Allergy Safety Policy

Alleyn's Hampstead Senior

UK

Registered in England & Wales - Cognita Schools Limited No. 02313425
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1. Policy Statement and Purpose

1.1. The school is committed to providing a safe, inclusive, and supportive environment for all pupils, including those with allergies. This policy sets out how the school will identify, manage, and respond to allergies in order to safeguard the health, safety, and wellbeing of all pupils.

The purpose of this policy is to:

- Ensure the safety of pupils with allergies through effective identification, assessment, and management
- Comply with statutory requirements outlined in the July 2026 government guidance "Allergy Safety in Schools"
- Provide clear procedures for emergency response, particularly in cases of anaphylaxis
- Promote inclusion and ensure pupil's with allergies are not discriminated against or excluded from school activities
- Support the emotional wellbeing and social development of pupils with allergies
- Ensure all staff are trained and competent in allergy management and emergency procedures
- Work collaboratively with parents, carers, healthcare professionals, and the pupil themselves to develop individualised support plans
- Create an environment where allergies are understood and respected by the whole school community.

2. Scope and Application

2.1. This policy applies to all pupils attending this school, and to all staff, governors, volunteers, and contractors working in or with the school. It should be read in conjunction with the school's Whole School Food Policy. The policy covers all school settings and activities, including:

- Main school provision during the school day
- Breakfast clubs and morning provision
- After-school clubs and extended provision
- School trips and off-site activities
- Residential visits
- School meals and catering provision
- Classroom-based activities involving food
- Special events and celebrations
- Transportation to and from school

- The policy applies equally to all pupils, regardless of whether they have a formal medical diagnosis or are awaiting assessment.

3. Legal Framework

3.1. This policy is developed in accordance with the following legislation and statutory guidance:

- **Allergy Safety in Schools July 2026** – This guidance sets out the statutory responsibilities of schools in supporting children with allergies
- **Children and Families Act 2014(Section 100):** Places a duty on schools to make arrangements for supporting pupils at their school with medical conditions
- **Children's Wellbeing and Schools Act 2026 (Section 34),** setting out how schools should fulfil their statutory duty to put allergy safety policies in place
- **Equality Act 2010:** Schools must not discriminate against children with medical conditions or disabilities, including allergies, and must make reasonable adjustments to ensure inclusion.

4. Roles and Responsibilities

4.1. **Governance Oversight**

Named Governor responsible for Allergy: James Carroll

The Governing Body has overall responsibility for ensuring the school meets its statutory duties in relation to allergy management. The Governing Body will:

- Ensure this policy is in place, regularly reviewed, and effectively implemented
- Appoint a named Governor with responsibility for overseeing allergy safety
- Ensure appropriate funding is allocated for staff training, medications, and equipment
- Monitor the implementation of the policy through regular reports from the Headteacher
- Review incident reports and near-misses to identify trends and areas for improvement
- Conduct an annual review of the policy, or following any serious incident
- Ensure all staff receive appropriate allergy awareness training

4.2. **Headteacher / Senior Leader**

Named Senior Leader responsible for Allergy: Joshua Wilkinson

The Headteacher, supported by the named School Allergy Lead, has responsibility for the day-to-day implementation of this policy. The Headteacher will:

- Ensure the policy is communicated to all staff, parents, and pupils
- Appoint a named senior leader to coordinate allergy management across the school
- Ensure all staff receive mandatory allergy awareness training and that training records are maintained
- Ensure Individual Healthcare Plans (IHPs) are developed, reviewed, and updated
- Ensure spare adrenaline auto-injectors are obtained and stored appropriately
- Ensure emergency procedures are in place and regularly practised
- Ensure incidents are recorded, investigated, and reported appropriately
- Ensure all children with allergies are included in school activities and that reasonable adjustments are made
- Liaise with parents, carers, and healthcare professionals regarding allergy management
- Ensure the school environment is as safe as possible for children with allergies

4.3. All School Staff

All staff, including teaching staff, support staff, third party catering staff, third party cleaners, and volunteers, have a responsibility to support the implementation of this policy. All school staff will:

- Undertake mandatory allergy awareness training on induction and at least annually thereafter
- Be aware of which children in their care have allergies and the signs and symptoms of allergic reactions
- Follow the school's emergency procedures in the event of an allergic reaction
- Know the location of emergency medications and how to access them
- Prevent cross-contamination of food and allergens in their areas of responsibility
- Never prevent a child from accessing their medication
- Not discriminate against or exclude children with allergies from activities
- Support children with allergies to develop confidence and independence in managing their condition
- Report any concerns about a child's allergy management to the named senior leader
- Participate in incident reviews and learning activities

