Allergy Safety Policy

Approval Date	September 2026
Policy Owner	Director of Operations
Adopted by Trust Board	Pending Trust Board Ratification
Review Date	September 2027

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1 Introduction

1.1 Rationale

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA-maintained schools, academies and PRUs must have an allergy safety policy. The content of such a policy has been defined within the statutory guidance document 'Allergy safety in schools' published by the Department for Education in July 2026.

The Reach South Academy Trust (the Trust) Allergy Safety Policy describes our Trust-wide approach to allergy safety and will be implemented in all our academies. It has been developed with due regard to the statutory guidance.

We are aware that further regulations are to be made to further improve allergy safety. Some of the expected future mandatory changes, such as the requirement to stock 'spare' adrenaline devices and to require allergy safety training will be addressed in this policy and will be implemented prior to changes in statute.

Whilst this policy is a stand-alone policy, it does closely align with the Trust's 'Supporting Pupils with Medical Needs Policy'.

This policy will be routinely reviewed on an annual basis but may be reviewed sooner in the event of the issue of updated legislation or guidance or where an incident or near miss suggests areas for improvement.

1.2 Aims

This policy aims to set out in a clear and implementable way:

- how the school, college or setting will **identify** children and young people with allergy and **minimise the risks of exposure** to known allergens, including **managing the risk of food allergy**;
- how staff will be **trained** in allergy awareness and emergency response; how individuals at risk of anaphylaxis will have **access** to their prescribed adrenaline devices, alongside **"spare" adrenaline devices**;
- how children and young people with allergy will be able to participate in **visits and trips**;
- how **Individual Healthcare Plans** will capture specific arrangements (including any Allergy Action Plan and/or Asthma Plan); and
- how the **wellbeing** and **inclusion** of children and young people with allergy will be promoted.

1.3 Managing the Allergy Safety Policy

<u>Delegation of responsibility -</u>

Ownership of the Allergy Safety Policy will be held by the Director of Operations.

Responsibility for oversight that the policy is effectively implemented at school level is held by Regional Directors. Regional Directors will provide effective monitoring, support and challenge. A Teams chat group has been set up by the Trust's health and safety specialist for the Regional Directors for informational support to assist them carrying out their responsibilities.

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Executive Heads, Headteachers or Head of School will be responsible for appointing an Allergy Safety Lead at each individual academy. This role would normally be undertaken by a member of the leadership, pastoral, safeguarding, SEND or medical needs team.

Allergy Safety Leads will be responsible for the implementation of the policy in their school and will be involved with the ongoing monitoring of arrangements. Allergy Safety Leads are required to complete the National College 'Certificate in the Role of Allergy Lead' course. A Teams chat will be set up by the Trust's health and safety specialist for Allergy Safety Leads for informational support to assist them carrying out their responsibilities.

The Allergy Safety Policy will be reviewed at least annually. The policy will be reviewed more frequently, particularly where incidents or near misses suggest areas for improvement, particularly where policies or procedures may leave individuals with allergy at risk.

2 Culture

2.1 Allergy Awareness Training

All staff that are present at our schools at any time when children are present will be required to receive training in allergy awareness and emergency response at least annually. It includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, site teams, catering staff and others that may oversee children and young people at breakfast or after school clubs. This requirement does not apply to contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Allergy awareness training will ensure all staff:

- Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on **allergy triggers**;
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can recognise **anaphylaxis**;
- Know how to respond in an **emergency**, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's **allergy safety policy**;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

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The allergy awareness training will be delivered partly by online course, and partly by in-school induction/briefing.

Online Training – we have chosen to use resources produced by the National College. The full course will be the '**Certificate in Allergy & Anaphylaxis Awareness**' which runs for 41 minutes. This will be the first course undertaken and will be repeated at periods not exceeding 24 months. At the mid-point between the full course the '**Annual Refresher in Allergy & Anaphylaxis Awareness**' should be taken.

Note: The Certificate in Allergy & Anaphylaxis Awareness course was updated on 20th May 2026 to reflect the changes brought about by the then draft of the statutory guidance. Any person that has taken the course before that date should retake it to fully understand the updates.

The training described in this section should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

2.2 Wellbeing

The Trust adopts a zero-tolerance approach to all forms of child-on-child abuse. Full details can be found within Section 9 of our "Safeguarding and Child Protection Policy" 2026-2027.

These arrangements extend to the protection and support of children and young people with an allergy. Bullying could range from deliberately using known allergens to exclude peers from activities, to denigrating or making fun of the need to avoid allergens, or even threats to force-feed known allergens.

Many children or young people with allergy become anxious as a result of the risk of exposure to the allergens and the potential for anaphylaxis. The effect of bullying can contribute to higher levels of anxiety amongst children and young people with allergy.

