Waterton
Academy Trust

# Pupil Allergy Management Policy

watertonacademytrust.org

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# Purpose

The purpose of this policy is to provide guidance and clear procedures for all Waterton Academy Trust (WAT) schools to ensure compliance with the requirements of the School Allergy Safety Bill (subject to Royal Assent and implementation in 2026).

Waterton Academy Trust is committed to providing safe, supportive and inclusive learning environments for all pupils, including those with allergies. This policy sets out the Trust's approach to managing allergy risks and should be read in conjunction with the following policies and procedures:

- Administration of Medicines and Supporting Pupils with Medical Conditions Policy
- Management of Emergency Adrenaline Auto-Injectors (AAIs)
- WAT Accident, Incident and Near Miss Reporting Procedure
- WAT Accident, Incident and Near Miss Investigation Procedure

The purpose of this policy to provide instruction and guidance to all Waterton Academy Trust (WAT) Schools on the compliance with the School Allergy Safety Bill *(ascendance pending 2026).*

# Scope and Definitions

## Scope

This policy applies to all Waterton Academy Trust (WAT) schools and to all school activities, regardless of venue or geographical location. This includes all WAT school-organised educational visits, residential trips, sporting events and off-site activities, irrespective of their duration.

## Definitions

**School Staff**

All staff employed by Waterton Academy Trust and based within WAT schools. This definition excludes contractors and employees of external organisations working on Trust premises.

**Adrenaline Auto-Injector (AAI)**

An Adrenaline Auto-Injector (AAI) is an emergency medical device used to administer adrenaline (epinephrine) in the event of a severe allergic reaction (anaphylaxis). Throughout this policy, the terms AAI and EpiPen may be used interchangeably to aid understanding. This policy applies equally to all licensed AAI devices, including EpiPen®, Jext® and Emerade®, irrespective of the manufacturer or brand.

**Individual Healthcare Plan (IHP)**

A documented plan that sets out the medical needs of a pupil, including details of their allergy, prescribed medication, emergency procedures and the support required to enable them to participate safely in school life.

# Responsibilities

## Trust

Waterton Academy Trust will:

- Ensure all schools have appropriate policies, procedures and systems in place to achieve compliance with statutory requirements relating to allergy management.
- Fulfil its statutory duty to ensure that pupils with allergies can participate fully in education and are not placed at an educational disadvantage.
- Ensure that all allergy management policies, procedures, plans and control measures are effectively implemented across the Trust.
- Monitor compliance with this policy and any associated procedures.
- Ensure that appropriate allergy awareness training is provided to Trust-level staff with designated responsibilities and to all Headteachers/Heads of School.
- Appoint a suitably competent senior Trust Allergy Management Lead to oversee the implementation and development of allergy management arrangements across the Trust.

## Head of School

The Head of School is responsible for:

- Implementing this policy within their school.
- Ensuring the school maintains an adequate supply of in-date Adrenaline Auto-Injectors (AAIs), including spare devices, in accordance with this policy.
- Maintaining their own allergy management training and ensuring it remains current.
- Ensuring that all pupil-facing staff, including lunchtime supervisors, wraparound care staff and any other relevant Waterton Academy Trust employees, receive appropriate allergy management and emergency response training.
- Ensuring suitable allergy management arrangements are in place for all educational visits, residential visits, sporting events and other school activities, whether on or off site.
- Ensuring that wraparound care and out-of-hours provision have appropriate emergency response arrangements, taking account of any limitations to access, staffing or facilities outside normal school hours.
- Ensuring all allergy-related accidents, incidents and near misses are reported in accordance with Trust procedures.
- Investigating all allergy-related accidents and incidents in accordance with Trust investigation procedures and implementing any required corrective actions.

## School Staff

All school staff are responsible for:

- Completing all required allergy management training within the specified timescales.
- Understanding and complying with this policy and all associated allergy management procedures.
- Understanding and following emergency response procedures for pupils experiencing an allergic reaction or anaphylaxis.
- Reporting all allergy-related accidents, incidents and near misses to the Head of School without delay.

- Cooperating fully with any investigation into an allergy-related accident, incident or near miss.

## Training

The Trust recognises that effective allergy management depends upon staff having the knowledge and confidence to recognise, prevent and respond to allergic reactions and anaphylaxis.

The nominated Trust Governor, Trust Allergy Management Lead, Heads of School and all pupil-facing staff, including temporary, agency and supply staff, must complete appropriate allergy awareness training.

A suitable free training resource is available through Allergy School:
FREE allergy and anaphylaxis training for schools - Allergy School

Heads of School should register their school with the training provider to enable completion rates to be monitored and recorded. Schools must maintain accurate records of all allergy awareness training as part of their overall staff training records.