4.4. Parents and Carers

Parents and carers play a crucial role in supporting their child's allergy management. Parents and carers will:

- Inform the school of their child's allergies, including suspected allergies, at the earliest opportunity
- Provide accurate and detailed information about their child's allergies, triggers, and symptoms

- Provide prescribed medications and emergency medications in their original containers with clear labelling
- Work collaboratively with the school to develop and review Individual Healthcare Plans
- Ensure medications are in date and notify the school when replacements are needed
- Communicate any changes in their child's allergies or medical needs
- Support their child in developing independence and confidence in managing their allergies
- Attend training or information sessions offered by the school
- Report any concerns about allergy management to the school

4.5. Pupils

Pupils, according to their age and maturity, have a responsibility to:

- Understand their own allergies and triggers
- Communicate their allergy needs to staff and peers
- Take responsibility for managing their own medication where appropriate and with support
- Inform a trusted adult immediately if they experience symptoms of an allergic reaction
- Not share food or medications with other pupils
- Treat other children's allergies with respect and understanding

5. Identification and Communication of Allergies

5.1. Initial Identification

The school recognises that children may have allergies that have not yet been formally diagnosed by a healthcare professional. The school will not wait for a formal diagnosis before implementing protective measures.

Allergies will be identified through:

- **School Admission Forms**: Parents are asked to declare any known or suspected allergies on the school admission form
- **Parent Communication**: Parents are encouraged to inform the school of allergies at any point during their child's time at school
- **Staff Observation**: Staff may identify potential allergic reactions or symptoms and report these to parents and the named senior leader
- **Medical Referrals**: Healthcare professionals may inform the school of allergies identified through medical assessment
- **Transition Arrangements**: Information about allergies is transferred from previous settings or schools

5.2. Recording of Allergies

All allergies identified will be recorded in the school's photo allergy register, which is maintained by the First Aid Coordinator/School Nurse. The register will include:

- Pupil's name and date of birth
- Photograph of the pupil
- Description of the allergy (food, environmental, medication, insect, latex, or other)
- Known triggers and allergens
- Symptoms and severity of reactions
- Any prescribed medications including adrenaline auto-injectors

The photo allergy register is treated as confidential and is stored securely in accordance with data protection legislation.

5.3. Communication of Allergies

Once an allergy has been identified and recorded, the school will:

- Immediately inform all relevant staff who work with the pupil
- Ensure allergy information is available, via ISAMS and Medical Tracker, in the classroom and is displayed in other relevant areas (with parental consent) such as the staff room and medical room
- Provide staff with a summary of the child's allergies and emergency procedures
- Update the photo allergy register when new information is received
- Communicate allergy information to external providers (catering, transport, trip organisers)
- Ensure information is shared appropriately with peers if the child consents
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All staff must be informed of a child's allergies before the child begins in their caret.

6. Individual Healthcare Plans (IHPs)

6.1. Purpose of Individual Healthcare Plans

An Individual Healthcare Plan is a written plan that sets out the specific support a child with an allergy requires. IHPs are mandatory for all children who require ongoing support or who are at risk of serious allergic reactions, including anaphylaxis.

IHPs are developed to:

- Clearly identify the child's allergies and potential triggers
- Set out the specific support and adjustments the school will provide
- Detail emergency procedures and medication administration
- Ensure consistency of care across all school settings and staff

- Provide clear information to staff, parents, and the child
- Support inclusion and ensure the child can access all school activities

6.2. Development of Individual Healthcare Plans

IHPs will be developed collaboratively and will involve:

- The child (according to age and maturity)
- Parents or carers
- Relevant healthcare professionals (GP, paediatrician, allergy specialist, school nurse)
- The named senior leader or designated member of staff (First aid Coordinator. School Nurse)
- Other staff who work regularly with the pupil

The process for developing an IHP will be:

- **Initial Meeting**: The First Aid Coordinator/School Nurse will arrange a meeting with parents to discuss the child's allergies, symptoms, triggers, and support needs
- **Information Gathering**: Healthcare professionals will be asked to provide detailed information about the allergy, prescribed medications, and recommended management strategies
- **Plan Development**: The IHP will be drafted based on information gathered
- **Consultation**: The draft plan will be shared with parents, healthcare professionals, and relevant staff for feedback
- **Finalisation**: The plan will be finalised and agreed in writing by all parties
- **Implementation**: All staff will be trained on the contents of the plan before the pupil begins in their care

