

**SOUTH LINCOLNSHIRE ACADEMIES
TRUST (SLAT)**

Allergens Policy & Procedure

Continuation from Food Safety Policy

Aspire - Challenge - Achieve

Author	SLT Line Link	Date Approved
Director of Catering	Chief Operating Officer	Sept - 26
Policy Type	Date of Next Review	Approved By
Trust	Jan - 27	Trust Board of Directors



South Lincolnshire

Academies Trust

Appendix : Allergy Safety Policy and Allergen Controls

September 2026 statutory guidance update

1. Purpose and scope

South Lincolnshire Academies Trust is committed to reducing the risk of allergic reactions, responding promptly to allergy-related emergencies and ensuring students with allergies are safe, included and able to participate fully in school life. This policy applies to all Trust academies, school kitchens, serveries, dining areas, curriculum activities involving food, breakfast or after-school provision, trips, visits, events, lettings and any other activity where students may be exposed to allergens.

- The Trust is a nut aware organisation. The Trust cannot guarantee a completely allergen-free or nut-free environment, but it will take reasonable, proportionate and documented steps to reduce foreseeable risks.
- Allergy safety is a whole-school responsibility and is not limited to catering operations. Teaching, pastoral, medical, site, administrative, catering, lunchtime, transport and trip staff must understand their responsibilities.
- Food intolerance and coeliac disease must be managed carefully, but staff must understand that intolerance is different from allergy and does not cause anaphylaxis. Students with coeliac disease or food intolerance may still require specific dietary arrangements and records.

2. Roles and responsibilities

Role	Main responsibilities
Trust Board / Local Governing Bodies	Ensure allergy safety policies are in place, published, reviewed, monitored and supported through appropriate assurance reporting.
Chief Operating Officer	Maintain Trust-level oversight of catering, compliance, premises-related controls and policy implementation across academies.
Headteacher / Academy Senior Leader	Nominate an academy Allergy Safety Lead and ensure academy systems identify students with allergies, communicate controls and maintain emergency readiness.
Academy Allergy Safety Lead	Coordinate Individual Healthcare Plans, parent/carers communication, staff briefings, training records, AAI checks, incident learning and policy implementation. The Headteacher will hold this role.
Catering Manager	Maintain recipe, ingredient and allergen information; ensure no unauthorised substitutions; control cross-contamination; brief serving staff and retain relevant food safety records.
First Aid / Medical Room Staff	Maintain emergency response arrangements, student medication information, prescribed AAIs, spare AAIs and incident records.
All Staff	Know how to identify allergic reaction symptoms, follow student-specific plans, never guess about ingredients, respond immediately to anaphylaxis and report concerns, incidents and near misses.

3. Identification of students with allergies

- Parents and carers must be asked to declare allergies, previous allergic reactions, prescribed medication and dietary restrictions during admission, transition and annual data checks.

- Where a student has an allergy that requires school arrangements, an Individual Healthcare Plan should be created or updated. The plan must be developed with parents/carers and, where available, clinical advice from a GP, allergy clinic, school nurse or other healthcare professional. The school will engage with parents to complete this process, and they should work with the school.
- The Individual Healthcare Plan must record the allergy, known triggers, symptoms, emergency response, medication, prescribed AAIs, asthma or other linked conditions, dining arrangements, curriculum or trip controls and named staff responsibilities.
- Where no clinical advice is available, the academy must still put proportionate arrangements in place based on parent/carer information while clinical advice is requested.
- Student information, including photographs where consent is obtained, must be available to staff who need it, including catering and lunchtime staff, while respecting confidentiality and data protection requirements.

4. Individual Healthcare Plans and Allergy Action Plans

Each academy must maintain a current Individual Healthcare Plan for any student whose allergy requires specific arrangements. Where an Allergy Action Plan or Asthma Plan has been issued by a healthcare professional, this must be attached to or referenced within the Individual Healthcare Plan.

