NMPAT

Northamptonshire Music and Performing Arts Trust

**Draft NMPAT Allergy Safety Policy**

## 1. Purpose and policy statement

NMPAT is committed to safeguarding the health, safety, wellbeing and inclusion of children, young people, staff, volunteers and visitors. Allergies can cause reactions ranging from mild symptoms to severe and potentially fatal anaphylaxis.

NMPAT will take reasonable and proportionate steps to:

- identify known allergies and obtain current medical information;
- support individuals to manage their allergies safely;
- reduce the risk of exposure to known allergens;
- make reasonable adjustments so that children and young people can participate fully;
- ensure clear and effective emergency arrangements;
- provide appropriate allergy-awareness and emergency-response training;
- communicate effectively with families, schools, venues, partners and relevant staff;
- record and learn from incidents and significant near misses; and
- comply with applicable law, statutory guidance and recognised sector good practice.

NMPAT adopts an **allergy-aware** approach. It cannot guarantee an allergen-free environment and will not describe a setting as "nut-free" or free from any other allergen unless this can be assured. Safety will be managed through accurate information, individual planning, proportionate controls, staff awareness and effective emergency response.

## 2. Scope

This policy applies to:

- all NMPAT employees, including teachers, tutors and other peripatetic staff;
- agency workers, contractors, volunteers and trustees undertaking NMPAT activity;
- children and young people participating in NMPAT provision;
- parents, carers and visitors where relevant; and

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- all NMPAT-led activity, whether delivered at an NMPAT centre, school, hired venue, event, concert, rehearsal, workshop, visit, tour or residential course.

It covers food, insect-sting, medication, latex and significant environmental allergies. Food intolerance, coeliac disease and dietary preference are distinct from allergy, although related needs must still be managed through the appropriate medical, catering and inclusion arrangements.

Where NMPAT works on a school site or as part of school-led provision, the school retains its statutory duties. NMPAT staff must follow the school's relevant policy and local arrangements in addition to this policy. Responsibilities, information sharing, emergency medication and escalation routes must be clear before delivery begins.

## 3. Legal and guidance framework

This policy has been developed with regard to relevant legislation and guidance, including:

- Section 100 of the Children and Families Act 2014, as amended;
- the Children's Wellbeing and Schools Act 2026;
- Department for Education statutory guidance, *Allergy Safety in Schools* (2026);
- *Supporting pupils at school with medical conditions*;
- the Equality Act 2010;
- the Health and Safety at Work etc. Act 1974;
- the Human Medicines Regulations 2012, including relevant amendments;
- the Food Safety Act 1990;
- the Food Information Regulations 2014;
- the Food Safety and Hygiene (England) Regulations 2013;
- UK GDPR and the Data Protection Act 2018; and
- current guidance from the Department for Education, Food Standards Agency, Anaphylaxis UK, BSACI and Music Mark.

The statutory duties in *Allergy Safety in Schools* are placed primarily on schools. NMPAT will nevertheless adopt the relevant principles as good practice and will cooperate with schools so that responsibilities are not assumed, duplicated or left unclear.

## 4. Definitions

**Allergy:** an immune-system response to a normally harmless substance. Reactions may be mild, moderate or severe.

**Anaphylaxis:** a severe, rapidly developing and potentially life-threatening allergic reaction affecting airway, breathing or circulation; it may occur without skin symptoms.

**Adrenaline auto-injector (AAI):** a prescribed device, such as EpiPen or Jext, used for the emergency treatment of anaphylaxis.

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**Allergy Action Plan:** a clinically issued plan setting out allergens, symptoms, medication and emergency action.

**Individual Healthcare Plan (IHP):** an individual plan setting out how a medical need will be managed within the relevant provision.

**Allergy Safety Lead:** the person designated by NMPAT to coordinate implementation, monitoring and review of this policy.

## 5. Roles and responsibilities

### 5.1 Board of Trustees

The Board will:

- approve this policy and receive appropriate assurance about its implementation;
- ensure significant risks are reflected within NMPAT's risk-management arrangements; and
- scrutinise material incidents, compliance concerns and improvement actions.

### 5.2 Chief Executive

The Chief Executive is accountable for ensuring that:

- this policy is implemented and appropriately resourced;
- a named Allergy Safety Lead is appointed;
- responsibilities are allocated across NMPAT's services and venues;
- training, assurance and reporting arrangements are in place; and
- serious incidents and material risks are escalated appropriately.