6.3. Content of Individual Healthcare Plans

Each IHP will include:

- Child's details (name, date of birth, class, photo if appropriate)
- Allergy details (allergen, type of allergy, date identified)
- Triggers and symptoms of allergic reactions
- Severity of allergy (mild, moderate, severe, anaphylaxis risk)
- Prescribed medications (name, dose, frequency, how to administer)
- Emergency medications (adrenaline auto-injector, antihistamines, corticosteroids)
- Step-by-step procedures for managing an allergic reaction
- Emergency contact details
- Healthcare professional contact details (where appropriate)
- Specific dietary requirements and food restrictions

- Adaptations and adjustments required (food-free zones, seating arrangements, activity modifications)
- Strategies to support emotional wellbeing and prevent bullying
- Transportation considerations
- Procedures for school trips and extended provision
- Child's own understanding of their allergy (age-appropriate)
- Date plan was created and date of next review
- Signatures of all parties involved

6.4. Review of Individual Healthcare Plans

IHPs will be reviewed:

- Annually: As part of the school's standard review cycle
- After a serious incident: Following any allergic reaction or near-miss incident
- Following a change in circumstances: If the pupil's allergy, medication, or support needs change
- At transition points: When the child moves to a new class or school
- On request: If parents or healthcare professionals request a review
- Reviews will involve the same parties as the initial development and will follow the same consultation process.

6.5. Storage and Accessibility of IHPs

IHPs will be:

- Stored securely and treated as confidential (Medical Tracker and School Medical Folder)
- Accessible to all staff who work with the pupil
- Available in the pupil's classroom via Medical Tracker
- Accessible in the school office/medical room (Medical Tracker and School Medical Folder)
- Carried on school trips and off-site activities
- Shared with external providers (catering, transport, trip organisers)
- Provided to parents in a format they can understand

7. Allergy Awareness and Staff Training

7.1. Mandatory Training Requirement

All staff working in the school including teaching staff, support staff, and governors, must receive mandatory allergy awareness training. This training is essential for the safe management of allergies in the school. Third party catering companies will be required to provide evidence of allergy awareness training undertaken by all their staff working in the school

7.2. Training Frequency

School staff will receive allergy awareness training:

- **Induction**: All new staff will receive training as part of their induction before they begin working with children
- **Annually**: All staff will receive refresher training at least once per year
- **Following Incidents**: Additional training will be provided following any serious allergic reaction or near-miss incident
- **When Policy Changes**: Training will be updated when the allergy policy or procedures change

7.3. Training Content

Allergy awareness training will cover:

- **Allergy Basics**: Types of allergies (food, environmental, medication, insect, latex), causes, and prevalence
- **Symptoms and Signs**: Recognition of mild, moderate, and severe allergic reactions, including anaphylaxis
- T**riggers**: Common allergens and cross-contamination risks
- **School Procedures**: The school's allergy policy, Individual Healthcare Plans, and emergency procedures
- **Emergency Response**: Step-by-step procedures for responding to an allergic reaction, including when to call emergency services
- **Adrenaline Auto-Injectors**: How to recognise anaphylaxis, how to use an adrenaline auto-injector, and what to do after administration
- **Medication Management**: Secure storage, access procedures, and record keeping
- **Food Safety**: Allergen labelling, cross-contamination prevention, and safe food handling
- **Inclusion**: Ensuring children with allergies are included in all school activities and not discriminated against
- **Emotional Support**: Supporting children with allergies and addressing bullying and social isolation
- **Practical Scenarios**: Case studies and practical exercises to develop confidence in managing allergic reactions

7.4. Training Delivery

Training will be delivered by:

- Online training modules - https://allergyschool.org.uk/ https://theallergyteam.com/schools/staff-training/
- School nurses or healthcare professionals
- The named senior leader

All training will be age-appropriate and role-specific. For example, third party catering staff will receive additional training on allergen labelling and cross-contamination prevention.

7.5. Training Records

Records of all training will be maintained by the school and will include:

- Staff member's name
- Date of training
- Type of training (induction, annual refresher, incident-related)
- Assessment or evaluation (if applicable)
- Signature or confirmation of attendance

Training records will be reviewed regularly to ensure all staff are up to date with their training requirements.