- Plans must be reviewed at least annually, and sooner following any change in diagnosis, medication, menu arrangements, school provision, incident, near miss, trip or parental request.
- Transition arrangements must be in place when students join the school, move between phases or academies, change catering provision or attend off-site activities.
- Students should be supported, according to age and understanding, to manage their allergy safely without being isolated, excluded or made responsible for controls that should be managed by adults.

MIS DISPLAYS ALLERGY INFORMATION AND A COPY OF ANY IHP, HARDCOPIES ARE KEPT IN THE FIRST AID ROOM.

5. Allergy awareness training

All staff must receive allergy awareness and emergency response training appropriate to their role. Training must be recorded and refreshed at least annually, and new starters, agency staff and regular volunteers must receive essential allergy safety information before working with students.

- Minimum training content must include common allergens, recognising mild/moderate reactions and anaphylaxis, emergency escalation, location and use of AAIs, calling 999, student-specific plans, cross-contamination controls, no-guessing rules and incident reporting.
- Catering, lunchtime, first aid, trip, curriculum practical and relevant support staff must receive additional role-specific instruction covering ingredient checks, service controls, cleaning, separation, supervision and emergency response during high-risk activities.
- Scenario practice or emergency drills should be used to test readiness, including lunchtime, trip and classroom scenarios.
- Attendance records, training materials and practical AAI demonstrations shall be retained as evidence of competency and compliance. Staff who miss annual refresher training must complete catch-up training at the earliest opportunity.

6. Adrenaline auto-injectors and medication

- Each academy must hold spare, in-date adrenaline auto-injectors for emergency use, in line with current legal and clinical guidance. Spare AAIs must be additional to any student's own prescribed devices and must never replace the requirement for students to have their own medication available.
- Spare AAIs must be accessible in an emergency, stored securely but not locked away in a way that delays use, checked regularly for expiry and condition, and recorded on an AAI register.

- Where a student is prescribed AAIs, the academy must have clear arrangements for where the devices are stored, how they move with the student during trips or activities, and how staff will access them without delay.
- In suspected anaphylaxis, staff must follow the student's plan and emergency training. If anaphylaxis is suspected, adrenaline should be administered promptly and emergency services called immediately.
- Following use of an AAI, the used device must be retained for ambulance staff where safe to do so, parents/carers must be informed, and the incident must be recorded and reviewed.
- Spare AAIs and prescribed emergency medication must be formally checked and recorded at least monthly. Checks must verify location, accessibility, device condition, expiry date and replacement arrangements where expiry is approaching. Records of these checks shall be retained by the academy.

Emergency Response Procedure for Suspected Anaphylaxis

Where anaphylaxis is suspected:

- Administer the prescribed or spare adrenaline auto-injector immediately.
- Call 999 immediately and state "ANAPHYLAXIS".
- Follow the student's Individual Healthcare Plan or Allergy Action Plan.
- Monitor the student continuously while awaiting emergency services.
- If symptoms persist and in accordance with training and clinical guidance, administer a second AAI if available.
- Inform parents/carers as soon as practicable.
- Record and review the incident in accordance with the Trust's incident reporting procedures.

Staff must not delay administration of adrenaline while seeking further advice or attempting to contact parents/carers.

7. Food provision, menus and allergen information

- Menus, recipes and ingredient information must be controlled so that accurate allergen information is available for all dishes and products served.
- No recipe or ingredient substitution may be made unless the allergen information has been checked, recorded and communicated to catering and service staff before service.
- Catering staff must never guess whether a meal is suitable. If suitability cannot be confirmed, the student must not be served that item and an agreed safe alternative must be provided where possible.
- Products must remain in original packaging where practical until allergen information has been checked. Decanted items must retain clear identification and allergen information.
- Self-service, salad bars, shared utensils, open displays and toppings must be managed to minimise cross-contact. Separate utensils and serving arrangements must be used where a student requires a meal free from a specific allergen.
- Staff must not remove an allergen from a prepared dish and present the remaining food as safe. Trace amounts may remain and could trigger a reaction.
- Food brought in for curriculum, rewards, celebrations, fundraising, breakfast clubs, trips or external providers must be risk assessed and managed through the same allergy safety principles.

