



Allergy Safety Policy

Version: September 2026

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Last Reviewed: September 2026 | **Next Review Due:** September 2027

Allergy Safety Lead: Laura Alexander (Assistant Headteacher & SENCO)

Link Governor: XXXXX

1. Policy Aims & Statutory Framework

This policy outlines our school's whole-school approach to allergy safety, risk reduction, and emergency response. It ensures that pupils with medical conditions and allergies are fully supported, safe, and included in all aspects of school life.

This policy complies with statutory requirements and guidance, including:

- **DfE Statutory Guidance on Allergy Safety in Schools (Benedict's Law)** and *Supporting Pupils with Medical Conditions at School*.
- **Department of Health and Social Care (DHSC) Guidance** on using emergency adrenaline auto-injectors in schools.
- **Children's Wellbeing and Schools Act 2026**.
- **The Food Information Regulations 2014** and **The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)**.
- **UK General Data Protection Regulation (UK GDPR)** and Data Protection Act 2018.

2. Roles and Responsibilities

Role	Key Responsibilities
Governing Board & Link Governor	• Ensure allergy risks are active on the school risk register and managed. • Approve and publish a standalone whole-school Allergy Safety Policy on the school website. • Delegate day-to-day policy implementation to the Allergy Safety Lead. • Receive and review reports on all allergy incidents and near-misses.
Allergy Safety Lead <i>(Laura Alexander, Assistant Headteacher & SENCO)</i>	• Implement, review annually, and publish the Allergy Safety Policy. • Oversee safe storage, maintenance, and disposal of Adrenaline Auto-Injectors (AAIs). • Maintain up-to-date Individual Healthcare Plans (IHPs) and medical Allergy Action Plans for affected pupils. • Organize annual whole-staff allergy awareness training, supply staff inductions, and anaphylaxis safety drills. • Lead incident reviews, share lessons learned, and update policies accordingly.
Headteacher	• Determine (in consultation with parents/carers and healthcare professionals) whether a pupil requires a tailored IHP or can be managed under general adjustments.
Teaching, Support & Supply/Cover Staff	• Maintain constant awareness of pupils with known allergies under their care.

Role	Key Responsibilities
	• Recognize early signs of allergic reactions and anaphylaxis, and administer AAls immediately when required. • Ensure full inclusion of allergic pupils in all lessons, activities, and trips without unnecessary exclusion. • Report all reactions, incidents, or near-misses on Medical Tracker and to the Allergy Lead. • Support staff (under Allergy Lead supervision) perform half-termly audits of medication, spare AAls, expiry dates, and IHPs.
Catering Team (Juniper)	• Complete specialist catering allergen management training (cross-contamination, labeling, safe prep). • Identify pupils with allergies using visual red lanyards and food registers. • Ensure clear packaging labeling for top-14 allergens and publish up-to-date allergen menus.
Parents and Carers	• Provide accurate medical history and update changes via Arbor, phone (0208 5273157), or email (office@rapsch.co.uk). • Supply 2 in-date prescribed AAls and required medications, replacing them prior to expiry. • Will not send in nuts or products containing nuts into school and encourage children not to share food.

Role	Key Responsibilities
Pupils	• Pupils with allergies: Develop age-appropriate awareness of triggers and AAI usage (ultimate responsibility remains with adults). • All pupils: Never share food, utensils, or drinks, and support peers in emergencies.

3. Identifying Individuals at Risk & Care Planning

3.1 Spectrum of Allergic Conditions

The school supports individuals with all recognized allergic conditions, including airborne allergens (hay fever/rhinitis), skin conditions (eczema, hives), food allergies, asthma, insect sting allergies, and medication allergies.

3.2 Identification Procedures

- **Pupils:** Medical disclosure forms sent to all parents prior to admission. Annual updates requested via Arbor and physical letters. Mid-term admissions complete forms prior to starting.
- **Staff & Visitors:** Staff provide medical details on Arbor upon appointment. Visitors are screened upon arrival; those carrying EpiPens/AAls retain them on their person.

