

Allergy Awareness Policy



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Approved by: Headteacher and Governing Body

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Appendix 1 – Anaphylaxis Symptoms and Action Sheet

Appendix 2- Template for Individual Healthcare Plan

1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on [Allergy Safety in Schools](#) and [Supporting Pupils at School with Medical Conditions](#), the Department of Health and Social Care's guidance on the use of emergency adrenaline auto-injectors in schools, and the legislative requirements introduced through [Benedict's Law](#) (**The School Allergy Safety Bill, incorporated within the Children's Wellbeing and Schools Act 2026**), alongside the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The Governing Board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
 - Arrangements to reduce the risk of individuals coming into contact with their known allergens
 - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy Safety Leader

The nominated allergy safety leads are **Sadie Falkingham and Emily Smith**.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of Adrenaline Auto-injectors (AAIs)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
 - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
 - All staff receive regular allergy awareness training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
 - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:

- What lessons there are to learn
- Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances
- Ensuring that Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
 - What lessons there are to learn
 - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.4 Office Admin Support

Rachel Johnson is responsible for:

- Checking spare AAIs are present and in date
- Making sure that replacement AAIs are obtained when expiry dates approach
- Ensuring that spare AAIs are available for when children leave school on trips/ visits

3.5 Teaching and Support Staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead
-

3.6 Parents/Carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with Allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Knowing where their AAI/ Emergency Medication is stored in school and only using it for its intended purpose

3.8 Pupils without Allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Knowing where Adrenaline auto-injectors (AAIs)/ Emergency Medications are stored in school and not touching these throughout the day

4. Identifying Individuals at Risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to.

Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals

- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

As a school, we send an admission form to all parents and carers of new starters once their child's place at the school has been confirmed. The admission form includes a section for parents and carers to provide details of any allergies their child has and whether they carry any medication. Where a pupil receives a new diagnosis or joins the school during the academic year, appropriate arrangements will be put in place within two weeks.

At the start of each academic year, we will send a reminder to parents and carers asking them to update their child's medical information as necessary using Microsoft Forms. We also ensure that all children with an allergy have an Individual Healthcare Plan (IHP) in place. Parents and carers are asked to proactively inform the school of any changes to their child's medical needs during the school year, either by telephoning the school office or by emailing clapgate@clapgateprimaryschool.org

4.2 Identifying Staff and Visitors at Risk

The school recognises that staff and visitors may also have allergies that require appropriate consideration and support whilst on the premises.

Staff Allergies and Medical Conditions

As part of the recruitment and induction process, all new staff members are required to complete a Microsoft Form upon starting. This form enables staff to declare any known allergies and medical that may affect their safety and wellbeing whilst at work. The information provided is treated confidentially and is used to ensure that appropriate risk assessments, reasonable adjustments and emergency arrangements can be put in place where necessary. Staff are responsible for informing the school of any changes to their medical information, including newly diagnosed allergies or changes to existing conditions.

Visitor Allergies

Visitors are asked to inform the school of any allergies or relevant medical conditions upon arrival. Office staff will ask visitors whether they have any known allergies and, where necessary, ensure that reasonable precautions are taken to minimise the risk of exposure to allergens during their visit.

The school is committed to creating a safe and inclusive environment for all staff, pupils and visitors and will take appropriate steps to reduce the risk of allergic reactions on site

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Individual Healthcare Plans (IHPs) are shared with parents/carers, first aiders, lunchtime staff, class teachers and any other staff members who work regularly with the child. Once completed, IHPs are uploaded to CPOMS and a paper copy is stored in the medical folder in the staff room.

Class teachers are responsible for ensuring that a copy of the child's IHP is kept in the class medical bag alongside any prescribed medication, including adrenaline auto-injectors (AAIs) or other emergency medication, where applicable. This ensures that relevant information and medication are readily available in the event of an emergency.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required

- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school, their IHP will be shared as part of the transition.

4.4 Allergy and Asthma Action Plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of Pupils with Known Allergies

The school maintains a register of pupils who have a known allergy.

