PMAT Allergy Management Policy

Date:	September 2026	**Author/Owner:**	V. Semple
Date of next review:	Summer 2027	**Approval:**	Trustees/LGB/Exec
Type of policy:	Trust-wide Individual school Adapted by school	**Key Contact Email:**	vikki.semple@prestoleetrust.org
School:	N/A		

Current version	Previous version	Summary of changes made
September 2026		New policy

This document sets the Trust's mandatory principles, responsibilities, and minimum requirements.

Detailed procedures, checklists, and school-level templates are contained in the Allergy Safety Operating Guide.

Each school must complete and maintain its own Implementation Schedule.

1. Purpose and scope

Prestolee Multi Academy Trust is committed to ensuring that pupils, students, staff and visitors with allergies are safe, included and able to participate fully in school life.

This policy establishes consistent Trust-wide arrangements for identifying allergies, reducing exposure to known allergens, managing emergency medication, responding to allergic reactions and learning from incidents and near misses.

It applies throughout the early years, primary and secondary phases and to all employees, agency and supply staff, catering staff and contractors, breakfast and after-school provision, regular volunteers, trainees, visitors carrying out pupil/student-facing activities and anyone supervising a school activity. Relevant principles also apply to employees and visitors with allergies.

For this policy, "pupils and students" means any child or young person enrolled at a Trust school. "Anaphylaxis" means a potentially life-threatening allergic reaction affecting the airway, breathing or circulation. "AAI" means an adrenaline auto-injector.

2. Legal and statutory framework

This policy has regard to:

- section 100 of the Children and Families Act 2014 and section 34 of the Children's Wellbeing and Schools Act 2026;
- the DfE's Allergy safety in schools and Supporting pupils at school with medical conditions statutory guidance;
- Keeping Children Safe in Education 2026;
- the Equality Act 2010 and applicable health and safety, medicines, food information, school food and data protection legislation; and
- the Early Years Foundation Stage statutory framework, where applicable, and the common-law duty of care.

The Trust will update operational arrangements when further regulations or statutory guidance are issued.

Material changes to the policy will be referred to the Board; minor administrative changes to the Operating Guide may be approved through the Trust's normal management arrangements, provided they do not reduce the protection offered.

3. Policy principles

- Allergies will be taken seriously and managed through proportionate risk reduction and robust emergency arrangements.
- Schools will maintain an allergy-aware environment; they cannot guarantee an allergen-free environment.
- Pupils and students with allergies will not be unnecessarily excluded, segregated or disadvantaged.

- The views of pupils/students, parents and carers will be considered alongside appropriate clinical advice.
- Pupils and students will be supported to develop age-appropriate independence without assuming that older students need no support.
- Emergency medication must be rapidly accessible, and treatment must not be delayed while seeking consent or contacting parents.
- Allergy-related bullying, threats or deliberate exposure will be treated seriously.
- Health information will be shared only where necessary, proportionate and lawful.
- Incidents and near misses will be used to improve systems through a fair, learning-focused review.

4. Roles and accountability

4.1 Board of Trustees and People and Places Committee

The Board retains overall accountability. It will ensure that a Trust-wide policy is in place, schools have named senior leadership, suitable resources are available, allergy risks are monitored and serious incidents are appropriately reviewed. Detailed monitoring is delegated to the People and Places Committee.

4.2 Chief Executive Officer and Trust Executive Team

The Trust Executive Team will oversee implementation, provide schools with guidance and templates, ensure significant risks and incidents are escalated, identify Trust-wide learning and report to trustees at least annually.

4.3 Local governing boards

Local governing boards will receive assurance about school-level implementation, support and challenge the headteacher and escalate material concerns to the Trust Executive Team.

4.4 Headteacher and School Allergy Safety Lead

The headteacher must appoint a named senior leader as School Allergy Safety Lead and ensure the school Implementation Schedule is completed and reviewed. Together they will maintain the allergy register, coordinate Individual Healthcare Plans (IHPs) and clinical Action Plans, oversee training and medication, liaise with parents and caterers, support risk assessments and ensure incidents are reported and reviewed. Allergy safety must not be left solely to catering or first-aid staff.

4.5 All staff and other adults

All staff must complete required training, understand the school's local arrangements, know how to access relevant allergy information and medication, consider allergies when planning activities, respond immediately to suspected anaphylaxis and report reactions, errors and near misses. Contractors, regular volunteers and other adults must receive information appropriate to their role.

4.6 Parents, carers, pupils and students

Parents and carers must provide accurate information, clinical Action Plans, prescribed medication and updates to the school. Pupils and students will be supported to understand their allergy, report symptoms promptly, avoid sharing food, follow agreed medication arrangements and contribute to their IHP.

5. Mandatory school arrangements

5.1 Identification, records and IHPs

- Each school will obtain allergy information on admission, transition and annual data verification, and whenever new information is received.

- An up-to-date allergy register will be readily available to staff who need it, including teaching, pastoral, office, first-aid, catering and extended-school staff.
- An IHP will be put in place where the allergy has a functional impact, creates a risk of harm or requires arrangements beyond ordinary provision. Relevant Allergy or Asthma Action Plans must be attached or clearly referenced.
- IHPs will be reviewed at least annually and sooner following changes, an incident or near miss, or a significant transition.

