene and robust allergen labeling. To prevent accidental exposure, pupils must not share food, drinks, utensils, or food containers with others unless this is part of a planned and supervised activity (such as a school fete, culture day, or cake sale) where allergen risks have been specifically assessed and managed
- Any incident involving the intentional use of allergens to threaten, tease, or bully a pupil must be recorded as a safeguarding concern and dealt with under the school safeguarding policy

5. Emergency Treatment and Management

To ensure a rapid and effective response to an allergic emergency, all Schools within Penrose Learning Trust must adhere to the following:

- All staff are responsible for recognising the signs of an allergic reaction, categorized as Mild/Moderate or Severe (ABC Symptoms: Airway, Breathing, Circulation)
- Upon suspicion of Anaphylaxis, staff must follow the Emergency Response (see Appendix A). This includes the immediate administration of Adrenaline (AAI) without delay
- Pupils experiencing a reaction must be kept in the correct clinical position (normally lying flat with legs raised) to maintain blood pressure. Under no circumstances should a pupil be stood up or walked to a medical room
- Emergency Services must be dialled immediately whenever an AAI is administered. All pupils who suffer anaphylaxis must be transported to the hospital for observation
- If symptoms do not improve after 5 minutes, a second AAI must be administered.
- The Headteacher must notify the CEO and Head of Service - Estates of any emergency

AAI administration as soon as is practically possible.

6. Supply and storage of medication

Pupil-Specific Medication

- Parents are required to provide two in-date AAls for every pupil prescribed one
- Medication must be stored in a standardised, clearly labeled container (e.g., a red drawstring bag for ease of identification). This container must include the AAls, a BSACI Allergy Action Plan, and any secondary medication (antihistamines/inhalers) as specified in the IHP
- For younger pupils, kits must be stored in a central, unlocked location reachable within 5 minutes.
- Secondary-aged pupils, or those deemed competent, are encouraged to carry their own medication. However, a "back-up" kit should remain accessible in a central school location.

'Spare' Emergency Kits

- The Trust provides "Spare" AAI kits to all Schools to be used if a pupil's own device is unavailable or fails
- Locations of emergency kits must be clearly identified with standardised medical signage known to all staff

Maintenance and Environmental Controls

- All AAls must be stored at room temperature (15°C-25°C) and protected from direct sunlight. They must never be refrigerated
- While parents hold primary responsibility for providing in date medication, School site staff must conduct monthly physical inspections of all kits. These checks will verify presence, expiry dates, and medicine clarity and must be recorded on the Parago System

Disposal of Medical Waste

- AAls are for single use only. Used devices must be handed to ambulance paramedics or disposed of in a designated Sharps Bin
- The disposal of Sharps Bins must be managed via a licensed clinical waste contractor. The Head of Service - Estates will oversee the Trust-wide contract for clinical waste disposal
- See Sharps policy for further details

7. Staff Training and Competency

Training

- All staff will receive annual allergy and anaphylaxis awareness training. Training may be delivered online (via the National College) or face-to-face. Where adrenaline auto-injector training is provided online, staff must have access to a physical trainer device to practise the administration technique and build confidence in responding to an emergency. These trainer devices are available free of charge from manufacturers (e.g., EpiPen and Jext).
- Allergy awareness must form part of the induction process for all new employees, including temporary or supply staff, before they supervise pupils with known allergies.

Training Content Standards

To ensure a consistent response across the Trust, training must cover:

- Recognition of mild, moderate, and severe (anaphylactic) symptoms.
- The immediate administration of AAI and the correct procedure for contacting Emergency Services.
- All Staff will undertake training via National college which includes a demonstration using "trainer" (dummy) AAI devices
- Trainer Devices, these are free of charge from the manufacturers (EpiPen and Jext)
- Education on allergen avoidance and the prevention of cross-contamination.

Training Records

- The Headteacher is responsible for ensuring 100% training compliance within their School
- Training records must be maintained locally and be available for inspection during Health and Safety audits

8. Inclusion and safeguarding

The Trust is committed to the safety and full participation of all allergic pupils and staff.

- No individual shall be excluded from any school activity (curriculum, trips, or social events) due to an allergy. Schools must proactively adapt environments to ensure 100% participation.
- Employees with severe allergies must disclose these to their Headteacher. Appropriate workplace risk assessments will be provided to ensure staff safety.
- Any intentional use of an allergen to threaten, tease, or intimidate another person is a Safeguarding incident. Such actions must be managed under the Behaviour Policy and reported to the Designated Safeguarding Lead (DSL)

9. Catering and Food management

All food provision must adhere to the Food Information Regulations 2014 and Natasha's Law. All Pre-Packed for Direct Sale (PPDS) food must be labeled with full ingredients and highlighted allergens.

- Schools must maintain a robust system (e.g., photo-ID or digital alerts) to ensure catering staff can accurately identify allergic pupils during meal service
- High-risk activities involving food (e.g., Food Technology, Science, or School Fetes) must be specifically risk-assessed. In Primary settings, no food treats shall be given to allergic pupils without prior parental consent

10. Educational Visits and Off-Site Activities

- To ensure pupil safety, any student prescribed an AAI who is unable to produce their required medication (typically two in-date injectors) at the point of departure may be excluded from the trip
- Trip leaders must conduct a site-specific risk assessment for all excursions, considering the proximity of emergency services and the management of food-related risks at the destination
- The Trip Leader is responsible for the safe carriage of the pupil's emergency medication, a copy of the Allergy Action Plan (AAP), and a functioning mobile phone for emergency contact

Sporting Excursions

- Pupils with allergies must have equal opportunity to participate in sporting fixtures. The PE department is responsible for ensuring the host school is notified of any severe allergies during the fixture coordination process
- All off-site sporting teams must be accompanied by at least one member of staff trained in the recognition of anaphylaxis and the administration of AAIs
- Pupils must have their prescribed medication present to board transport or they may be excluded from the fixture
- If a host school cannot guarantee a safe catering environment, the School will coordinate with parents to provide a "safe" packed meal for the pupil
- Schools must maintain open communication with parents to ensure that any specific risks associated with particular venues or sports are addressed in the pupil's risk assessment

Further information can be found

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatic-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>