Allergy Safety Policy – Draft (awaiting Governor review)

Audience	All Greswold staff Supply and temporary staff Governors Parents
Co-ordinated by	First Aid / Allergy Lead
Date written / reviewed	September 2026
Date of next review	September 2027
To be reviewed by	Inclusion Lead & Allergy Lead
Associated Governing Body Committee	Curriculum & Inclusion

School vision statement

To provide an inclusive learning community where every child really does matter

Aims and Expectations

Our school aims to embed the principles of BRICKS:

- Belonging
- Respect
- Independence
- Curiosity
- Kindness
- Success

School aims

- *To provide a high standard of education in a stimulating, varied environment in which children can learn effectively;*
- *To create a caring atmosphere in which children are taught good citizenship, are happy and encouraged to act independently and foster self-discipline;*
- *To encourage the children to co-operate with, understand and care for others from all backgrounds and abilities, thus children are guided into responsibility not only for their own development but also that of the whole school family;*

- *To ensure that every child, whatever their ability, has the right and opportunity to attend our school with appropriate resources and support wherever possible, and to have access to a broad and balanced curriculum;*
- *To create, maintain and develop a physical and emotional atmosphere where children are stimulated to develop powers of observation and lively enquiring minds;*
- *To develop an understanding of decision-making and the need for rules, maintaining a continuous effort to improve standards for the general good and success of all.*

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

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Legislation and guidance:

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

The Food Information Regulations 2014

The Food Information (Amendment) (England) Regulations 2019

Roles and Responsibilities:

Governing body:

The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis.

Greswold includes the risks pertaining to pupils and staff with allergy on the school's risk register.

Allergy Lead:

Greswold has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared with staff and catering teams as soon as possible but within two weeks of the pupil starting
- holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan

- ensures that systems are robust for the identification of pupils at mealtimes
- communication about:
  - the policy
  - the pupils who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents
- communication with:
  - governors to provide updates about the policy implementation
  - 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 pupils 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
  - pupils to develop an understanding of allergy through information assemblies and workshops.
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- training
  - ensuring that all staff annual training and that allergy is included in induction even for short-term members of staff.
  - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

If the allergy lead is supported by another member of staff, the above can be amended to reflect who is responsible for which aspects.

All Staff:
Responsible for:
- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- being aware of specific pupils with allergies in their care
- implementing the pupils IHP
- creating an inclusive curriculum
- curriculum adaptation to minimise risks
- completing risk assessments for, curriculum activities involving food, and visits including sporting events
- building proactive relationships with parents/carers
- reporting near misses and incidents

Parents:
Responsible for:
- adhering to this 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 and regularly updating the school on any changes to their child's condition.
- providing school with the information they need to create individual health care plans

Identification of Individuals with Allergies

Admissions Data Collection: Greswold collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. This data collection is repeated on an annual basis. If a pupil's condition changes

throughout the year it is asked that parents proactively inform the office.

Information Sharing: UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

Staff: Staff must declare to the allergy lead any allergies prior to starting work. If an allergy is declared, there will be a discussion and an action plan created by the allergy lead, if required, to ensure that the member of staff has a safe working environment.

Regular volunteers will be asked about allergies ahead of their visit / placement. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

Pupil Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupils' allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school-owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received by the parents from health professionals. If there is no advice from health professionals, information and support can be requested from the school nurses if this is needed.

It is good practice to review IHPs annually however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Greswold will ensure that:

- pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan and the action plan is included alongside it.
- pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan.
- individual healthcare plans are created whilst pupils are waiting for a diagnosis
- every effort is made 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.

Assessing / Minimising Risk and Exposure to Allergens

Greswold is allergy aware ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Greswold completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the pupil who has the allergy.
- conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning educational visits or enrichment activities.
- identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- identifying measures to manage the risks of exposure to a food allergen through food provided by the school
- 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 adaptations to remove/reduce allergens that pose a risk

Greswold will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Greswold will ensure that the risk of exposure is minimised by

- training all school staff every year.
- educating pupils through awareness assemblies and within PSHE
- communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- working closely with parents/carers and health professionals to understand the pupil's allergy
- monitoring this policy to ensure that the agreed practices are implemented
- establishing and maintaining high hygiene standards amongst staff, pupils and visitors

Food Provision & Catering:

Greswold will manage the risk of food allergy and provide clear information on allergens in food provided by:

- ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations.
- ensuring school caterers provide information on food allergens to parents/carers.
- providing pupil’s allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- enabling parents/carers to liaise with the catering company or school chef
- identifying pupils with allergies at point of service by lanyards to identify those pupils with allergies and intolerances (Yr R & 1), identification at point of service via the cypad till system showing allergies and intolerances. Photographs in the kitchen of pupils with allergies.
- ensuring that food is always labelled; unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary (“may contain”) labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as those from the school kitchen or canteen.