### 5.3 Allergy Safety Lead

The Allergy Safety Lead will:

- oversee implementation and annual review of this policy;
- coordinate the allergy-safety implementation plan and staff guidance;
- maintain oversight of allergy records and individual plans;
- ensure prescribed medication arrangements are checked where NMPAT is responsible;
- agree arrangements with schools and host venues, including access to emergency medication;
- coordinate training and maintain completion records;
- review incidents and significant near misses; and
- provide assurance reports to the Chief Executive, Senior Leadership Team and Board as required.

### 5.4 Heads of department, centre leads, event leads and visit leaders

Leads are responsible for applying this policy to their activity. They must:

- identify participants with relevant allergies;

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- ensure staff receive the information they need;
- complete and review proportionate risk assessments;
- verify medication and emergency arrangements before activity starts;
- plan for breaks, food, venues, travel and off-site activity; and
- report concerns, incidents and near misses promptly.

### 5.5 All staff, tutors, volunteers and contractors

All relevant personnel must:

- complete required training and local briefings;
- know how to recognise an allergic reaction and anaphylaxis;
- understand how to summon help and locate emergency medication;
- follow Allergy Action Plans and IHPs where applicable;
- take reasonable steps to reduce exposure to known allergens;
- not offer food unless authorised and allergen information is available;
- report any change, concern, incident or near miss; and
- cooperate with school and venue procedures.

### 5.6 Parents and carers

Parents and carers are expected to:

- provide accurate and up-to-date allergy and medical information;
- notify NMPAT promptly of any change in condition, medication or clinical advice;
- provide two in-date prescribed AAIs where these have been prescribed, together with any other required medication;
- provide a current Allergy Action Plan or relevant healthcare plan;
- agree storage, access and self-carry arrangements; and
- collect and replace expired, damaged or used medication promptly.

### 5.7 Children and young people

According to age and competence, participants should:

- follow medical advice and their agreed plan;
- carry their medication where this has been agreed;
- avoid known allergens and not share food;
- tell an adult immediately if they feel unwell or believe they have been exposed; and
- support an inclusive environment and never tease, pressure or bully another person about an allergy.

## 6. Identification, records and individual planning

NMPAT will obtain relevant allergy information through registration, enrolment, consent and medical forms, and will provide a clear route for families to report changes.

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Information must be recorded accurately in NMPAT's approved management system, with access restricted to those who need it to keep the person safe. Records will be reviewed:

- at least annually;
- before a new programme, event, visit, tour or residential;
- when the individual's needs, medication or advice changes; and
- after a relevant incident or significant near miss.

Where an allergy creates a risk of harm or requires arrangements beyond normal provision, an IHP or equivalent NMPAT medical support plan must be agreed. A current clinically issued Allergy Action Plan should be attached or referenced. Plans should cover triggers, symptoms, controls, medication, storage and access, emergency action, self-management, information sharing and named responsibilities.

## 7. Information sharing and confidentiality

Allergy information will be shared on a need-to-know basis with relevant staff, first aiders, tutors, activity leads, catering providers, schools, venues, visit leaders and other authorised people responsible for the participant.

For school-based activity, the school must provide NMPAT with the information required for tutors and leaders to discharge the responsibilities the school expects them to undertake. NMPAT will seek written clarity where arrangements are uncertain.

Medical information will be processed in accordance with UK GDPR, the Data Protection Act 2018 and NMPAT's Data Protection Policy. Emergency information must remain accessible to those who need it without being displayed or circulated more widely than necessary.

## 8. Managing allergy risks

Risk assessment and planning must consider:

- food prepared, served, sold or brought to the activity;
- refreshments, packed meals, celebrations and fundraising activity;
- cross-contact during preparation, storage, service and cleaning;
- art, craft, science, gardening, animal and sensory activities;
- rosin, latex or other materials used in musical and performance activity;
- instruments, costumes, make-up, props and shared equipment where relevant;
- insect stings and outdoor rehearsals or performances;
- transport, educational visits, tours and residential provision;
- remote or large sites and the time required to reach medication; and
- emotional wellbeing, inclusion and allergy-related bullying.

Blanket bans may create false assurance and will not replace individual risk assessment, hygiene, labelling, supervision and emergency planning. Where a targeted restriction is necessary for a particular person or activity, it must be clearly communicated and monitored.