Schools/settings will actively provide support to pupils, both in providing reassurance that steps are being taken to minimise the risks of exposure to allergens and that robust measures are in place in the event of anaphylaxis.

We will adopt best practice from the statutory guidance and other sector sources and our processes will be subject to review and improvement over time. We will initially:

- Use regular communication to children, young people, parents/guardian and staff about allergy, ensuring ongoing awareness and appreciation of the severity of potential risks.
- Carry out proactive engagement with new joiners with known allergy, setting out the school/setting's policies and the support available.
- Consider inviting new joiners with allergy to have a tour of the kitchen and dining area so they can meet the staff and get used to the mealtime environment. This will be assessed on a school-by-school basis, but where it can be offered it may reduce anxiety in the children and young people, and help staff identify children and young people with allergy, intolerances and coeliac disease in the dining area. Support with underpinning risk assessments is available from the Trust's health and safety specialist.

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- Consider introducing “allergy champion” roles for staff and students. These would act as a point of contact for children, young people and staff with an allergy. They can share feedback and support new joiners or anxious children and young people. This will be considered on a school-by-school basis.

Ideally individuals with an allergy will be involved in developing and reviewing these arrangements.

The school/setting must also consider the support required by child or young person, their parents and also staff involved in a serious incident or “near miss”. Later in this policy (Serious incident and “near misses” section) we describe the review, reporting and follow up action following an incident. Communication of the lessons learned and actions taken is important to give all parties the reassurance of the effective management of allergy safety in the school/setting.

2.3 Minimising Risk

The Trust requires all schools/settings to minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens. This will be achieved by:

Food provided by the school/setting – our caterers must fulfil their duty under law to show the allergen ingredients information for the food they serve. Refer to section 5.17.1 of the Trust Health and Safety Policy and the food allergy section below.

Food brought in by others – see the food allergy section below for details of applied best practice.

Where children and young people have a known allergy to airborne or contact allergens – this will generally be addressed through the process of developing an individual healthcare plan, but reasonable adjustments can also be made following an individual risk assessment process.

Planning of activities where there is a risk of exposure to allergens – all staff attending our schools will be subject to allergen and anaphylaxis awareness training and will be expected to use the knowledge gained to assist in the identification of potential allergens that may be associated with activities (for example craft, science, music or cooking, or where activities involve animals). Activities should then be planned so that children and young people are not prevented from taking part alongside their peers simply because of a risk of coming into contact with one of their allergens.

Planning of external visits or trips – the existing Trust “Educational Visits Policy” in Section 9.9.3 describes the need during the risk assessment process to consider ‘any special educational / medical needs of any of the pupils’. In this part of the risk assessment pupils with allergy would be identified and mitigations would be suggested to minimise the risk of exposure to known allergens. It would also detail first aid and emergency provision, particularly where there is a known risk of anaphylaxis and prescribed adrenaline auto-injectors.

2.4 Food allergy

The supply of food in Trust schools/settings will be in compliance with:

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- The Requirements for School Food Regulations 2014 (known as the School Food Standards). We will make reasonable efforts to cater for pupils with medical conditions, including food allergies and hypersensitivities. The Trust also expects Headteachers and Governors to work with catering staff, parents/guardians and pupils to ensure risks are identified, minimised and managed effectively so that individuals with allergy and hypersensitivities can be fully included in meals.
- The Food Information Regulations 2014 (as amended). We will, through our catering arrangements/contracts, provide information about the 14 regulated allergens present in the food we serve.
- EU Regulation 828/2014 (assimilated into UK law). Where food is supplied and a claim is made/the food is labelled as being “gluten-free” or “very low gluten” it must comply with the thresholds described within the regulation. This is for safe provision of food for individuals with gluten intolerance and coeliac disease.

The following best practice will be considered in all settings that provide or permit food to reduce the risk of allergen exposure in children with food allergy:

- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- **School caterers** must provide information on food allergens to parent/carers and have this available for the child to be able to check independently. Catering staff should be available to meet with parents/carers to discuss provision of allergen safe meals.
- **Leaders** need to be aware of, and engage with, caterers to understand the controls in place to ensure that food service conforms with legislation.
- Where food is provided by the school, **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.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission should be sought in advance to ensure inclusion and safety for children with allergy.
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- 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.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and alternatives used when needed.
- In arts/craft, an appropriate alternative ingredient should be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc)

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can also be contaminated with food: use alternative, non-food containers for craft activities, where possible. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.

- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care).