5.2 Training

Staff present when pupils and students are on site must receive annual allergy awareness and emergency-response training through SCHOOT or another approved route. New, temporary staff and supply staff must receive an appropriate induction or briefing. First-aid training alone is not sufficient.

5.3 Reducing exposure and managing food safely

- Schools and caterers will comply with food-safety and allergen-information requirements and maintain reliable systems for identifying pupils and students with food allergies.
- At the point of meal service, at least two robust identification methods will be used, adapted to age, dignity and independence.
- Reasonable controls will include suitable handwashing and cleaning, preventing food sharing, checking ingredients, managing substitutions and cross-contamination and risk assessing lessons, celebrations, clubs and external provision.
- Schools may discourage identified high-risk foods were supported by risk assessment but will not describe themselves as completely “nut-free” or “allergen-free”.
- Pupils and students with allergies will not routinely be required to sit separately from their peers.

5.4 Prescribed and spare emergency medication

- Pupils and students prescribed adrenaline should normally always have access to two prescribed devices.
- Where medication is stored by the school, it must be clearly labelled, unlocked, readily accessible and capable of reaching the person within five minutes. It must not depend on access by one named person.
- Each school will hold spare AAIs. As a minimum, primary schools will hold one pair of 150 microgram and one pair of 300 microgram AAIs; secondary schools will hold at least one pair of 300 microgram AAIs, with additional pairs where required by pupil profile, site size or layout.
- Spare AAIs will be stored in pairs, checked at least termly and before relevant trips, replaced before expiry or promptly after use, and recorded through Every Compliance.

6. Emergency response

Suspected anaphylaxis: act immediately

Give adrenaline without delay. Bring the medication to the person; do not make them walk. Call 999 and state “anaphylaxis”. Do not allow the person to stand or walk. Give a second dose after five minutes if there is no improvement. Call the parent or emergency contact and remain with the person until emergency help arrives.

All staff must follow the person's clinical Action Plan where available. If there is doubt about whether symptoms are anaphylaxis, adrenaline should be given. Treatment must not be delayed while seeking consent, calling parents or waiting for an ambulance. Anyone treated with adrenaline must be assessed by emergency medical services.

The detailed response to mild/moderate reactions and suspected anaphylaxis is set out in the Operating Guide and the emergency procedure displayed at each school.

7. Inclusion, visits, safeguarding, and wellbeing

- Pupils and students with allergies will be supported to participate in lessons, meals, clubs, educational visits, residentials, sport and other activities wherever reasonably possible.
- A specific risk assessment will be completed for a person at risk of anaphylaxis participating in an off-site activity. Required medication and trained staff must be in place before departure.
- Allergy-related bullying or deliberate exposure will be addressed under the school's Behaviour and Safeguarding and Child Protection Policies.
- The Designated Safeguarding Lead will be consulted where medical information is repeatedly withheld, essential medication is repeatedly missing in a way that creates risk, deliberate exposure is suspected, or the circumstances indicate possible abuse, neglect or exploitation.
- The emotional, attendance and educational impact of allergies will be considered and reasonable adjustments made.

8. Incident reporting, information, and learning

- Every allergic reaction, medication error, significant exposure, serious incident and near miss must be reported to the School Allergy Safety Lead and recorded through Every Compliance as soon as practicable.
- Parents or carers must be informed promptly, subject to appropriate consideration of the views of a student aged 16 or over and any safeguarding or legal requirements.
- The headteacher and Allergy Safety Lead will review serious incidents and near misses, including the IHP, Action Plan, catering or activity controls, training and any external reporting requirement.
- Significant incidents and risks must be escalated to Rebecca Dunne, Deputy CEO/COO, in accordance with Trust reporting arrangements.
- Allergy information is special-category health data and will be accurate, secure, accessible in an emergency and shared only on a need-to-know basis or where necessary to protect life or prevent serious harm.

9. Monitoring, review, and complaints

Each school will complete an annual allergy safety audit and review its Implementation Schedule. The Trust will review this policy at least annually, following a serious incident or significant near miss, or when legislation or statutory guidance changes. The policy will be published on each school website and made available in hard copy on request.

Concerns should initially be raised with the School Allergy Safety Lead or headteacher. Unresolved concerns will be considered under the school's Complaints Policy. A complaint must not delay immediate safety action, incident reporting, safeguarding action or review of an IHP or risk assessment.

10. Documents schools must maintain

Document/record	Minimum requirement
School Implementation Schedule	Completed and reviewed annually.
Allergy register	Current and accessible to staff who need it.
IHP and clinical Action Plan	In place and reviewed for relevant pupils/students.
Training record	Annual SCHOOT/approved training plus induction/briefings.
Spare AAI checks	At least termly through Every Compliance and before relevant trips.
Incident/near-miss records	Completed through Every Compliance and reviewed.
Annual allergy safety audit	Completed and reported through local and Trust assurance arrangements.