3.3 Individual Healthcare Plans (IHPs) & Action Plans

IHPs are created for pupils whose allergy has a functional impact, poses a risk of harm, or requires specific support arrangements. They detail the school day adjustments, trip procedures and specific staff responsibilities. A formal clinical diagnosis is not strictly required if symptoms are evident. Schools take the lead in developing IHPs which sit alongside a BSACI allergy/asthma plan created and signed by healthcare professionals and signed by parents.

All pupils with food or insect allergies must have a medical **Allergy Action Plan** created by health professionals attached to their IHP.

- All pupils with asthma must have an **Asthma Action Plan** created by health professionals attached to their IHP.
- Plans include medical and parental consent for emergency medication administration and are reviewed annually or upon school transition.

3.4 Central Allergy Register

A master register of pupils with known allergies is maintained centrally on **Medical Tracker and Arbor**, in each classroom first aid box, in the first aid room, and in food service areas. The register contains: pupil photo (with consent), known allergens, prescribed AAI details/doses, parental consent status, and emergency contacts. Red lanyards are worn at lunchtime to visually alert catering and supervisory staff.

4. Risk Minimization & Exposure Control

4.1 Food Safety & Hygiene Protocols

- **Strict No-Sharing Rule:** Pupils are strictly forbidden from sharing food, cutlery, or drink containers. Regular reminders are given in assemblies and class discussions.
- **Hand Hygiene:** Mandatory handwashing before and after eating, and after handling animals.
- **Containers:** Pupils must bring clearly named water bottles. All school-provided or packed lunchboxes for allergic pupils are explicitly labeled.
- **Nut-Aware Environment:** No products containing nuts are permitted on school premises at any time.

4.2 Practical Lessons & Educational Activities

Specific risk assessments are conducted prior to any activity involving potential allergens, including Food Technology, science experiments, art/crafts using food packaging, baking, or handling animals (including the school dog or visitor guide dogs). Pupils with allergies must be safely included through suitable adaptations rather than excluded.

4.3 School Visits and Trips

- Pupils with allergies will never be excluded from off-site visits or residential trips.
- Trip risk assessments must address allergen risks, ensure trained staff are present, and verify that 2 in-date prescribed AAIs and class medical boxes accompany the pupil.

4.4 Outdoor Safety & Insect Stings

When outdoors, pupils must wear footwear at all times, and food/drinks must remain covered. Staff must ensure AAIs are immediately accessible when pupils at risk of insect sting anaphylaxis are outdoors.

5. Emergency Management & Adrenaline Auto-Injectors (AAIs)

5.1 Responding to Allergic Reactions

All staff are trained to identify symptoms of mild/moderate reactions and severe anaphylaxis. In the event of a reaction, staff must immediately follow the individual's Allergy Action Plan, administer adrenaline

without delay, call emergency services (999), and contact parents.

5.2 Prescribed Adrenaline Devices

Pupils prescribed AAls should carry them (if age-appropriate) or have them stored in their **Classroom Medical Box**. Medical boxes are unlocked, kept at room temperature (protected from direct light/heat), accessible within 5 minutes, and taken everywhere the class moves (PE, dining hall, playground, off-site trips).

5.3 Emergency School Spare Medication

The school purchases spare AAls and emergency inhalers directly from *Eurekadirect.co.uk*. Spare supplies held in each building consist of:

- **AAls:** 2 x 150mcg injectors and 2 x 300mcg injectors.
- **Inhalers:** 2 x Salbutamol reliever inhalers with spacers.

Storage: Spare AAls are kept in wall-mounted units in the **School Office** and the **Junior First Aid Medical Room**. They are stored in pairs, clearly labeled, separated from prescribed devices, and unlocked/staff-accessible at all times (< 5 minutes access across site).