3 Individual children and young people

3.1 Identification

Children or young persons – information regarding whether a child or young person have a known allergy is normally ascertained by asking the child or young person, their parents or their previous setting for relevant information. Where appropriate existing Individual Healthcare Plans and/or Allergy Action Plans should be requested. Additional information required would include known allergens and whether they carry medication (such as adrenaline devices). Gathered information will be stored on the MIS system, Arbor platform used across the Trust.

Where a worker has an allergy that may affect their health, safety or ability to undertake their role, it should be disclosed to the Trust and the Trust will consider appropriate risk assessments and reasonable workplace adjustments on a case-by-case basis. Any outcomes will be recorded on the Trust's HRMIS system.

Moving forward we will also ask visitors if they have allergy which the school/setting should be aware of, especially if they are likely to be served food.

3.2 Individual Healthcare Plans

This section should be read in conjunction with the Trust Supporting Pupils with Medical Needs Policy – Individual Healthcare Plans on page 6. This describes the Trust approach to identifying the need and the development and implementation of an IHP.

With regards to this policy children and young people should have an Individual Healthcare Plan if:

- they have an allergy which has a functional impact on them in their school or setting;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

Whilst the process of developing an IHP is similar, the content of an Individual Healthcare Plan for Allergy is specific to allergy safety content. Appendix 1 is the template provided by the DfE and is to be adopted as the minimum standard we work to.

Where a child or young person is suspected of having an allergy, but no clinical advice is available the school/setting must not dismiss the child or young person or the information

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they receive. They must put arrangements in place to support them based on the best assessment that can be made of the likely risk to the child or young person's health, education and wellbeing. This will involve closely engaging with the child or young person themselves and with their parents. It would also be appropriate to seek from school nursing teams. Please note that school/settings are not responsible for making clinical judgements. Where school support required cannot be safely determined without clinical advice then advice from appropriate healthcare professionals should be sought.

Where a child or young person has been issued an Allergy Action Plan by a healthcare professional, the IHP should refer to the plan, noting the health provider that issued it, the healthcare professional that prepared it and the relevant review date. The IHP should also set out any actions staff may need to undertake in supporting it's delivery and identify which staff are involved. The action plan should be attached to the IHP.

3.3 Prescribed Adrenaline

People at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. Clinical advice recommends that people at risk of anaphylaxis carry two devices with them at all times, since two doses of adrenaline may be required.

All adrenaline devices must be stored at room temperature (in accordance with manufacturers recommendations) and should not be left in direct sunlight. With this in mind children and young people will be encouraged to keep their adrenaline devices with them in their school bags, ensuring that they have access to them even when travelling to and from school. Should a child or young person not be able to keep their adrenaline devices with them (due to age or other considerations), then the devices should be stored in a central location that is unlocked and accessible at all times. When considering storage and device access it is important to remember that in the case of anaphylaxis, adrenaline should be administered within five minutes.

School/settings should advise that it is good practice to keep a copy of the individual's Allergy Action Plan together with their medication, since it will include instructions on how it should be used in emergency situations.

Adrenaline devices brought in by children or young persons must have the expiry date recorded on Arbor. The school setting to ensure that regular checks are made to ensure these devices remain in-date.

Used or expired adrenaline devices must be disposed of in accordance with the manufacturer's guidelines. Generally, this will be by given them to ambulance paramedics on arrival, taken to a pharmacy or can be disposed of in a pre-ordered sharps bin for collection by the local council.

4 School-wide policies

4.1 Spare adrenaline devices

There is now an expectation that schools will stock "spare" adrenaline devices of the correct dosage for their pupils, for use in emergency situations. Whilst not currently mandated by primary legislation the Trust wholeheartedly supports this approach and will ensure that appropriate stocks of "spare" devices are kept in all of our school sites with the exception of

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our early years and FE settings which are not within scope of the permissions contained within the Human Medicines (Amendment) Regulations 2017.

The current regulations only permit AAIs to be purchased as “spare” devices and not the non-injectable adrenaline devices (nasal sprays).

“Spare” AAIs should always be stocked in pairs (if a single device is used then one matching device should be purchased to make up the pair).

When considering how many “spare” devices to purchase you must take into account that in the event of an anaphylaxis reaction, adrenaline should be brought to the child or young person and administered within five minutes. On larger sites this will probably require the purchase of multiple pairs of devices. The basic advice within the statutory guidance is shown below:

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of “spare” AAIs	n/a
Primary school	One pair of “spare” AAIs	One pair of “spare” AAIs
Secondary school	n/a	One or two pairs of “spare” AAIs *
Special school	One pair of “spare” AAIs	One pair of “spare” AAIs

“Spare” devices should be clearly labelled, to avoid any confusion with ADs prescribed to a named person.

Stocks of “spare” devices are to be checked regularly to ensure they remain in date.

“Spare” AAIs must be readily accessible and not locked away.