7.6. Specialist Training

Additional specialist training will be provided for staff with specific responsibilities, including:

- **Designated First Aiders**: Training in emergency response and use of adrenaline auto-injectors
- **Third Party Catering Staff**: Training in allergen labelling, cross-contamination prevention, and safe food preparation
- **Trip Leaders**: Training in risk assessment and emergency procedures for off-site activities
- **Designated Allergy Leads**: Comprehensive training in allergy management, IHP development, and incident investigation

8. Emergency Procedures and Anaphylaxis Management

8.1. Recognition of Anaphylaxis

Anaphylaxis is a severe, life-threatening allergic reaction that requires immediate emergency treatment. All staff must be able to recognise the signs and symptoms of anaphylaxis and respond immediately.

Signs and symptoms of anaphylaxis may include:

- Difficulty breathing or shortness of breath
- Wheezing or noisy breathing
- Loss of consciousness or collapse
- Pale or clammy skin
- Blue lips or tongue
- Weak or absent pulse

- Severe swelling of the face, lips, or tongue
- Severe itching or burning sensation in the mouth
- Severe abdominal pain, vomiting, or diarrhoea
- Confusion or sense of impending doom

Anaphylaxis may develop within minutes of exposure to an allergen and requires immediate treatment with an adrenaline auto-injector.

8.2. Identification of Children at Risk of Anaphylaxis

The school will identify children at risk of anaphylaxis through:

- Information provided by parents on school admission forms
- Medical information from healthcare professionals
- Previous allergic reactions or near-miss incidents
- Staff observation and reporting

All children identified as being at risk of anaphylaxis will have an Individual Healthcare Plan that details their specific triggers, symptoms, and emergency procedures.

8.3. Adrenaline Auto-Injectors

8.3.1. Prescribed Auto-Injectors

Parents of pupils at risk of anaphylaxis must provide the school with 2 adrenaline auto-injectors prescribed for their child. These will be:

- Stored securely and accessibly in a designated location (see Section 9: Medication Management)
- Clearly labelled with the child's name
- Checked regularly to ensure they are in date
- Replaced by parents when they expire

8.3.2. Spare Adrenaline Auto-Injectors

In accordance with statutory guidance, the school will obtain and maintain a supply of spare adrenaline auto-injectors (branded as Jext or EpiPen) to be used in emergency situations. Spare auto-injectors will be:

- Obtained through prescription from the school's first aid equipment supplier or their local pharmacy
- Stored securely in a designated, clearly marked location (see Section 9: Medication Management)
- Checked regularly to ensure they are in date

- Replaced when they expire
- Used only when a child is experiencing symptoms of anaphylaxis and their prescribed auto-injector is not available

8.3.3. How to Use an Adrenaline Auto-Injector

Staff trained in the use of adrenaline auto-injectors must be able to administer them correctly and confidently. The basic procedure is:

1. **Call for Emergency Help**: Call 999 immediately and inform them that you are administering an adrenaline auto-injector for anaphylaxis
2. **Locate the Auto-Injector**: Find the child's prescribed auto-injector or a spare auto-injector
3. **Position the Child**: Position the child lying flat (unless they have difficulty breathing, in which case they may sit upright)
4. **Remove the Auto-Injector**: Remove the auto-injector from its carrier tube
5. **Remove the Blue Safety Release**: Remove the blue safety release (or follow the specific instructions for the brand of auto-injector)
6. **Administer the Injection**: Place the orange tip against the outer thigh, at a 90-degree angle, and push down firmly until you hear a click
7. **Hold in Place**: Hold the auto-injector in place for 3-10 seconds (depending on the brand)
8. **Remove the Auto-Injector**: Remove the auto-injector and massage the injection site for 10 seconds
9. **Monitor the Child**: Stay with the child and monitor their breathing and consciousness
10. **Prepare for a Second Dose**: If symptoms do not improve after 5-15 minutes, administer a second auto-injector using the same procedure
11. **Await Emergency Services**: Keep the child lying flat and await the arrival of emergency services

Note: Detailed instructions are printed on each auto-injector. Staff should familiarise themselves with the specific brand held in the school before an emergency occurs.