8. Minimising exposure to allergens

- Academies must consider allergy risks in dining rooms, classrooms, practical food lessons, science and art activities, rewards, food tasting, events, residentials, transport, external providers and lettings.
- Food sharing between students is not permitted where this could create allergy risk. Staff must actively supervise higher-risk settings such as lunch queues, packed lunch areas and trips.
- Cleaning arrangements must reduce cross-contact, including cleaning tables, equipment, utensils and hands after food activities and before students with allergies use shared spaces.
- Where a specific allergen presents a significant risk to a student, the academy must put proportionate controls in

place and communicate them clearly to relevant staff, students, parents and visitors.

- External providers, contractors, community users, hirers and organisations using academy premises where food is supplied, prepared or consumed must be informed of relevant allergy management expectations. Where appropriate, allergy risks must be considered in advance and suitable control measures agreed before the activity takes place.

9. School trips, visits and off-site activities

- Students with allergies must not be excluded from trips, visits or curriculum activities because of their allergy unless a specific risk assessment shows that reasonable adjustments cannot make participation safe.
- Trip risk assessments must consider food provision, packed lunches, external catering, travel, emergency access, medication, prescribed AAIs, spare AAIs, staff training and communication with parents/carers.
- A named member of staff must be responsible for ensuring the student's medication and emergency plan are available throughout the activity.

10. Serious incidents and near misses

- Any allergic reaction, suspected anaphylaxis, medication error, food service error, exposure to a known allergen, failure to follow an Individual Healthcare Plan or other allergy-related near miss must be recorded and reported internally.
- Parents/carers must be informed of incidents and near misses involving their child. Serious incidents must be reported to the Headteacher, Academy Allergy Safety Lead, Chief Operating Officer and governing body as appropriate.
- Where an incident suggests a food safety failure, supplier issue, labelling problem or unsafe food, the Catering Manager must quarantine relevant food or ingredients, preserve records and seek advice from Environmental Health or the Food Standards Agency route where required.
- Following any serious incident or near miss, the academy must review the Individual Healthcare Plan, catering controls, staff training, supervision arrangements and this policy to identify lessons learned and actions required.

11. Records and monitoring

Record	Purpose
Allergy register	Current list of students with declared allergies and required arrangements.
Individual Healthcare Plans	Student-specific controls, emergency response, medication and review dates.
Allergen matrix / recipe records	Dish-level allergen information, recipe version control and substitutions.
AAI register	Location, brand, dose, expiry date, checks and replacement actions for spare AAIs.
Training record	Allergy awareness, AAI use, catering controls and role-specific training completion.
Incident and near-miss log	Allergic reactions, food service errors, medication issues and lessons learned.
Supplier and delivery checks	Approved suppliers, product labels, allergen information and delivery acceptance checks.
Audit checklist	Termly allergy safety and catering compliance checks.

Academy Allergy Safety Leads shall complete allergy safety assurance reviews at least termly. Findings shall be reviewed by the Headteacher and incorporated into academy compliance monitoring arrangements. Significant concerns, incidents, trends, non-compliance or required actions shall be reported through Trust governance and compliance reporting arrangements.

12. Allergy safety compliance checklist

Check	Yes/No	Evidence / actions
Whole-school allergy safety policy published and reviewed annually.	Y	SLAT Website / Staff Handbook
Named senior leader and academy Allergy Safety Lead identified.	Y	Headteacher
Current allergy register maintained and shared appropriately.	Y	Held in First Aid Room and MIS
Individual Healthcare Plans in place for students requiring allergy arrangements.	Y	All parents asked to engage with the school on 01 September. On file.
All staff receive annual allergy awareness and emergency response training.	Y	AAI and Allergy Awareness Completed.
Catering and lunchtime staff receive role-specific allergen and cross-contact training.	Y	Director of Catering leads and approves this training.
Spare in-date AAIs held, checked and recorded at each academy.	Y	Several stations around each site.
Menus, recipes and allergen matrices are current and controlled.	Y	Director of Catering maintains and updates when appropriate.
No unauthorised ingredient substitutions take place.	Y	Overseen by Director of Catering
School trips and events include allergy risk assessment and medication arrangements.	Y	Included in all Risk Assessments and each case is reviewed.
Serious incidents and near misses are recorded, reported, investigated and used to learn lessons.	Y	All near misses are reported on iAM.
Termly allergy safety assurance completed and reported through academy compliance arrangements.	Y	Reviewed termly, or will be during the academic year.
Monthly AAI inspection records completed and up to date.	Y	iAM

13. Special diet and allergy referral form

The previous Special Diet Referral Form is replaced by the following referral and review requirements. Academy forms may be held electronically, provided they capture the information below and are linked to the student's Individual Healthcare Plan where required.