The register includes:

- Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed Adrenaline auto-injectors (AAIs) (and if so, what type and dose)
 - A photograph of each pupil to allow a visual check to be made
- The register is kept in the staff room and can be checked quickly by any member of staff as part of initiating an emergency response. This information can also be taken directly from Arbor.
 - All Adrenaline Auto-injectors (AAIs)/ Emergency Medications are stored in class medical bags, which remain with pupils at all times, ensuring immediate access in the event of an allergic reaction and minimising any delay in treatment.

5. Assessing Risk

School staff will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging

- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

6. Minimising Risk

The school is committed to creating a safe and inclusive environment for pupils with allergies by taking reasonable steps to minimise exposure to known allergens, promoting awareness among staff and pupils, and implementing effective procedures to reduce the risk of allergic reactions occurring on site or during school activities.

6.1 Hygiene Procedures

The school promotes good hygiene practices and allergen awareness to help reduce the risk of accidental exposure to allergens. Pupils are regularly reminded to wash their hands before and after eating. To minimise the risk of cross-contamination, pupils are not permitted to share food, food containers or eating utensils with others.

Pupils are expected to use their own water bottles and lunch boxes, contents of which must not be shared. This helps to reduce the risk of allergen transfer between pupils and supports the effective management of allergies and dietary needs within the school environment. The school also operates as a **nut-aware school**. While it is not possible to guarantee a completely nut-free environment, parents/carers, staff and visitors are asked not to bring products containing nuts into school. Where food is not directly provided by the school, parents/carers will be consulted in advance and permission will be sought where appropriate. The school will work with families to identify and manage any potential allergen risks and ensure that suitable arrangements are in place to keep all pupils safe.

6.2 Catering Leeds

The school is committed to providing safe meal options that meet the dietary needs of pupils with allergies. . The school works closely with Catering Leeds and their Special Diet allergen management system to monitor and review the controls in place to ensure that food preparation and service are carried out safely and in accordance with relevant food safety legislation and guidance. Catering Leeds staff follow established food hygiene and allergy management procedures to minimise the risk of allergen exposure and cross-contamination during food preparation and service.

From November 2026, the school will use the School Grid (an online meal ordering system). Through School Grid, parents/carers and pupils can view school menus, including ingredient and allergen information. Where a pupil's allergy information has been recorded on the school system, School Grid supports the identification of menu options that may not be suitable for that pupil. Parents/carers are responsible for ensuring that allergy information held by the School and School Grid remains accurate and up to date.

Where a pupil has a known allergy or an Individual Healthcare Plan (IHP), Catering Leeds maintains an up-to-date record which may include the pupil's name, allergy information and photograph to support identification. To assist in identifying pupils with allergies, intolerances or other special dietary requirements during lunchtime, these pupils are required to wear a yellow lanyard while in the dining hall. This enables both school and Catering Leeds staff to take appropriate precautions when serving food and supervising meal times. Regular communication is maintained between the school and Catering Leeds (and their special diet team) to ensure that allergy information is accurate, current and shared appropriately.

Where food is provided by the school for events, activities or celebrations, staff are expected to check ingredient and allergen information carefully and take reasonable steps to ensure that food is suitable for pupils with known allergies. Staff must seek advice where there is any uncertainty and must not make assumptions about the suitability of food items for pupils with allergies.

6.3 Insect Bites/Stings

The school recognises that insect bites and stings can trigger allergic reactions in some pupils. Staff should remain vigilant, particularly during outdoor learning, playtimes, educational visits and sporting activities. Pupils with a known allergy to insect stings should have an Individual Healthcare Plan (IHP) in place and access to their prescribed medication at all times.

In the event of a sting or bite, the affected area should be monitored closely. If a pupil develops symptoms of an allergic reaction, staff must follow the pupil's healthcare plan and administer emergency medication as required. If a pupil experiences signs of an allergic reaction for the first time, staff should seek immediate medical assistance, follow the school's emergency response procedures, and contact parents/carers as soon as possible. If there are any signs of anaphylaxis, an adrenaline device should be administered immediately and emergency services contacted in accordance with the school's emergency procedure.

6.2 School Animals

The school recognises that contact with animals may present a risk to some pupils with animal allergies. As animals are kept on site, appropriate measures will be taken to minimise the risk of allergic reactions while enabling pupils to participate safely wherever possible.