All pupil-facing staff are required to complete allergy awareness training before undertaking duties where they may be responsible for pupils. Allergy awareness training must also form part of the induction process for all new employees. Before agency or temporary staff begin work, schools must verify that appropriate training has been completed or ensure suitable training is provided. Evidence of this must be retained within the school's training records.

Allergy awareness training must be refreshed annually to ensure staff knowledge remains current and reflects any changes to legislation, guidance or Trust procedures.

## Gathering and sharing information

All personal and special category data relating to pupils with allergies must be collected, processed, stored and shared in accordance with Waterton Academy Trust's Data Protection Policy and all applicable data protection legislation.

Effective allergy management relies on timely and appropriate information sharing. Schools must work collaboratively with parents and carers, healthcare professionals, catering providers, wraparound care providers and the organisers of educational visits, residential visits and other off-site activities to ensure that accurate information is obtained and shared where necessary.

## Severe Allergy Plans and Emergency Adrenaline Auto-Injectors (AAIs)

### Individual Healthcare Plans (IHPs)

Any pupil diagnosed as being at risk of a severe allergic reaction (anaphylaxis) and prescribed an Adrenaline Auto-Injector (AAI) must have a Severe Allergy Plan or equivalent Individual Healthcare Plan (IHP) in place. (Appendix A)

The IHP should be prepared by an appropriate healthcare professional in partnership with the pupil's parent or carer and shared with the school. The plan should be reviewed whenever there is a change in the pupil's medical needs and, as a minimum, annually.

The IHP must clearly identify:

- the pupil's diagnosed allergy or allergies;
- known allergens and avoidance measures;
- signs and symptoms of an allergic reaction and anaphylaxis;
- prescribed medication, including the number and type of AAIs required;
- emergency response procedures, including when to administer adrenaline and when to call 999; and
- any additional instructions necessary to support the pupil safely in school and during educational activities.

## Staff Awareness

All staff who may be required to support a pupil with severe allergies must receive appropriate information, instruction and training so they understand:

- the signs and symptoms of allergic reactions and anaphylaxis;
- the pupil's individual healthcare requirements;
- how and when to administer an Adrenaline Auto-Injector (AAI);
- the school's emergency response procedures; and
- their responsibilities under this policy.

Schools must maintain an up-to-date register of pupils with severe allergies and anaphylaxis. Where appropriate, and with parental consent, photographs may be displayed in staff-only areas to assist with rapid identification during an emergency. Individual Healthcare Plans must be readily accessible to staff who may be required to respond.

## Emergency Anaphylaxis Kits

In accordance with Trust policy, every Waterton Academy Trust school must maintain at least one Emergency Anaphylaxis Kit containing spare Adrenaline Auto-Injectors (AAIs).

Each Emergency Anaphylaxis Kit must:

- contain a minimum of two in-date AAIs;
  be stored in a clearly identified, secure location that remains immediately accessible in an emergency;
- be located where all staff know how to access it;
- be inspected at least monthly to confirm the devices are present, undamaged and within their expiry date;
- have arrangements in place for the immediate replacement of any device that has been used, damaged or has expired; and
- include clear instructions for use, stock monitoring records and emergency response guidance.

The designated Medicines Lead is responsible for ensuring Emergency Anaphylaxis Kits are appropriately maintained, monitored and available at all times.

## Educational Visits, Residential Visits and Off-site Activities

When planning educational visits, residential visits or any off-site activity, the Head of School must ensure that appropriate arrangements are in place for pupils with severe allergies.

Risk assessments must consider:

- the availability of prescribed AAIs for individual pupils;
- the availability of spare Emergency AAIs;
- the location and accessibility of medication throughout the visit;
- the number of trained staff attending; and
- access to emergency medical assistance.

Where an Emergency Anaphylaxis Kit accompanies an off-site activity, schools must ensure that adequate emergency cover remains available on the school site throughout the duration of the visit.

## Administration of Adrenaline Auto-Injectors (EpiPens)

Emergency AAIs are provided as a life-saving measure and do not replace the requirement for pupils prescribed an AAI to have immediate access to their own medication wherever reasonably practicable.

A spare Emergency AAI may be administered:

- to a pupil with a known diagnosis of severe allergy or anaphylaxis where their own prescribed AAI is unavailable, inaccessible, damaged, expired, empty, has misfired, or where a second dose is required before the arrival of emergency services
  or
- in exceptional circumstances where a pupil, member of staff or visitor is believed to be experiencing anaphylaxis and the immediate administration of adrenaline is necessary to preserve life, including where there is no previous diagnosis or prescribed AAI available.

Staff should never delay treatment if anaphylaxis is suspected. Adrenaline is the recognised first-line treatment for anaphylaxis and is considered a safe emergency intervention.