Section	Information required
Student details	Name, date of birth, year group, tutor/form, academy.
Parent/carer details	Names, contact numbers, email addresses and emergency contacts.
Allergy or dietary condition	Known allergen(s), intolerance, coeliac disease or other medically advised dietary requirement.
Reaction history	Known symptoms, previous anaphylaxis, hospital attendance, trigger foods or exposure routes.
Medication	Prescribed AAIs, antihistamine, inhaler or other medication, including dose and location.
Clinical evidence	Allergy Action Plan, Asthma Plan, GP/allergy clinic/school nurse advice where available.
Food arrangements	Safe foods, foods to avoid, menu arrangements, packed lunch requirements and cross-contact controls.
Consent and information sharing	Consent for relevant information and photographs to be shared with staff who need to know.
Review	Date received, date plan agreed, review date and named academy lead.

14. Review

This appendix and related academy arrangements must be reviewed at least annually and immediately following any serious allergy-related incident, near miss, change in statutory guidance, change in catering arrangements, or significant change in a student's medical needs.

September 2026 update summary for governance approval

Update area	Change made
Whole-school allergy policy duty	Policy expanded beyond catering to cover all school activities and named leadership oversight.
IHP requirements	Individual Healthcare Plans required for students whose allergies need school arrangements.
Staff training	Annual allergy awareness and emergency response training added for all staff, with role-specific content.
Spare AAls	Requirement added for academies to hold and check spare adrenaline auto-injectors.
Food controls	Stronger recipe, substitution, allergen matrix and cross-contact controls added.
Trips and inclusion	Specific allergy risk assessment and reasonable adjustment requirements added.
Incident learning	Serious incident and near-miss reporting, investigation and lessons learned procedure added.
Records and audit	Allergy register, AAI register, training log, incident log and termly compliance checklist added.

South Lincolnshire Academies Trust
WORK/ACTIVITY:

Allergens

Assessment Date: 05/07/2026

Assessment No: SLA007

Completed By: ARO

Review Date: 01/01/2027

DESCRIPTION:

This assessment applies to all school activities where students, staff, visitors, volunteers or contractors may be exposed to allergens, including the school day, catering, packed lunches, curriculum activities, food technology, science, rewards, clubs, trips, transport, lettings and emergency response. It should be read alongside the school allergy safety policy, supporting students with medical conditions policy, first aid arrangements, catering procedures.

RISK MATRIX:

RISK MATRIX			LIKELIHOOD				
			1 Rare	2 Low	3 Possible	4 High	5 Certain
SEVERITY	1	Very Unlikely Negligible	1	2	3	4	5
	2	Unlikely Minor Injury e.g First Aid	2	4	6	8	10
	3	Moderate Injury e.g A&E	3	6	9	12	15
	4	Likely Major Injury e.g. Hospital Admission	4	8	12	16	20
	5	Catastrophic Death	5	10	15	20	25

L

The level of risk is acceptable. Proceed with caution and stop if anything changes.

M

The level of risk is acceptable if it cannot be reduced further following a review by a competent person.

H

The level of risk is unacceptable and additional control measures are required to reduce the overall level of risk to an acceptable level.

The hazards and associated risks with this work/activity have been identified and given a scored rating using semi-quantitative risk assessment methodology. The risk assessment ratings are a subjective estimate based on the knowledge of the assessor and identify the level of risk without controls and the level of residual risk once the control measures have been implemented. To calculate risk rating and residual risk rating, you should multiply the Likelihood (1-5), by the Severity (1-5).