8.4. Emergency Response Procedure

In the event of a suspected allergic reaction, staff will follow the procedure set out below:

8.4.1. Immediate Response

1. Stop the Activity: Immediately stop any activity that may be causing the allergic reaction (e.g., remove the allergen source)
2. Inform a Senior Member of Staff: Alert the nearest senior member of staff immediately
3. Keep the Child Calm: Reassure the child and keep them calm
4. Identify the Allergen: If possible, identify what has caused the reaction

5. Assess the Severity: Assess whether the reaction is mild, moderate, or severe (anaphylaxis)

8.4.2. Mild to Moderate Reaction

For a mild to moderate allergic reaction (e.g., itching, mild swelling, rash, mild respiratory symptoms):

1. Move the child to a quiet, safe area away from the allergen
2. Administer prescribed medication (e.g., antihistamine) in accordance with the child's IHP
3. Monitor the child closely for at least 30 minutes
4. Contact parents/carers to inform them of the reaction
5. Record the incident (see Section 12: Incident Recording and Review)
6. If symptoms worsen or do not improve, follow the procedure for severe reactions (below)

8.4.3. Severe Reaction (Anaphylaxis)

For a severe allergic reaction or suspected anaphylaxis:

1. **Call 999 Immediately**: Call emergency services and inform them that you are administering an adrenaline auto-injector for anaphylaxis. Provide the school's address and clear directions.
2. **Administer Adrenaline Auto-Injector**: Administer the child's prescribed adrenaline auto-injector (or a spare if the prescribed one is not available) immediately, following the procedure in Section 8.3.3
3. **Position the Child**: Position the child lying flat (unless they have difficulty breathing)
4. **Monitor the Child**: Monitor the child's breathing, pulse, and consciousness continuously
5. **Prepare for a Second Dose**: If symptoms do not improve after 5-15 minutes, administer a second adrenaline auto-injector
6. **Gather Information**: Gather any relevant information (e.g., what the child ate, when symptoms started) to pass to emergency services
7. **Locate the IHP**: Locate the child's Individual Healthcare Plan to provide to emergency services
8. **Inform Parents/Carers**: Contact parents/carers immediately to inform them of the emergency
9. **Await Emergency Services**: Keep the child lying flat and await the arrival of emergency services

8.5. Post-Incident Procedures

Following any allergic reaction (mild, moderate, or severe):

- **Medical Attention**: Even if symptoms improve after treatment, the child should be assessed by a healthcare professional. For severe reactions, the child must be taken to hospital by emergency services.
- **Observation**: The child should be observed closely for at least 24 hours after an allergic reaction, as symptoms can recur
- **Medication Review**: Parents and healthcare professionals should review the child's medications and emergency procedures following a reaction
- **Incident Recording**: The incident must be recorded in detail (see Section 12: Incident Recording and Review)
- **Investigation**: A full investigation should be conducted to identify what caused the reaction and how to prevent similar incidents
- **Learning**: The incident should be reviewed with staff to identify learning points and areas for improvement
- **IHP Review**: The child's Individual Healthcare Plan should be reviewed and updated if necessary
- **Pastoral Support**: The child should be offered pastoral support and counselling if needed

9. Medication Management

Full details on management of medicines in school are contained within the Medicines Management Policy

9.1. Medication Storage

All medications, including adrenaline auto-injectors, antihistamines, and corticosteroids, must be stored where easily accessible. Storage arrangements will be:

- Accessible: Medications must be accessible to staff in an emergency without delay
- Clearly Labelled: Each medication must be clearly labelled with the child's name, medication name, dose, and expiry date
- Appropriate Conditions: Medications will be stored in appropriate conditions (e.g., room temperature, away from direct sunlight) as specified on the medication packaging
- Separate Storage: Spare adrenaline auto-injectors will be stored separately from prescribed auto-injectors in a clearly marked location

9.1.1. Adrenaline Auto-Injector Storage

Adrenaline auto-injectors will be stored:

- In the pupils classroom or in a designated location known to all staff
- In an accessible container (e.g., a clearly marked box or bag)
- With a BSACI Allergy Action Plan attached
- Away from extreme temperatures

- Checked daily to ensure they are present and in date

9.1.2. Spare Auto-Injector Storage

Spare adrenaline auto-injectors will be stored:

- In the school office or medical room
- In a clearly marked, secure container
- With a laminated instruction sheet attached
- Checked daily to ensure they are present and in date
- Away from extreme temperatures

9.2. Access to Medications

Adrenaline auto-injectors must be accessible to any trained staff member in an emergency. Procedures will be:

- All staff know the location of adrenaline auto-injectors
- Adrenaline auto-injectors are not locked away in a way that delays access
- Staff do not need to seek permission to use an adrenaline auto-injector in an emergency
- Other medications (e.g., antihistamines) may be locked away but must be accessible to staff who have been trained and designated to administer them

9.3. Administration of Medication

Medications will only be administered by staff who have been trained and are confident in their use. Before administering any medication, staff will:

- Check the child's name on the medication container
- Check the medication name and dose
- Check the expiry date
- Check that the child has given consent (or parents have given consent if the child is too young)
- Record the administration (see Section 9.4)

Adrenaline auto-injectors are an exception to the requirement for prior consent and may be administered in an emergency without waiting for parental consent.