Where there is any uncertainty, staff should follow the principle:

**"If in doubt, give adrenaline and call 999."**

Following the administration of an AAI:

- 999 must be called immediately, stating that anaphylaxis is suspected;
- the individual should be continuously monitored until emergency services arrive;
- a second dose should be administered after 5 minutes if symptoms have not improved or have worsened and a second AAI is available;
- parents or carers (where applicable) must be informed as soon as reasonably practicable; and

- the incident must be reported and investigated in accordance with Waterton Academy Trust's Accident, Incident and Near Miss Reporting and Investigation Procedures.

## Communication and Incident Management

Schools should follow WAT Accident, Incident and Near miss reporting and investigation requirements.

Following any administration of an AAI (EpiPen):

- Parents/carers must be informed as soon as possible.
- The incident must be recorded in the pupil's medical records and in accordance with the Trust Accident, Incident and Near Miss Reporting Procedure.
- Any medication used must be replaced promptly.
- The incident should be reviewed through the Trust's investigation, review and lessons learned process to identify any improvements required to procedures, training, risk assessments or healthcare plans.
- Incidents must be reported in accordance with Trust reporting arrangements.

## Emergency procedures

Whilst each pupil's Individual Healthcare Plan (IHP) will detail their specific medical needs and emergency response requirements, schools must also ensure that robust emergency arrangements are in place to respond effectively in all circumstances, including staff absences, educational visits, residential visits and other off-site activities.

Schools should consider how an emergency response would operate in practice, including:

- who will respond to the casualty;
- who will administer the Adrenaline Auto-Injector (AAI), where required;
- who will contact the emergency services;
- who will meet and direct the ambulance on arrival;
- who will supervise the remaining pupils;
- how communication with parents or carers will be managed; and
- how emergency arrangements will operate where key members of staff are absent or during off-site activities.

To ensure these arrangements are effective, every school must undertake practical emergency response drills that simulate a severe allergic reaction or anaphylaxis. These exercises should be conducted in real time to test the school's emergency procedures and staff preparedness.

Each drill must be recorded using the Trust's Medical Emergency Response Record Form (Appendix C) and uploaded to the Every system in accordance with Trust procedures.

Medical emergency response drills must be completed at least twice each academic year.

Guidance to assist schools in planning and evaluating emergency response exercises is provided in Appendix B.

# Monitoring and Assurance

The Trust recognises that effective allergy management requires ongoing monitoring to ensure that arrangements remain compliant, effective and consistently implemented across all schools.

## School Monitoring

The designated Medicines Lead (or nominated member of the Senior Leadership Team) will maintain oversight of:

- Individual Healthcare Plans (IHPs) and their review dates;
- staff allergy awareness and emergency response training, including competency records where applicable;
- the availability, inspection and replacement of Emergency Anaphylaxis Kits and prescribed AAIs;
- records relating to the administration of emergency medication;
- allergy-related accidents, incidents and near misses;
- actions arising from investigations, audits and emergency response exercises.

## Trust Monitoring

The Trust Allergy Management Lead will monitor compliance with this policy across all schools by reviewing:

- completion of annual allergy awareness training;
- completion of medical emergency response drills;
- compliance with Individual Healthcare Plan requirements;
- the provision and management of Emergency Anaphylaxis Kits;
- allergy-related incident and investigation data;
- trends, lessons learned and opportunities for continuous improvement; and
- any changes to legislation, statutory guidance or recognised best practice.

The Trust Allergy Management Lead will report significant findings, emerging risks and compliance trends to the appropriate Trust governance arrangements and will support schools in addressing any identified areas for improvement.

Monitoring information will form part of the Trust's wider assurance framework, providing confidence that systems for managing severe allergies and anaphylaxis are operating effectively, consistently and in accordance with statutory requirements.

| Document Detail | |
|---|---|
| **Document Name:** | Pupil Allergy Management Policy |
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## Version Control

| Version | Date | Author | Change/Reference |
|---|---|---|---|
| 1 | 31/08/2026 | K Mason/R Perry | New Policy |
| 2 | | | |
| 3 | | | |

# Appendices

## Appendix A - Waterton Academy Trust Individual Healthcare Plan (IHP) – Allergy

| | |
|---|---|
| **School** | |
| **Pupil Name** | |
| **Date of Birth** | |
| **Year / Class** | |
| **Current Photograph** | Attach recent photograph |
| **NHS Number (optional)** | |
| **Parent / Carer Contact 1** | |
| **Parent / Carer Contact 2** | |
| **GP / Hospital / Allergy Clinic** | |

### Staff who need to be aware

List staff who regularly supervise or teach the pupil, including lunchtime supervisors, wraparound care staff, trip leaders and first aiders.

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### Allergy

- State the diagnosed allergy or allergies.
- List all known allergens (food, insect stings, medicines, latex, etc.).
- Indicate whether the pupil recognises the symptoms of an allergic reaction and whether they can alert an adult.