The following arrangements will apply:

- All pupils and staff will be encouraged to wash their hands thoroughly after handling or interacting with animals.
- Pupils with known animal allergies will not be required to interact directly with animals and alternative arrangements will be made where necessary.
- Areas where animals are present will be kept clean and hygienic

- Parents and carers will be informed in advance, if any additional animals are to be brought into school as part of planned activities.
- A risk assessment will be in place for all animals present on the school site.
- Staff responsible for activities involving animals will be made aware of any relevant allergies and the actions required in the event of an allergic reaction.

6.5 Visits and Trips

The school is committed to ensuring that pupils with allergies are able to participate fully in educational visits, residential experiences, extracurricular activities, and school trips. No pupil will be excluded from participating solely because they have an allergy.

When planning a visit or trip, the school will:

- Consider the needs of pupils with allergies as part of the planning and risk assessment process.
- Ensure that relevant staff are aware of pupils' allergies and understand their responsibilities for managing allergy-related risks.
- Ensure that an appropriate risk assessment is completed for any pupil who is at risk of anaphylaxis.
- Liaise with parents and carers, where appropriate, to ensure that suitable arrangements are in place.
- Ensure a designated member of staff carries the red medical bag so that they have immediate access to any prescribed AAls or emergency medication.
- Ensure that sufficient members of staff trained in recognising anaphylaxis and administering adrenaline are present throughout the visit or trip.
- Consider food provision, catering arrangements, accommodation, transport, and planned activities to minimise exposure to known allergens.
- Follow the School's allergy and anaphylaxis procedures for off-site activities and educational visits, including those set out in Section 8.4 of this policy.

Wherever possible, off-site visits should be accompanied by a designated first aid bag containing:

- Two spare Adrenaline Auto-Injectors (AAls), appropriate to the age of the pupils attending.
- One spare emergency blue reliever inhaler.

The member of staff leading the visit is responsible for ensuring that both the class red medical rucksack and the designated first aid bag (containing spare emergency medication) accompany the group throughout the visit and remain readily accessible at all times.

Any trip that goes ahead without spare adrenaline devices or an emergency inhaler must be approved by the Senior Leadership Team (SLT). This decision will be based on the medical needs of the pupils attending. A general first aid box will still be required.

The Department for Education (DfE) states:

“The school will decide whether it may be appropriate, under some circumstances, to take ‘spare’ adrenaline devices for emergency use on some trips. However, this should not result in a lack of ‘spare’ adrenaline devices on school or college premises.”

In the event of an allergic reaction during an off-site visit or trip, staff must follow the emergency procedures outlined in this policy and seek emergency medical assistance where required.

7. Procedures for Handling an Allergic Reaction

All staff are trained to recognise the signs and symptoms of both mild and severe allergic reactions, including anaphylaxis, and to respond appropriately. Appendix 1 shows ‘best practice’ of how to recognise symptoms and respond to anaphylaxis effectively (Allergy UK). All school staff are trained in the administration of Adrenaline Auto-injectors (AAIs) to minimise delays in an emergency. If the pupil has an Allergy Action Plan or IHP, this must be followed at all times.

A spare school AD will only be used if:

- The pupil does not have a prescribed AAI
- The pupil's prescribed AAI is not available.
- The pupil's prescribed AAI has misfired or is otherwise unusable.

8. Adrenaline Auto-injectors (AAIs)/ Emergency Medications

Pupils who are prescribed Adrenaline Auto-injectors (AAIs)/ Emergency Medication are encouraged to keep them near at all times. All AAIs/ Emergency Medications are stored in the class red medical rucksacks. These rucksacks are displayed within each classroom, remain unlocked and accessible at all times, and accompany pupils wherever they go throughout the school day, including the hall, playgrounds, PE lessons, educational visits and other areas of the school site.

The class red medical rucksack system ensures that prescribed AAIs/ Medications are:

- Readily accessible in an emergency.
- Never more than five minutes away from the pupil.
- Carried with the class at all times during the school day.
- Protected from direct sunlight and stored in accordance with manufacturer guidance.