Universal Emergency Administration Rule: In line with statutory guidelines and life-saving principles, school spare AAls may be administered to *any pupil, staff member, or visitor* experiencing suspected anaphylaxis in an emergency—including individuals without a prior prescribed AAI or where prescribed devices fail or are unavailable—to avoid life-threatening delays.

5.4 Audit & Disposal

AAls are single-use only and disposed of per manufacturer guidelines following use. Support staff perform half-termly audits (supervised by Laura Alexander) checking stock presence, expiry dates, and replacement orders.

6. Incident Recording, Reporting & Continuous Learning

6.1 Incident Definitions

- **Serious Incident:** Event resulting in harm or immediate severe risk (e.g. emergency medication given, hospitalization, 999 call).
- **Near Miss:** Event with potential for harm that did not result in injury due to early intervention or chance (e.g. incorrect meal served but identified before consumption).
- **Procedural Difficulty:** Flaw in process noted without direct error or near-miss.

6.2 Logging & Notification Procedures

1. All allergic reactions, incidents, and near-misses must be logged promptly on **Medical Tracker** detailing who, what, when, where, root cause, staff response, and outcome.

2. Parents/carers must be notified by telephone on the same day and provided with a full written summary report.
3. Incident logs are immediately submitted to **Laura Alexander (Allergy Lead)**, the **Headteacher/SLT**, and the **Governing Board**.
4. If an incident results in death or immediate hospitalization from a work-related activity (e.g. food preparation error), a RIDDOR report must be submitted to the Health and Safety Executive (HSE). Healthcare professionals are notified if care plan execution was involved.

6.3 Lessons Learned Review

Incidents are reviewed in a constructive 'no-blame' spirit to evaluate whether safety measures and IHPs were effective, with corrective actions communicated across all school staff.

7. Staff Training, Drills & Policy Awareness

- **Mandatory Annual Training:** All school personnel—including teaching, support, admin, premises, lunchtime supervisors, breakfast/after-school club staff, regular volunteers, and supply/cover staff—must complete annual allergy awareness and emergency response training.
- **Supply & Cover Staff Protocols:** Supply teachers and cover staff receive an allergy briefing on Day 1, including access to class allergy registers, IHPs, and emergency AAI locations.
- **Practical Competency:** Training includes hands-on practice with EpiPen and Jext trainer pens. Catering staff undergo additional specialist allergen management training.
- **Anaphylaxis Safety Drills:** The school conducts periodic simulated anaphylaxis drills throughout the academic year to test emergency response readiness and staff confidence.

8. Inclusion, Pupil Wellbeing & Data Privacy

- **Pastoral Care & Anti-Bullying:** The school provides dedicated pastoral support and regular check-ins for pupils with allergies. Any allergy-related bullying or harassment is strictly handled under the Behaviour Policy.
- **Post-Incident Support:** Emotional support and debriefing are provided to affected pupils, families, and staff involved in emergency events or near-misses.
- **Data Protection (UK GDPR):** All pupil medical and allergen information is classified as Special Category Data and processed securely in accordance with the school's Data Protection Policy.

9. Monitoring & Linked Policies

This policy is monitored continuously by Laura Alexander and reviewed annually by the Governing Board. It links directly with the following school policies:

- Health and Safety Policy
- Administering Medicines Policy

- School Food Policy
- Data Protection Policy
- Behaviour Policy

Critical Incident Response Plan: Anaphylaxis & Severe Allergic Reactions

Step 1: Immediate First Responder Action

If a student or staff member shows signs of anaphylaxis (e.g., persistent cough, hoarse voice, difficulty breathing/swallowing, swelling of tongue/throat, dizziness, collapse):

1. **Do NOT move the casualty.** Keep them lying flat with legs raised (if breathing is difficult, allow them to sit up slightly, but do not stand them up).
2. **Administer Adrenaline Auto-Injector (AAI)** immediately:
 - Inject into the **outer mid-thigh** (can be given through light clothing).
 - Hold firmly in place for 3–10 seconds depending on device brand (EpiPen / Jext / Emerade).
 - **Note the exact time** of injection.