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## 9. School-based and peripatetic provision

Before delivery, NMPAT and the school should agree:

- who holds and maintains the pupil's medical and allergy information;
- how relevant information and plans will be shared securely with NMPAT staff;
- what the NMPAT tutor is expected to do in an emergency;
- how help will be summoned, including whether the tutor may retain and use a mobile phone for emergencies;
- the location and accessibility of the pupil's prescribed medication and the school's emergency AAIs;
- whether emergency medication can be brought to the teaching space within five minutes;
- who contacts parents and records the incident; and
- how temporary or replacement tutors will be briefed.

NMPAT staff must comply with the school's policy and emergency procedures. A school must not transfer responsibility to NMPAT without providing the information, access, training and arrangements needed to discharge it safely.

## 10. NMPAT centres, ensembles, rehearsals, performances and hired venues

For NMPAT-led provision, the activity or centre lead must:

- maintain an up-to-date participant allergy register;
- ensure relevant staff are briefed before the activity;
- confirm that participants have their required prescribed medication;
- agree how medication will be carried or stored so it remains readily accessible;
- establish how emergency services will be contacted and directed to the person;
- display or brief staff on emergency arrangements and medication locations; and
- agree in writing with the host venue whether any school-owned emergency AAIs are available during the let, including outside normal hours.

NMPAT is not a school and does not have the same statutory right as a school to purchase non-prescribed spare AAIs or emergency salbutamol inhalers. NMPAT will not claim to hold "spare school stock" unless it has been supplied and made available lawfully through a documented venue or school arrangement. This does not prevent adrenaline being administered in an emergency for the purpose of saving life, in accordance with applicable law and training.

## 11. Medication

Where an individual has been prescribed AAIs, two in-date devices should accompany them whenever they attend NMPAT activity. The agreed arrangements for self-carrying or staff-held medication must be documented.

Medication held by NMPAT must:

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- remain readily accessible and not be locked away in a way that delays emergency access;
- be stored in accordance with manufacturer instructions, away from extremes of temperature and direct sunlight;
- be clearly identified for the named person;
- accompany the person during movement between rooms, sites or activities where necessary;
- be checked at an agreed frequency for presence, condition and expiry; and
- never be stored as part of an ordinary first-aid kit.

NMPAT will record administration of medication and inform the parent, carer or emergency contact. Other medication, including antihistamines and inhalers, must be managed in accordance with the individual's current clinical plan and NMPAT's medical-needs arrangements.

## 12. Food, catering and events

Where NMPAT provides or sells food, it will comply with applicable food-information and food-safety requirements. The 14 regulated food allergens must be identified where used as ingredients, and accurate allergen information must be available before food is selected or served.

NMPAT and any catering provider must ensure:

- current ingredient and allergen information is available;
- food is labelled appropriately, including food prepacked for direct sale;
- reasonable controls minimise cross-contact;
- ingredient substitutions are checked and communicated;
- staff do not guess whether food is safe; and
- a person with an allergy, or their parent/carer where appropriate, can make an informed choice.

Food brought in for sharing, celebrations or fundraising must follow local rules set by the activity lead. Where reliable allergen information is unavailable, it must not be offered to a participant with a relevant allergy.

## 13. Visits, tours and residential courses

Allergy needs must be considered in every visit or residential risk assessment. The visit leader must:

- review current medical information and individual plans;
- confirm that two prescribed AAIs and any other required medication will accompany the participant;
- identify trained staff and brief all adults who need to know;
- consider food, travel, accommodation, rooming, remote locations and language barriers;
- agree arrangements with caterers and venues in advance;
- ensure medication is accessible at all times, including overnight and during separate activities;
- consider whether more than one medication location is needed on a large or split site;

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- check restrictions on carrying medication overseas and retain it in original packaging; and
- record and communicate the emergency and evacuation plan.

A participant will not be excluded solely because of an allergy. Reasonable adjustments will be explored with the family and relevant professionals. If essential information, medication or controls are not available, the lead must escalate the matter and decide whether the activity can proceed safely.

## 14. Staff, volunteers and visitors

Staff and regular volunteers should notify NMPAT of any allergy they wish NMPAT to consider for their safety at work. Where needed, an individual risk assessment and emergency plan will be agreed. Adults with prescribed AAIs are responsible for carrying their own two devices.