9.4. Record Keeping

A Medical Tracker record will be maintained of all medications held in the school and all instances of medication administration. Records will include:

- Child's name and date of birth
- Medication name and dose
- Date medication was provided to the school
- Expiry date

- Storage location
- Date and time of administration (if administered)
- Symptoms or incident that led to administration
- Staff member who administered the medication
- Parent notification
- Outcome

Records will be kept securely and treated as confidential.

10. Food Safety and Allergen Awareness

10.1. Allergen Labelling

All food provided by the school, including school meals, packed lunches, snacks, and food used in classroom activities, must be clearly labelled with allergen information. The school's catering provider will:

- Label all meals and food items with a list of major allergens contained (or potentially contained due to cross-contamination)
- Provide detailed allergen information for all menu items
- Use standardised allergen labelling (e.g., highlighting the 14 major allergens: celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, sesame, sulphites, tree nuts, soya and any other known pupil food allergens)
- Update allergen information regularly and inform the school of any changes
- Provide allergen information in a format accessible to parents and staff

10.2. Cross-Contamination Prevention

Cross-contamination occurs when an allergen is transferred from one food to another, even in small amounts. This can cause serious allergic reactions in sensitive individuals. The school will prevent cross-contamination by:

- Separate Preparation Areas: Using separate preparation areas, utensils, and chopping boards for allergen-free meals
- Hand Hygiene: Ensuring staff wash their hands thoroughly between handling different foods
- Equipment Cleaning: Cleaning all equipment thoroughly between preparing different meals
- Storage Separation: Storing allergen-free foods separately from foods containing allergens
- Staff Training: Ensuring all catering staff are trained in cross-contamination prevention

- Supplier Information: Obtaining detailed allergen information from food suppliers and manufacturers

10.3. School Meals and Catering

The school will work with its catering provider to ensure that:

- Children with allergies have access to safe, nutritious meals at lunchtime
- Allergen-free options are available for children with allergies
- Meals are prepared safely to prevent cross-contamination
- Allergen information is clearly communicated to parents and staff
- Children with allergies are not stigmatised or excluded from mealtimes
- Seating arrangements take into account the child's allergy (e.g., a child with a severe egg allergy may be seated away from other children eating eggs)
- Staff supervising mealtimes are aware of which children have allergies and what they can safely eat

10.4. Food-Free Zones

Where necessary, the school may establish food-free zones to protect children with severe allergies. For example:

- An egg-free zone in the classroom for a pupil with a severe egg allergy
- A dairy-free zone for a pupil with a severe milk allergy

Food-free zones will be:

- Clearly marked and communicated to all staff and pupils
- Enforced consistently
- Reviewed regularly to ensure they are necessary and proportionate
- Not used as a form of exclusion or punishment

10.5. Classroom Activities Involving Food

Teachers planning classroom activities that involve food (e.g., cooking activities, food tasting, cultural celebrations) must:

- Check the photo allergy register to identify pupils with relevant allergies
- Consult the pupil's Individual Healthcare Plan
- Inform parents in advance of the planned activity
- Provide alternative activities or allergen-free food options for children with allergies
- Ensure the activity does not exclude or stigmatise pupils with allergies
- Have emergency medications available during the activity
- Ensure staff supervising the activity are trained in allergy management

Pupils should never be excluded from activities because of their allergies. Alternative options must be provided to ensure their inclusion.

10.6. Packed Lunches and Snacks Brought from Home

Parents are asked to be mindful of other pupils' allergies when choosing packed lunches and snacks. The school will:

- Inform parents of pupils with severe allergies who attend the school
- Ask parents not to include certain allergens in packed lunches (e.g., nuts if a pupil in the class has a severe nut allergy)
- Provide guidelines for safe packed lunches (where appropriate)
- Understand that parents may choose to include allergens (such as egg and dairy) in their child's packed lunch and will not prohibit this, but will manage risks through other means (e.g., separate seating, hand-washing procedures).