- teaching pupils not to food share, trade food or share utensils or food containers with the reasons why

When staff routinely prepare food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

When food is provided as part of a curriculum activity formal training does not need to take place but understanding how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food will form part of the risk assessment.

These procedures apply to school-led breakfast and after school provision

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) this will be individually wrapped and issued at the end of the day to be taken home, in order for the ingredients to be noted by parents.

Pupils eligible for benefits-based Free School Meals are able to receive their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed an adrenaline device/s which should be easily available to them at all times. This includes when on school site and when on visits.

Serious anaphylaxis is a time-critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Spare Adrenaline Devices
The Human Medicines (Amendment) Regulations 2017 permit “spare” adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Greswold holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil’s own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Greswold holds:
Epipen Junior *(150 micrograms) x 2*
Epipen *(300 micrograms) x 2*

These are located in:
- main office & visit first aid kits.

The primary kit is stored in a clear container on the wall immediately inside the door of the main office and labelled ‘Emergency Anaphylaxia Kit’.

The allergy lead is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current

adrenaline device expires.

Adrenaline devices that are used will be given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be returned to parents for disposal.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

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, 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.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at Greswold Greyhounds will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, and peripatetic staff have received allergy awareness training. After school clubs run by external providers hold responsibility for the pupils while in their care.

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 pupil 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
    - All adrenaline devices should be used to train with as the pupil may have different ones to the spare adrenaline
- how to report an allergic reaction including
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- understand their responsibilities in risk reduction to ensure that pupils prevented from coming into contact with their allergens
- understand the impact that allergy can have on a pupil's wellbeing
- understand the school's allergy safety policy and
    - how to check if a pupil is on the record of those with a known allergy

- how to use an allergy or asthma action plan

Emergency preparedness

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Greswold will communicate key messages regarding risk reduction leading up to festivals, visits and end of term celebrations.

During fire drills and lockdown practices, Greswold will ensure that adrenaline devices are available. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Educational visits and enrichment activities

Greswold ensures that pupils with allergies are fully included in every visit, sporting event, enrichment or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the pupil is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the educational visit/enrichment activity.

Staff leading visits will ensure they carry all relevant emergency supplies. Visit leaders will check that all pupils have their medication including adrenaline devices with them before departure. If parents are unable to produce their child's required medication the pupil will not be able to attend the excursion.

In conjunction with the allergy lead, the visit leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the visit. Greswold will provide additional spare adrenaline devices should the risk assessment for the visit deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Serious Incidents and "Near Misses":

Greswold approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

Greswold is aware that when an incident occurs, materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Greswold uses medical tracker to record allergic reactions (incidents) and near misses (e.g. accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

Greswold will share the report with the pupil's parents/carers and the individual involved as soon

as we are able following investigation. They should be given the opportunity to discuss what happened and to contribute their views to the subsequent lessons learned review. Greswold will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

Wellbeing and Support

At Greswold, allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with an allergy may become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

We:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- include allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- use pupil and staff voice in developing and reviewing the policy and procedures for allergy management
- understand that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promote "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new joiners or anxious pupils
- proactively engage with new joiners with known allergies, setting out the school's policies and the support available

Safeguarding:

Greswold recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to school or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Policy Review and Publication

This policy is published openly on the school website and is reviewed annually, or more frequently in response to local incident trends or updated statutory guidelines.

Appendix 1 – About Anaphylaxis & Treatment

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow’s milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

Greswold has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding
the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual’s asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Greswold understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Appendix 2 - Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis),** then contact the office to advise them of the emergency call**.**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Appendix 3 - Unacceptable practice

Greswold staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school life, including educational visits e.g. by requiring parents to accompany the child.