Additional arrangements include:

- The class red medical rucksack must accompany pupils during all outdoor learning, sporting activities, educational visits and off-site activities.
- Staff leading trips or activities are responsible for ensuring the red medical rucksack is taken with the class.
- Where pupils require emergency medication during transport to and from school, parents/carers are responsible for ensuring medication is available for the journey.

A copy of the pupil's Allergy Action Plan and or Individual Healthcare Plan (IHP) will be kept alongside their medication in a folder in the red medical rucksack. These documents provide clear instructions on recognising symptoms and administering medication in an emergency.

Arrangements for Individually Prescribed AAls/ Emergency Medication

- Parents/ carers are responsible for ensuring prescribed AAls/ Medications are in date and replaced as necessary.
- Wherever possible, two AAls will be stored in school for each child.
- Staff will carry out regular checks of medication stored in red medical rucksacks and notify parents/ carers when medication is approaching its expiry date.
- A register of pupils prescribed AAls/ Emergency Medication will be maintained by the school and recorded on CPOMS.
- Copies of Allergy Action Plans and Individual Healthcare Plans will be retained securely and made available to relevant staff.
- Information regarding pupils with prescribed AAls will be shared with staff as part of ongoing safeguarding and medical needs procedures.

8.2 Spare Adrenaline auto-injectors (AAls) and Inhalers

The Allergy Safety Leaders are responsible for sourcing spare Adrenaline Auto-injectors (AAls) and emergency asthma reliever inhalers and ensuring they are stored and maintained in accordance with current guidance.

Spare AAls will:

- Be obtained from a local pharmacy.
- Be purchased in sufficient quantities to ensure emergency cover across the school.
- Consist of a single approved brand wherever possible to reduce the risk of confusion during an emergency.
- Be purchased in age-appropriate dosages in line with current Resuscitation Council UK guidance.

Storage of Spare AAls and Emergency Inhalers

Two spare **EpiPens** (for pupils aged 6 years and over) and an emergency blue reliever inhaler are stored in a green medical box in the school office.

A further two spare **Jext Pens** (for pupils under 6 years of age) are stored in a green medical box located on the wall in the shared area between the Reception and Year 1 classrooms. An additional emergency blue reliever inhaler is also stored in this box.

These locations ensure that:

- Spare emergency medication is quickly accessible to trained staff.
- Medication is located no more than five minutes from any area of the school site.
- Medication is stored at room temperature and protected from direct sunlight and extreme temperatures.
- Spare medication is clearly identifiable as an emergency spare and stored separately from pupils' prescribed medication.
- Spare medication is kept in pairs, in case a second dose is required.

The allergy leaders and the school office are responsible for:

- Regularly checking that spare AAls and the emergency asthma reliever inhaler are present and in date.
- Maintaining a record of expiry dates.
- Replacing AAls and inhalers before they expire.
- Ensuring all relevant staff know the locations of emergency medication and understand procedures for its use.

Adrenaline auto-injectors (AAls) can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

8.3 Using spare Adrenaline Auto-Injectors (AAls)/ Inhalers in an Emergency Situation Without Prior Consent

The Human Medicines (Amendment) Regulations 2017 do not require parental consent for the use of a spare Adrenaline Auto-injector (AAI)/ inhaler in an emergency. However, as a school, we seek advance consent from parents/carers for the use of a spare AAI/ inhaler whenever possible, so that this consent is already in place should an emergency arise.

In a life-threatening emergency, any member of staff may take reasonable action to preserve life and prevent serious harm, including administering a spare AAI/ or inhaler where indicated, without first checking whether parental consent has been obtained. This is to ensure that potentially life-saving treatment is not delayed.

8.4 Use of Adrenaline Auto-Injectors (AAIs)/ Emergency Medication off school premises

Pupils at risk of anaphylaxis will always need to have their Adrenaline Auto-Injectors (AAIs)/ Emergency Medication with them on school trips and off-site activities. These will be kept in the class red medical rucksack alongside their Allergy Action Plan and Individual Healthcare Plan (IHP). The red medical rucksack must accompany the class at all times, including during educational visits, sporting events, outdoor learning and any off-site activities, ensuring that emergency medication is immediately accessible.