11. School Activities, Trips, and Extended Provision

11.1. Inclusion in School Activities

The school is committed to ensuring that all pupils, including those with allergies, can participate fully in all school activities. Pupils with allergies will not be excluded from activities because of their medical condition.

All school activities will be planned with consideration for pupils with allergies, and reasonable adjustments will be made to ensure their safety and inclusion.

11.2. Risk Assessment for School Trips

Before any school trip or off-site activity, a comprehensive risk assessment will be conducted. The risk assessment will specifically consider allergies and will include:

- Identification of Risks: Identifying potential allergen exposures at the destination (e.g., food served at a restaurant, animals at a farm, plants in a garden)
- Consultation with Parents: Consulting with parents of children with allergies about specific risks and concerns
- Medication Planning: Ensuring all prescribed medications and emergency medications are available during the trip
- Staff Training: Ensuring staff accompanying the trip are trained in allergy management and emergency procedures
- Communication: Providing parents with detailed information about the trip and how allergies will be managed
- Alternative Arrangements: Identifying alternative activities or arrangements if the planned activity poses an unacceptable risk
- Emergency Planning: Ensuring emergency procedures are in place and staff know how to access emergency services at the destination

11.3. Medication on Trips

When pupils with allergies go on school trips:

- All prescribed medications must be carried by the trip leader or designated staff member
- Medications must be stored safely but allow ease of access in an emergency
- Adrenaline auto-injectors must be carried at all times
- Staff must have access to the pupils' Individual Healthcare Plan
- Emergency contact numbers for parents and healthcare professionals must be available
- Staff must be trained in emergency procedures and medication administration

11.4. Breakfast Clubs and After-School Provision

Breakfast clubs and after-school provision must comply with the same allergy safety standards as the main school day. Specifically:

- All staff must receive allergy awareness training
- Children's allergies must be clearly communicated to staff
- Individual Healthcare Plans must be available to staff
- Emergency medications must be stored safely but allow ease of access in an emergency
- Food served must be safe for children with allergies
- Emergency procedures must be in place
- Incident reporting procedures must be followed

11.5. Transportation

When children with allergies are transported to and from school or to off-site activities:

- Transport staff must be informed of children's allergies
- Emergency medications must be available during transport
- Transport staff must be trained in allergy management and emergency procedures
- Risk assessments must consider potential allergen exposures (e.g., food consumed on the bus)
- Emergency contact numbers must be available to transport staff

Please include school specific details of how the above will be managed, here.

11.6. Transition Arrangements

When a child with an allergy moves to a new class or school:

- Detailed allergy information must be transferred to the new setting
- The Individual Healthcare Plan must be reviewed and updated for the new setting
- Staff in the new setting must be trained on the pupil's allergies and emergency procedures
- Parents must be consulted about any changes to support arrangements.

12. Incident Recording and Review

12.1. Recording of Incidents

All allergic reactions, near-miss incidents, and concerns about allergy management must be recorded on Medical Tracker. This includes:

- Mild allergic reactions (e.g., itching, mild rash)
- Moderate allergic reactions (e.g., swelling, respiratory symptoms)
- Severe allergic reactions and anaphylaxis
- Near-miss incidents (e.g., a child almost consuming an allergen)
- Medication administration

12.2. Reporting Procedures

After an incident has been recorded:

- **Parents**: Parents must be informed of the incident as soon as possible, ideally on the same day
- **Healthcare Professionals**: The child's GP or other healthcare professionals should be informed of serious incidents
- **Named Senior Leader**: All incidents must be reported to the school's Allergy Safety Lead
- **Governing Body**: Serious incidents must be reported to the Governing Body
- **Regulatory Authorities**: Serious incidents may need to be reported to Ofsted or other regulatory authorities
- **Insurance**: The school's insurance provider may need to be informed of serious incidents

12.3. Investigation of Incidents

Following any allergic reaction or serious near-miss incident, an investigation will be conducted to:

- Establish what happened and why
- Identify any failures in procedures or practice
- Determine whether the pupil's Individual Healthcare Plan was followed correctly
- Identify whether staff training was adequate
- Determine whether emergency procedures were followed correctly
- Identify any systemic issues that contributed to the incident
- Recommend actions to prevent similar incidents in the future

The investigation will involve:

- Reviewing the Medical Tracker incident recording and any other relevant documentation
- Interviewing staff involved in the incident
- Consulting with parents and the pupil (age-appropriate)
- Consulting with healthcare professionals if necessary
- Reviewing the child's Individual Healthcare Plan

12.4. Learning from Incidents

Following the investigation, the school will:

- Share learning points with all relevant staff
- Provide additional training if gaps in knowledge or competence are identified
- Update policies and procedures if necessary
- Update Individual Healthcare Plans if necessary
- Monitor the pupil closely following a serious incident
- Provide pastoral support to the pupil and staff involved

12.5. Confidentiality

All incident records are confidential and will be stored securely. Records will only be shared with staff who need to know. Parents, healthcare professionals, and regulatory authorities will be made aware of the details and outcome of the investigation as appropriate.