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## How the allergy is managed

- Describe prescribed medication and healthcare professional advice.
- Record prescribed AAI brand(s) and quantity (EpiPen®, Jext®, Emerade®).
- Record expiry date(s) and normal storage location(s).
- Describe practical allergen avoidance measures.
- State how much responsibility the pupil can safely take for managing their allergy.

## Impact on education

- Describe the risks if the allergy is not managed correctly.
- Explain any impact on learning, attendance or participation.
- Describe any emotional wellbeing considerations.
- Record any interaction with SEND where applicable.

## Arrangements for support

- Describe reasonable adjustments the school will provide.
- Explain meal, snack and catering arrangements.
- Describe allergen control measures in classrooms and activities.
- Explain arrangements for catching up missed learning if required.

## Visits and trips

- Describe arrangements for educational visits and residentials.
- Confirm that risk assessments will consider allergy management.
- State who will carry medication and emergency kit.
- Identify trained staff attending and emergency arrangements.

## Emergency response

- Attach the healthcare professional's Allergy/Anaphylaxis Action Plan where available.
- Describe the signs and symptoms requiring emergency action.
- State exactly when to administer an AAI.
- State who will call 999 and who will inform parents/carers.
- Record the location of the pupil's prescribed AAIs.
- Record the location of the school's Emergency Anaphylaxis Kit.
- Record names of staff trained to administer AAIs

## Review and Monitoring

- Review this plan at least annually or following any change in medical advice or treatment.
- Record any changes made and ensure all relevant staff are informed.

| | |
|---|---|
| **Parent/Carer Consent for School to Administer Prescribed and Spare AAIs** | Yes / No |
| **Parent/Carer Signature** | |
| **Head of School Signature** | |
| **Healthcare Professional (if applicable)** | |
| **Issued By** | |
| **Date Issued** | |
| **Last Discussed with Parents/Carers** | |
| **Next Planned Review** | |

## Appendix B – Medical Emergency Response Preparation Guidance

### Use and purpose

This guide is intended to support the practice of in school responses to pupil medical emergencies.

The purpose of practicing an emergency response is the same as fire and lockdown, in an emergency it is normal to become reactive and loose capacity of rational thinking, especially when someone's life may be in danger. Practicing your emergency response can help the whole team understand exactly what to do and will enable everyone to work calmy and quickly to

### Areas to consider

Location/proximity of any antiphallic medication to high-risk areas such as lunch areas, break spaces and wrap around food provision areas.

How to know there is a problem, a combination of awareness training and understanding of specific pupil behaviours is required and it's important to make sure this works where staff maybe unfamiliar due to temporary cover or turnover.

Specific staff roles and the usual location of any named staff to the areas where an emergency is most likely to take place. If you decide to name specific staff to support specific pupils it is important to understand and plan how this will work in a real emergency.

### Contact and co-ordination with emergency services

Whilst this might not always be a requirement it is important to understand who will make contact and how, planning and practising where any telephones maybe and taking note of how long this takes.

You should plan the following:

- The information you will need to give to the 999-call handler and where this is.
- The closest that an ambulance can park for purposes of speedy access.
- How paramedics will access the school (think about your access controls).
- Who will meet the paramedics, have they got all the right access keys/fobs etc.

### Other pupils

Please factor the movement and interactions of other pupils into your response practice as much as possible.

## Appendix C – Medical Emergency Response Plan drill record

| | | | |
|---|---|---|---|
| **School Name** | | | |
| **Date of practice** | | **Time of Practice** | |
| **Location of Practice** | *e.g. Lunch hall/Breakfast Club…* | | |

| **Briefly outline the practised medical emergency.**<br>**Provide a concise summary of the emergency scenario that was practised, including the type of medical emergency (e.g. suspected anaphylaxis), where it occurred, who was involved, the actions taken by staff, and the outcome of the exercise. Include any significant observations, learning points or issues identified during the drill.** |
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| How many staff participated in the emergency response, and were staffing levels sufficient to manage the incident effectively? | |
| Record the location of all equipment required during the response (e.g. Adrenaline Auto-Injector, Emergency Anaphylaxis Kit, first aid kit, telephone/radio). Was the equipment readily accessible when needed? | |
| Were there any factors that delayed or could have delayed the emergency response (e.g. locked doors, staff absences, equipment not immediately available, poor communication, restricted access or other obstacles)? If yes, provide details. | |

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| Who was responsible for contacting the emergency services? Did they have immediate access to a telephone or other suitable means of communication? Would this arrangement be effective in a real emergency? | |

| Following this emergency response exercise, were any improvements or changes identified? If so, record the actions required below. | | | |
|---|---|---|---|
| Required adjustment or improvement | Responsible person | Target completion date | Date implemented |
| | | | |
| | | | |
| | | | |
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|---|---|---|
| Emergency Response Co-ordinator | (name) | (Signed) |
| Head of School | (name) | (Signed) |