Wherever possible, off-site visits should be accompanied by a designated first aid bag containing:

- Two spare Adrenaline Auto-Injectors (AAIs), appropriate to the age of the pupils attending.
- One spare emergency blue reliever inhaler.

The member of staff leading the visit is responsible for ensuring that both the class red medical rucksack and the designated first aid bag (containing spare emergency medication) accompany the group throughout the visit and remain readily accessible at all times.

Any trip that goes ahead without spare adrenaline devices or an emergency inhaler must be approved by the Senior Leadership Team (SLT). This decision will be based on the medical needs of the pupils attending. A general first aid box will still be required.

The Department for Education (DfE) states:

“The school will decide whether it may be appropriate, under some circumstances, to take ‘spare’ adrenaline devices for emergency use on some trips. However, this should not result in a lack of ‘spare’ adrenaline devices on school or college premises.”

Where pupils require emergency medication during travel to and from school, parents/carers remain responsible for ensuring that appropriate medication is available for the journey.

9. Serious Incidents and ‘Near Misses’

A serious incident is any event relating directly to a medical condition (including an allergy) in which a pupil, member of staff, or visitor is harmed or placed at an immediate and significant risk of harm. This includes situations requiring emergency medication, urgent clinical intervention, or attendance by emergency services.

A near miss is an event relating directly to a medical condition (including an allergy) that does not result in harm but has the clear potential to do so. For example, an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

All serious incidents must be reported using CPOMS and a CF50 form. These will be recorded internally unless a report is required under RIDDOR. All near misses will also be recorded internally.

9.1 Incident Recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded using CPOMS/ and a CF50 form including the following information:

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

Where an serious incident occurs, an investigation report may also need to be carried out. The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident Reporting

The parents/carers of a pupil will be notified of the incident or 'near miss' as soon as possible. The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Sadie Falkingham/ Emily Smith. The allergy safety leads will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. These incidents will be reportable under RIDOR.

<https://www.hse.gov.uk/riddor/>

- In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy Awareness Training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training on an annual basis. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Annual allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
 - Calling emergency services and informing parents/carers
 - How to locate and administer emergency medication
 - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

11. Wellbeing

The school recognises that pupils with allergies may experience emotional and social challenges associated with managing their condition, including anxiety about allergen exposure and, in some cases, bullying or

social isolation. The school is committed to promoting the wellbeing of all pupils and ensuring that those with allergies feel safe, supported, and included in all aspects of school life.

Pupils with allergies may receive additional support (if required) through:

- Access to pastoral support, as appropriate.
- Regular check-ins with their class teacher, or other designated member of staff.
- Reassurance that reasonable and proportionate measures are in place to minimise the risk of exposure to allergens.
- Clear communication regarding the procedures and emergency arrangements in place to respond effectively to an allergic reaction or anaphylaxis.
- Support to enable full participation in educational, social, and extracurricular activities.

The school has a zero-tolerance approach to bullying related to a pupil's medical condition or allergy. Any concerns or incidents of bullying will be addressed promptly and in accordance with the School's Behaviour Policy and Anti-Bullying Policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or near miss is a significant event that may have an emotional impact on the pupil involved, their family, members of staff involved in the response, and any witnesses. Appropriate support will be provided to those affected, including members of staff involved in managing or responding to the incident.

Further information on the management, recording, and reporting of incidents and near misses can be found in Section 9 of this policy.

12. Information Sharing

Information about an individual's health is considered special category data under UK GDPR and will be handled in accordance with our Data Protection Policy.

The school will ensure that relevant information relating to a pupil's allergy is shared with staff on a need-to-know basis to enable them to safeguard the pupil effectively. This may include:

- Details of the pupil's allergy and known triggers.
- Information contained within the pupil's Individual Healthcare Plan (where applicable).
- Signs and symptoms of an allergic reaction.
- The location of emergency medication and any specific treatment requirements.
- Procedures to be followed in the event of an allergic reaction or anaphylaxis.

Relevant information will be shared with teaching staff, support staff, catering staff, first aiders, trip leaders, and other members of staff who have responsibility for the pupil. Supply staff and volunteers will be informed of allergy-related risks where appropriate to their role.

The school will ensure that all staff receive appropriate information and training to enable them to understand their responsibilities in relation to allergy management and emergency response.