13. Wellbeing and Anti-Bullying

13.1. Emotional Impact of Allergies

The school recognises that having an allergy can have a significant emotional and social impact on children. Pupils with allergies may experience:

- Anxiety about allergic reactions
- Fear of social situations involving food
- Embarrassment about needing medication
- Frustration at being unable to participate in certain activities
- Isolation from peers
- Low self-esteem

The school will provide support to help pupils develop confidence and resilience in managing their allergies.

13.2. Identifying Bullying and Social Isolation

Staff will be alert to signs that a pupil with an allergy may be experiencing bullying or social isolation, including

- Reluctance to come to school
- Withdrawal from social activities
- Changes in behaviour or mood
- Negative comments about their allergy
- Being excluded from group activities
- Not wanting to eat in the school dining hall
- Comments from peers about their allergy or medication

13.3. Support Measures

The school will support children with allergies through:

- **Peer Education**: Teaching all pupils about allergies and the importance of supporting peers with allergies
- **Positive Language**: Using positive language about allergies and avoiding stigmatising language
- **Inclusion**: Ensuring pupils with allergies are fully included in all school activities and social events
- **Counselling**: Offering counselling or emotional support if a pupil is struggling with the emotional impact of their allergy
- **Parent Support**: Providing information and support to parents to help them support their child
- **Anti-Bullying Policy**: Following the school's anti-bullying policy if bullying is identified
- **Celebrating Differences**: Creating a school culture where differences are celebrated and respected

13.4. Peer Awareness and Understanding

The school will promote peer awareness and understanding of allergies through:

- **Whole-School Education**: Teaching all pupils about allergies, triggers, and symptoms
- **Age-Appropriate Learning**: Providing age-appropriate information about allergies in PSHE lessons
- **Classroom Discussions**: Using classroom discussions to explore allergies and support for pupils with allergies
- **School Assemblies**: Using school assemblies to raise awareness about allergies and promote a supportive school culture
- **Written Information**: Providing written information to parents about allergies and how they can support their child's peers

13.5. Involving Children with Allergies

Pupils with allergies will be supported to:

- Understand their own allergies and how to manage them
- Communicate their allergy needs to peers and adults
- Develop independence and confidence in managing their allergies
- Understand emergency procedures and when to seek help
- Contribute to decisions about their support and care.

14. Policy Review

14.1. Review Schedule

This policy will be reviewed:

- Annually: The policy will be reviewed at least once per year, typically at the end of each academic year
- Following Serious Incidents: The policy will be reviewed following any serious allergic reaction or near-miss incident
- Following Changes in Legislation: The policy will be updated if there are changes in relevant legislation or statutory guidance
- On Request: The policy may be reviewed at any time if requested by the Governing Body, parents, or staff

14.2. Review Process

The policy review will involve:

- Data Analysis: Reviewing incident data, near-miss reports, and training records
- Stakeholder Consultation: Consulting with parents, staff, pupils, healthcare professionals, and the catering provider
- Comparison with Guidance: Comparing the school's policy with current statutory guidance and best practice
- Identification of Improvements: Identifying areas where the policy could be improved
- Updating the Policy: Updating the policy to reflect any changes or improvements
- Approval: Obtaining approval from the Governing Body before implementing changes
- Communication: Communicating changes to all staff, parents, and relevant stakeholders

14.3. Involvement of Stakeholders

The policy review will involve representatives from:

- The Governing Body
- Senior school leadership

- Teaching staff
- Support staff
- Catering staff
- Parents of pupils with allergies
- Pupils with allergies (age-appropriate)
- School health professionals (school nurse, GP)
- External partners (catering provider, transport provider)

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Version control:

Ownership and consultation	
Document Sponsor	Head of Health and Safety, Europe and USA
Document Author / Reviewer	Consultant Nurse Europe and USA
Consultation & Specialist Advice	Headteacher, Charterhouse Square The Allergy School
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