Hazard Description	Who might be harmed & how	Risk Rating			Control Measures	Residual Risk Rating		
		Severity	Likelihood	Score		Severity	Likelihood	Score
Failure to identify students with known, suspected, emerging or undisclosed allergy risks	Students may suffer allergic reaction or anaphylaxis where allergy information is incomplete, unknown, out of date or not shared.	5	3	15	Admissions, annual data checks, medical updates, trip forms and parental communications request allergy information. Where parents/carers do not engage, the school records attempts made, applies interim controls, escalates to the designated senior leader and pastoral/safeguarding routes where required, and does not assume that no IHP means no risk. Students with known or suspected allergy requiring support are assessed for an IHP or interim emergency plan.	5	2	10
Exposure to allergens through catering, packed lunches, curriculum activities, rewards, clubs or events	Students may ingest, touch or inhale allergens causing reaction, asthma exacerbation or anaphylaxis.	5	4	12	Catering and curriculum staff operate allergy-aware controls, including ingredient checks, substitution checks, clear labelling, cross-contact controls, cleaning routines, supervised meal collection where needed and communication with catering staff. Food-based rewards, tasting, DT, science, fundraising, breakfast/after-school clubs and external catering are checked before use. Staff must not provide food to students unless allergy information and controls have been checked.	5	2	10

RISK ASSESSMENT & METHOD STATEMENTS

Unknown allergy or first presentation of anaphylaxis	Any student, staff member or visitor may experience anaphylaxis without previous diagnosis or school-held IHP.	5	3	15	All staff receive allergy and anaphylaxis awareness appropriate to role, including recognition of mild, severe and rapidly escalating symptoms. Emergency response requires 999 to be called, adrenaline administered without delay where anaphylaxis is suspected, the person positioned safely, breathing monitored and emergency services met. Staff are instructed not to delay action while searching for paperwork, parental permission or confirmation of diagnosis.	5	2	10
Medication unavailable, expired, inaccessible or staff uncertain how to use it	Delay in treatment may result in deterioration, collapse or death.	5	3	15	Prescribed and spare adrenaline auto-injectors are checked routinely for expiry, dose suitability, storage condition and accessibility. Emergency medication is not locked away in a way that delays access and is available during the school day, trips, clubs and agreed activities. Relevant staff are familiar with the devices held. After AAI use, 999 is called, parents/carers are informed, used devices retained for paramedics, replacement stock arranged and the incident reviewed.	5	1	5
Poor communication across school, catering, supply staff, clubs, trips and parents/carers	Controls may fail where information is not shared with those supervising, feeding or supporting students.	4	4	16	A named senior leader oversees allergy safety and ensures responsibilities are clear across medical, safeguarding, pastoral, catering, curriculum, premises and trips. Relevant information is shared on a need-to-know basis with staff responsible for supervision, catering, first aid, trips, clubs and emergency response. Supply staff, volunteers and visiting providers receive site-specific allergy and emergency information before working with students.	4	2	8
Off-site visits, transport, residential, fixtures and enrichment activities	Students may be exposed to allergens away from normal controls or experience delayed emergency response.	5	3	15	Trip leaders check allergy information, IHPs or interim plans, emergency contacts, medication, food arrangements, journey times and emergency access before approval. Medication travels with the student or responsible staff member and remains immediately accessible. External venues and transport providers are asked to confirm allergen management arrangements; where assurance is weak, the activity is adapted or additional controls are applied.	5	2	10
Failure to learn from allergic reactions, near misses, food errors or parental concerns	Repeated control failures may increase risk of serious harm and demonstrate weak governance.	5	3	15	All allergic reactions, suspected reactions, medication errors, food service errors, near misses and concerns are recorded and reviewed. Reviews consider immediate cause, root cause, communication failures, training gaps, catering/process failures and supervision issues. Actions are allocated and tracked, with relevant learning shared. The allergy policy, risk assessment and affected IHPs or interim plans are updated following lessons learned.	5	1	5

ADDITIONAL NOTES:
SIGNED:

Electronically Signed via iAM.