This policy will be circulated to parents and carers on an annual basis via Arbor and will be available on the school's website. Parents and carers will be informed of any significant changes to the policy as soon as they are made via Arbor. The school will work in partnership with parents, carers, pupils, and healthcare professionals to ensure that allergy-related information remains accurate, up to date, and is shared appropriately to support the safety and wellbeing of pupils.

13. Monitoring Arrangements

This policy will be monitored by the allergy safety leaders – Emily Smith

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

14. Links to Other Policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- First Aid policy
- Data protection policy
- Early Years Foundation Stage policy

Appendix 1 – Anaphylaxis Symptoms and Action Sheet

ANAPHYLAXIS SYMPTOMS AND ACTIONS SHEET



Visit us at:
www.allergyuk.org
or call our Helpline on:
01322 619 898

Anaphylaxis (pronounced ana- fill - axis) is a medical emergency, common causes of anaphylaxis include food, wasp/bee venom (stings) and medication. Recognising the signs and symptoms early and treating quickly with the medicine 'adrenaline' is vital to save life.

Symptoms

Signs of a severe allergic reaction (anaphylaxis) include **one or more of the following symptoms:**



Airway:

- Swollen tongue
- Difficulty swallowing
- Throat tightness
- Change in voice (hoarse/croaky)



Breathing:

- Difficulty breathing
- Chest tightness
- Noisy breathing
- Persistent cough
- Wheeze



Circulation:

- Feeling dizzy or faint
- Collapse
- Loss of consciousness
- Pale and floppy (in babies/small children)

ACTION

Give Adrenaline - If you suspect someone is having a severe allergic reaction, give adrenaline **WITHOUT DELAY** - if available. **IF IN DOUBT, GIVE ADRENALINE!**

How to use your Adrenaline Autoinjector device

Epipen - <https://www.epipen.co.uk/en-gb/patients>

Jext - <https://adults.jext.co.uk>

Position

Lie the person flat with legs raised, if breathing is difficult allow to sit with legs raised. **Do not stand the person up!**



Call for help

Dial 999 for an ambulance and state anaphylaxis (ana - fill - axis) to get medical help as soon as possible

Management

Stay with the person having the allergic reaction until medical help arrives.

If there is no improvement after five minutes and another adrenaline autoinjector (AAI) is available, a second dose of adrenaline can be given ideally in the other leg.

If a person has an allergic reaction that requires adrenaline, they should always go to hospital for further observation and treatment e.g. additional doses of adrenaline.

Adrenaline

Adrenaline is an emergency medicine used to treat a severe allergic reaction. It works quickly to reverse the symptoms of anaphylaxis by reducing swelling, opening up the airway and improving blood pressure.

Antihistamines should never be taken instead of adrenaline in the case of a severe allergic reaction. If asthma and symptoms of a severe allergic reaction occur at the same time then adrenaline should always be given first and the asthma relief inhaler afterwards.

AAIs are prescribed by a doctor for those at risk of a severe allergic reaction based on an individual's needs. They are designed to be user-friendly and to be used by anyone that has been trained

It is important to know how to use the type of AAI you have been prescribed.

Appendix 2 – Template for IHCP



Individual Healthcare Plan

Child's name	
Class	
Date of birth	
Home address	
Medical diagnosis/ condition	
Date of plan	
Review date	

Family Contact Information

Name and relationship	
Phone no - work	
Phone no - home	
Phone no - mobile	
Name and relationship	
Phone no - work	
Phone no - home	
Phone no - mobile	

Medical contacts

Name of clinic/hospital contact	
Phone number	
GP name	
Phone number	

Responsibility for providing care in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or environmental issues.

Symptoms, Triggers and Treatment
Symptoms –
Triggers –
Treatment –

Name of medication	
Dose and method of administration	
When to be taken	
Side effects	
Administered by/self-administered	
With/without supervision	

Daily care requirements

•
•
•
•

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips

•
•
•

Other information

--

Describe what constitutes an emergency and the action to take if this occurs

•
•

Person responsible in an emergency

--

Plan developed with:	
Staff training needed/undertaken – who, what, where	
Form copied to:	