Whilst parental consent is not a legal prerequisite to the administration of a spare AAI in an emergency, schools should obtain and record consent wherever reasonably practicable. Please note, in an emergency anyone may take reasonable action to save a life without checking whether prior consent has been given, to avoid delays in treatment.

If a child or young person has been prescribed non-injectable adrenaline devices but it/they are not available, then the school’s “spare” AAIs may be used instead.

4.2 Visits and trips

Please also refer to the Trust’s Educational Visits Policy.

The existing arrangements require a risk assessment for pupils who have medical needs to support them and ensure they are able to participate in the trip safely. Any child or young

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person at risk of anaphylaxis taking part in a trip off the premises would be considered within such a risk assessment.

Children or young people at risk of anaphylaxis must carry two of their own adrenaline devices with them, and there must be staff trained to administer adrenaline in an emergency.

The Trust would support the decision of the school/setting, where appropriate, to take "spare" adrenaline devices in case of emergency on some trips. However, this should not cause a lack of "spare" adrenaline devices on school premises.

4.3 Serious incidents and "near misses'

The Trust recognises the seriousness of allergy related incidents and should any happen, we will use the information from these events for reflection and will review, challenge and test our arrangements with the aim of taking improvement opportunities for our policies, arrangements and approach in managing the risks associated with allergy.

We are also aware that there is a legal duty (in line with Article 19 of Regulation (EC) 178/2002) for food businesses (schools are legally classified as food businesses if they prepare, handle, store, or distribute food and drink to pupils and staff) to notify competent authorities where there is reason to believe that unsafe food has left immediate control and may pose a risk to consumers (food containing an undeclared allergen would be classified as unsafe food). In practical terms the regulation should be consulted to assess whether any particular incident is reportable.

We will adopt the following classifications that are within the statutory guidance to assess serious incidents:

- A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A "**near miss**" is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different

All schools/settings must record any serious incident or near miss involving a child, young person, member of staff or visitor with a medical condition or allergy. Reporting of the incident should be carried out using the school's normal means of accident/incident recording (this may be an accident book, RSAT accident reporting forms or software solutions such as Medical Tracker). The record should be made as soon as is feasible following the incident while it is fresh in the minds on those involved.

The record should set out the following key information:

- **Who** was affected;
- **What** happened, **when** and **where**;
- **Why** the incident occurred (as far as is known);
- **How** staff and students responded; **what** was done to support the individual; whether **emergency services** were called;
- **How** the incident concluded.

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The incident report will be shared as follows:

- The parents or carers of a child aged up to sixteen (in the case of a young person aged over sixteen, the school/setting should obtain the agreement of the individual before notifying parents or carers). Parents or carers will be given the opportunity to discuss what has happened and to contribute their views to the consequent lessons learned review. Parents or carers are to be informed of what has been learned from the incident and any actions to be taken as a result.
- The school/setting's designated leader responsible for medical conditions and/or allergy. They will consider what lessons to learn and whether any changes are required to the schools/setting's implementation of the Allergy Safety Policy and/or to the arrangements in the child or young person's Individual Healthcare Plan. They are also able to raise any incident findings with the Trust's health and safety specialist where they feel improvement changes might be beneficial to the policy itself. Any learning should be shared appropriately with staff so they can act on them, reducing the chance of an incident recurring.
- Relevant healthcare professional. Where an incident or "near miss" relates to the delivery of a care plan or action plan issued by a healthcare professional.
- Trust's health and safety specialist, as described within Section 012 of the Trust's Operational Safety Manual.
- Local Safeguarding Partners. A safeguarding referral would only be needed where an incident highlighted concern that a child or young person might be at increased risk of being neglected, abused or exploited by persons inside or outside their family unit because of their medical condition.

4.4 Information

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools/settings operating under the Trust will hold, use and share this data strictly in accordance with the Trust's Data Protection policy and will do in a controlled and respectful way.

4.5 Awareness of the Allergy Safety Policy

Communication of policy – the approved policy will be published on Reach South Academy Trust website with links to this on school websites. We will make a hard copy of the policy available upon request. It is important that pupils and parents/guardians also have easy access to this policy.

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5 Appendix 1

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current Photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</td></tr>
</table>

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Note any requirement for a risk assessment and prompts for specific issues which should be considered.
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*

Last discussed with parents:	**Date:**
Issued by:	**Date:**
Next planned review:	**Date:**

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NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

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NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

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Registered Office Address: Reach South Academy Trust, c/o Springfields Academy, Curzon Street, Calne, Wiltshire, SN11 0DS

6 POLICY HISTORY

Date	Summary of change	Contact	Policy Implementation Date	Review Date
15/09/26	Changed owner from Ian Carnwell to Director of Operations		Sept 2026	Sept 2027

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