Visitors should be asked about relevant allergies where NMPAT is providing food or where the activity creates a foreseeable exposure risk. Contractors must follow site rules and provide suitable arrangements for their own staff.

## 15. Training and induction

All staff who supervise or work directly with children and young people must complete allergy-awareness and emergency-response training at induction and at least annually thereafter. This includes relevant temporary staff, contractors, volunteers and peripatetic staff.

Training will cover:

- common allergies and triggers;
- the distinction between allergy, intolerance and coeliac disease;
- mild and moderate reactions and anaphylaxis;
- the impact of allergy on wellbeing and inclusion;
- reducing exposure and following individual plans;
- locating and using prescribed or lawfully available emergency medication;
- calling 999 and positioning the person safely;
- NMPAT, school and venue-specific procedures; and
- reporting incidents and near misses.

Practical AAI familiarisation should be included for staff likely to supervise participants. Training completion will be recorded and monitored. Staff who feel anxious or require additional support will be offered guidance and reassurance.

## 16. Emergency response: suspected anaphylaxis

**Treat suspected anaphylaxis as a medical emergency. Do not delay treatment while seeking advice.**

1. Administer the person's prescribed adrenaline auto-injector (AAI) immediately, or use a lawfully available emergency AAI in accordance with the applicable arrangements.
2. Call **999**, ask for an ambulance and state: **"anaphylaxis suspected".**

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3. Keep the person lying flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. **Do not allow them to stand or walk.**
4. Follow the person's Allergy Action Plan or Individual Healthcare Plan where available, provided this does not delay treatment.
5. If there is no improvement after five minutes, administer a second AAI if available.
6. Stay with the person; commence CPR if there are no signs of life.
7. Inform the parent, carer or emergency contact as soon as practicable.
8. Record and report the incident and preserve the used device for the ambulance crew.

**If in doubt, give adrenaline.** Staff acting in an emergency should take reasonable action to preserve life.

## 17. Incidents, near misses and learning

All allergic reactions, administration of emergency medication, suspected anaphylaxis and significant near misses must be reported through NMPAT's incident-reporting process as soon as practicable.

The responsible lead will:

- ensure immediate care and communication with the family;
- preserve a clear factual record;
- notify safeguarding, health and safety, insurers, the host school or venue and regulators where required;
- review causes, controls and response arrangements;
- update risk assessments and individual plans;
- share learning appropriately; and
- track actions to completion.

Serious or repeated incidents and material non-compliance will be escalated to the Chief Executive and Board.

## 18. Assurance, monitoring and review

The Allergy Safety Lead will complete an annual assurance review covering:

- training compliance;
- accuracy of allergy records and individual plans;
- school and venue agreements;
- medication access and expiry controls;
- catering and event controls;
- visits, tours and residential arrangements;
- incidents, near misses, themes and outstanding actions; and
- implementation at NMPAT centres and across peripatetic provision.

This policy will be reviewed annually, and sooner following significant legal or guidance changes, a serious incident, a material near miss or evidence that arrangements are ineffective.

## Appendix 1: minimum operational checklist

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| Process | Minimum requirement | Frequency/trigger | Lead |
|---|---|---|---|
| Allergy identification | Obtain and record current allergy information | Registration and whenever information changes | Administration / activity lead |
| Individual planning | Obtain Allergy Action Plan and create IHP/equivalent where needed | On notification; annual review; after change or incident | Allergy Safety Lead |
| Information sharing | Brief relevant staff securely | Before activity and after any change | Activity lead |
| Training | Allergy awareness and emergency response | Induction and annually | Allergy Safety Lead / HR |
| Prescribed medication | Confirm two in-date AAIs and agreed access | Before each programme/event/visit | Activity lead |
| Medication check | Check presence, condition and expiry of medication held by NMPAT | [Monthly and before activity] | Named responsible person |
| Host venue agreement | Confirm emergency arrangements and access to venue AAIs | Before contract/let and annually | Venue/activity lead |
| Catering control | Obtain accurate allergen information and prevent cross-contact | Every catered activity | Catering/event lead |
| Visit risk assessment | Include allergy controls and medication | Every visit/tour/residential | Visit leader |
| Incident reporting | Record, review and communicate incidents and near misses | Every incident/near miss | Incident lead |
| Assurance | Review compliance, risks and actions | At least annually | Allergy Safety Lead / CEO |

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