Whole-School Allergy & Anaphylaxis Policy

Effective Date: September 2026
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Committee: Inclusion

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Policy Statement & Purpose

This policy is intended to meet the school's duties under section 100 of the *Children and Families Act 2014*, as amended by section 34 of the Children's Wellbeing and Schools Act 2026 (including section 100A), and to have particular regard to the Department for Education (DfE) statutory guidance Allergy safety in schools and the statutory guidance Supporting pupils with medical conditions at school.

Our school is committed to providing a safe, inclusive learning environment. We take reasonable steps to minimise allergen exposure risks, ensure rapid emergency responses, and address stigma or bullying related to allergies.

To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.

Roles and Responsibilities

Headteacher & Governing Body

Ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and maintains a school-wide allergy risk assessment. Allergy risks relating to pupils are included on the school's risk register and actively managed. The risk assessment will include:

- Identifying the food used within the curriculum and making proportionate adaptations and controls to minimise exposure to known allergens, taking account of individual needs.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips

- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk;

All staff, including teaching staff, support staff, catering staff and others who may oversee students at breakfast or after-school clubs, and regular volunteers, will receive allergy awareness and emergency response training at least annually. The school will ensure that temporary, supply, cover, coaching, peripatetic and agency staff with pupil-facing roles receive appropriate allergy awareness training or induction. Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
    - Training on the different adrenaline devices that may be encountered, using appropriate trainer/demo devices; live prescribed or school spare devices must not be used for practice.
- How to report an allergic reaction including
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Understand their responsibilities in reducing risk and taking reasonable steps to prevent students coming into contact with their known allergens.
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
    - How to check if a student is on the record of those with a known allergy
    - How to use an allergy or asthma action plan

The school has a named member of the senior leadership team who is responsible for allergy safety, including driving implementation of the allergy safety policy, contributing to its annual review and ensuring allergy risks are actively managed. The allergy lead is Benjamin de Jong, Deputy Headteacher: KS5 & Attendance.

The allergy lead is responsible for:

- Systems to collect allergy information during the enrolment process and ensure that relevant information is shared with staff and catering. For normal admission, arrangements should be in place for the start of the relevant term; where a student starts mid-term, every effort will be made to put arrangements in place within two weeks. Information sharing will be proportionate and in line with data protection requirements.
- Holding a register of students and staff with notified allergies, including known allergens, whether they carry emergency medication and whether students have an Individual Healthcare Plan and/or Allergy Action Plan; relevant visitor allergy information will be recorded for the duration of a visit where appropriate.
- Ensures that systems are robust for the identification of students at mealtimes
- Communication about:
    - the policy
    - the students who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents
- Communication with:
    - governors to provide proportionate updates about policy implementation, serious incidents or near misses and lessons learned, while preserving confidentiality.
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
    - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- School spare AAIs, including procurement, storage, regular checks, expiry and replacement, and ensuring that a pair can be brought to any location where needed within five minutes.
- That IHPs are created and communicated
- Ensuring that all staff have annual training and that allergy is included in induction even for short term members of staff.
- Messaging around food bans needs careful consideration. For example, bans are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that you don't give the impression of one allergen being more dangerous than others. We recommend using 'Allergen Aware' wording instead of setting out specific food restrictions, bans or saying the site is "nut free", for example.
- Publishing this standalone policy on the school website, review it at least annually, make it generally known within the school and to parents/carers, and take steps at

least annually to bring it to the attention of pupils, parents/carers and all persons who work at the school, whether paid or unpaid.
- Ensuring that students have an active Individual Healthcare Plan (IHP) where their allergy has a functional impact or creates a risk of harm and they require arrangements additional to or different from those made generally.

All Staff:

- Complete annual allergy awareness and emergency response training, including recognition of anaphylaxis and use of the adrenaline devices that may be encountered, including school spare AAIs.
- Responsible for understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency.
- Give adrenaline immediately if a student shows signs of anaphylaxis affecting Airway/Breathing/Circulation, or if there is doubt whether a reaction is anaphylaxis. Use the student's prescribed adrenaline device if available and call 999 without delay.
- Enforce strict "no food sharing" rules within classrooms and form rooms.
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events.
- Reporting near misses and incidents.

Staff and Visitors with Allergies

Staff should notify HR and/or Student Services of allergies relevant to workplace safety, their known allergens and whether they carry emergency medication. Where additional arrangements are needed, the school will agree a confidential staff allergy/emergency plan and workplace risk assessment or reasonable adjustments; pupil IHPs are not normally used for staff.

Visitor and event organisers should seek relevant allergy information in advance where appropriate, particularly where food will be served or food-centred activities are planned. Necessary information must be shared with catering, Student Services and external food providers as required, with proportionate risk controls in place.

Parents and Carers

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Notify the school of any diagnosed allergies or changes in medical status at the start of the academic year and then throughout the academic year as necessary.
- Provide relevant clinical information and any Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, where available. A lack of confirmed

diagnosis will not prevent the school putting reasonable interim arrangements in place where an allergy is suspected.

- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensure the student has access at school to both of their **two** in-date prescribed adrenaline devices (AAI and/or nasal adrenaline, as prescribed), clearly identifiable and carried in accordance with their IHP/Action Plan.
- Replace the student's prescribed adrenaline devices before expiry and after use, and notify the school of updated expiry details. The school may record expiry dates and send reminders as an additional safety control; this does not replace the parent/carer's agreed responsibility to provide prescribed medication and equipment.

Students

- Students should, whenever possible and appropriate to their individual plan, assume responsibility for their emergency kit under the guidance of their parents/carers. Symptoms of anaphylaxis can come on **very suddenly**, so school staff must be prepared to administer emergency medication if the young person cannot.
- Students prescribed adrenaline should keep both prescribed devices with them and immediately accessible at all times (for example in a secure blazer pocket or school bag kept with them), unless their IHP records a different arrangement based on individual needs.
- Refrain from sharing food, drinks, or lip balms with peers.
- Tell a staff member immediately if they feel unwell or suspect exposure.

Individual Healthcare Plans (IHPs)

- A student should have an IHP where their allergy has a functional impact, puts them at risk of harm and requires arrangements additional to or different from those made generally. Where needs are known before admission, arrangements should be in place for the start of the relevant term.
- Where a student has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, it should be attached to and reflected in the IHP. A student without an Action Plan may still need an IHP where their allergy requires additional or different arrangements.
- The school will lead the IHP process in collaboration with the student and parents/carers, taking account of relevant clinical advice. The IHP is not a clinical document and the school will not make clinical judgements outside its competence.
- Digital copies must be securely accessible to staff via the school management information system (MIS). A current Allergy Action Plan and/or Asthma Action Plan should be attached to the IHP and, where practicable, a copy kept with the student's

emergency medication. Information will be accessible to staff who need it while preserving confidentiality.

- Where an allergy is suspected or a student is awaiting diagnosis, the school will not dismiss the risk. Proportionate interim arrangements will be put in place and relevant healthcare advice sought where needed.
- Health information about students and staff will be processed and shared only as necessary for safety, support and legal obligations, in line with the school's data protection policies and UK data protection law. Staff who need the information to keep an individual safe must be able to access it promptly.

Medication Storage and Management

Students prescribed adrenaline are expected to keep both prescribed devices with them and immediately accessible at all times, unless an IHP records an alternative arrangement. The school does not routinely store additional student-specific AAIs in Student Services; school spare AAIs are held separately as emergency backup.

Serious anaphylaxis is a time-critical situation; delays in administering adrenaline have been associated with fatal reactions. Adrenaline should be given as soon as possible and within five minutes. If a student cannot self-carry, their prescribed devices must be stored in an unlocked, readily accessible location from which they can be brought to them within five minutes, including during wraparound care.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Under the Human Medicines (Amendment) Regulations 2017, the school stocks spare AAIs for emergency use. Spare AAIs are stored in pairs, clearly labelled and readily accessible. At least one pair is held in Student Services; additional pairs, locations and separate off-site stock will be determined by the school-wide risk assessment so that a pair can be brought to any location where needed within five minutes and off-site use does not leave the school without adequate spare cover.

School spare AAIs are an emergency contingency and are not a replacement for a student's own prescribed adrenaline devices.

Non-injectable nasal adrenaline (for example EURneffy®) is an adrenaline device, not an antihistamine. Where it is prescribed, it is treated as one of the student's prescribed adrenaline devices and used in line with the Allergy Action Plan. Schools cannot currently purchase nasal adrenaline as spare stock; if a prescribed nasal device is unavailable, a school spare AAI may be used in an emergency.

If the school becomes aware that a student's prescribed devices are missing, expired or unusable, Student Services will contact parents/carers promptly, record the issue, request urgent replacement and review the IHP and risk controls. School spare AAIs are an emergency contingency, not a routine substitute.

Any decision about a high-risk or off-site activity will be based on an individual risk assessment and reasonable adjustments. If risk cannot be reduced to an acceptable level, the activity may be modified or postponed for that student with senior leader oversight and recorded reasons. Repeated failure to provide essential prescribed medication, where this places the student at significant risk, will be discussed with the DSL and managed under safeguarding procedures as appropriate.

Catering & Food Safety Controls

Our catering operations will comply with the *Food Information Regulations 2014* (as amended, including the prepacked for direct sale (PPDS) requirements commonly known as *Natasha's Law) and applicable Food Standards Agency allergen guidance*:

- Food prepacked for direct sale (PPDS) will be labelled with the name of the food and a full ingredients list, with any of the 14 regulated allergens emphasised. For non-prepacked food, clear, accurate and readily accessible information on the 14 regulated allergens will be provided.
- The catering provider will maintain documented controls to minimise unintended allergen cross-contact, including cleaning, separation and utensil controls appropriate to the risk. The school will not describe food or the site as "allergen-free" unless that can be substantiated.
- The Catering Manager must inspect ingredient labels on all substitute products delivered by food vendors before cooking.
- Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies.
- JPA and other school-associated events involving food will follow the school's allergen controls and provide clear allergen information. Where the activity is carried on as a food business, applicable food information law must be followed. Volunteers serving food should have basic allergen awareness, including signposting to free Food Standards Agency training.
- Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

Insect stings

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The site team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

Off-Site Trips, Sports, and Extracurriculars

An individual risk assessment addressing allergen exposure, emergency medication, food arrangements, transport and proximity to emergency care will be undertaken for any student at risk of anaphylaxis participating in an off-site activity, with reasonable adjustments and control measures identified.

Trip leaders must cross-reference attendee registers with the school allergy database during planning phases.

Before departure, trip leaders must verify that a student prescribed adrenaline has access to both prescribed devices. If either device is missing, expired or unusable, the matter must be escalated to a senior leader for an individual risk assessment and consideration of reasonable adjustments including withdrawing the student from the activity; school spare stock must not be treated as a routine substitute for the student's own devices.

The trip leader must ensure the student's relevant IHP/Action Plan is accessible and that staff trained to administer adrenaline are present. A school spare AAI pair may be taken where the risk assessment indicates, provided doing so does not leave the school without adequate on-site spare cover.

Mild to Moderate Allergic Reactions (no Airway/Breathing/Circulation signs)

For a mild to moderate allergic reaction, follow the student's Allergy Action Plan/IHP. A non-drowsy oral antihistamine may be given where this is the authorised treatment for that student under the school's medicines procedures. Antihistamine must not be used as a "test" or to delay adrenaline where anaphylaxis is suspected.

The student must not be left alone and should be monitored for at least 60 minutes. Parents/carers should be informed. If Airway/Breathing/Circulation symptoms develop, or there is doubt, treat as anaphylaxis immediately.

Emergency Response Protocol (Anaphylaxis)

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible and within five minutes. **Do not wait to contact the emergency services before administering adrenaline**. If in doubt whether the reaction is anaphylaxis, treat with adrenaline.
- The child, young person or individual must not be made to stand or walk. Bring help and adrenaline devices to them. Position and manage them in line with their Allergy Action Plan and 999 instructions.
- If the child, young person or individual **has their own prescribed adrenaline device (AAI or nasal adrenaline)**, use it in the first instance if it is available.
- If the child, young person or individual **does not have prescribed adrenaline devices**, a school spare AAI may be used in an emergency.
- If the child, young person or individual's **prescribed adrenaline devices are unavailable, out of date, unusable or misfire**, a school spare AAI may be used.
- Call 999 immediately after giving the first dose of adrenaline. If there is no improvement after five minutes, give a further dose of adrenaline using the second prescribed device or a school spare AAI as appropriate, and follow the Allergy Action Plan and 999 instructions.
- If the individual has serious allergy and asthma and there is any doubt whether breathing difficulty is anaphylaxis or an asthma attack, administer adrenaline first. A reliever inhaler must not be used instead of adrenaline to treat anaphylaxis.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

During fire drills, evacuations and lockdowns, students should keep both prescribed adrenaline devices with them where safely possible. Staff must not delay an evacuation to retrieve medication. Student Services will, where safe and practicable, take a school spare AAI kit to the assembly or relocation point. No student who is prescribed adrenaline should leave the school following an evacuation without access to both prescribed devices or another safe arrangement agreed by a senior leader in line with the IHP.

Inclusion, Curriculum, and Peer Awareness

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;

- Allergy alone must not be a reason to exclude a student from an activity, whether on the school premises or on a school trip. The school will make reasonable adjustments and use individual risk assessment; any restriction or postponement must be proportionate, authorised by a senior leader and used only where the risk cannot reasonably be controlled.
- Pupils with allergies may require additional pastoral support including regular check-ins from their form tutor.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy; and
- Uniform policies take into account that children may need emergency medication near them at all times.
- Year-group assemblies and PSHE lessons will explicitly cover allergy awareness, emergency signs, and disability empathy.

Reporting allergic reactions

The school will log all allergic reaction incidents and near-misses as soon as is feasible after they occur.

- Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded
- Serious incident and near-miss reports should be shared with:
    - the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
    - the governing body (or a designated governor/committee) in a proportionate form so it can consider lessons learned and whether policy changes are required; identifiable health information will be shared only where necessary.
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
    - Where the school operates as a food business, allergen-related food safety incidents will be assessed against the relevant notification duties. Where unsafe food may have left the school's immediate control and pose a wider risk, the school or caterer will notify the competent authority as required and seek local authority or Primary Authority advice where appropriate.

- RIDDOR will be considered and reported where the legal criteria are met. For students or visitors, this includes an accident arising out of or in connection with a work activity that results in death or the person being taken directly from the scene to hospital for treatment; a medical episode not arising from a work activity is not reportable merely because hospital attendance occurs.
- Following any serious incident or significant near miss, the school will meet with the child or young person and their parents/carers to review arrangements and help ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.