Step 2: Emergency Response & Site Management

1.Call Emergency Services (999):

Call **999** immediately and state: "**Anaphylaxis.**" Give the operator your school's exact post code and entrance location.

2.Fetch Emergency Grab Bag:

Send a runner to collect the individual's **Emergency Grab Bag** containing their **BSACI Plan**, attached **Individual Healthcare Plan (IHP)**, and second AAI.

3.Monitor & Re-administer if Needed:

- If there is no improvement or symptoms worsen after **5 minutes**, administer a **second AAI** in the opposite thigh.
- Continue monitoring airway, breathing, and consciousness.

4.Coordinate Arrival:

Assign a designated staff member to wait at the school gates with the entrance key/fob to direct emergency responders directly to the casualty.

Step 3: Secondary Notifications & Communications

- **Notify Parents/Carers:** Contact parents or emergency contacts from the contact details listed in the student's **BSACI Action Plan** or secure system (**Arbor**) **Accompany to Hospital:** If parents have not arrived when the ambulance departs, a familiar member of staff must accompany the student in the ambulance.
- **Inform Leadership:** Notify the Headteacher / Allergy Lead / Designated Safeguarding Lead (DSL).

Step 4: Post-Incident Actions & Governance

1. **Record on CPOMS:** Log the incident formally on **CPOMS** within 24 hours detailing triggers, timeline, AAIs administered, and outcome.
2. **Restock Emergency Kit:** Replace used auto-injectors immediately or order replacement school spare AAIs.

3. **Governing Body Oversight:** Present an anonymized incident report at the next Governing Body meeting to review response efficiency and risk mitigation.
4. **Debrief:** Hold a supportive debrief with responding staff and the student's class/peers if appropriate.

EMERGENCY ALLERGY RESPONSE CHECKLIST

Keep inside Emergency Grab Bag alongside AAI, BSACI Action Plan & IHP

STEP 1: RECOGNISE SYMPTOMS & ACT

Signs of Anaphylaxis: Difficulty breathing/swallowing, swollen tongue/throat, persistent cough, hoarse voice, dizziness, pale/floppy, collapse.

- ☐ **Do NOT move the casualty.** Keep them lying flat with legs raised. (If breathing is difficult, allow them to sit up slightly **NEVER stand them up**).
- ☐ **Administer AAI (Adrenaline Auto-Injector)** into outer mid-thigh immediately.
- ☐ **Note exact time of 1st injection:** ____ : ____

STEP 2: EMERGENCY SERVICES (999)

- ☐ **Call 999** immediately and clearly state: **"ANAPHYLAXIS"**.
- ☐ **Provide exact school location:**
 - *School Name:* **Roger Ascham Primary School**
 - *Postcode:* **E17 5HU**
 - *Best Entrance/Gate:* **Car park off Billet road,**
- ☐ **Assign staff member** to wait at the main gates with keys/fobs to meet and escort paramedics directly to the scene.

STEP 3: MONITORING & 2ND DOSAGE

- ☐ Open the student's **BSACI Action Plan & IHP** in this bag for patient-specific details.
- ☐ **If no improvement after 5 minutes**, administer a **2nd AAI** in the *opposite* thigh.
- ☐ **Note exact time of 2nd injection (if given):** ____ : ____
- ☐ Monitor airway, breathing, and consciousness continuously until paramedics arrive.

STEP 4: NOTIFICATIONS & HANDOVER

- ☐ **Contact Parents/Carers** using primary numbers listed on the BSACI Plan / IHP.
- ☐ **Hand over used AAI(s)** to the paramedic team (give used injectors directly to ambulance crew).
- ☐ **Accompany student in ambulance** if parents have not yet arrived on scene.

STEP 5: POST-INCIDENT CHECKLIST (Staff / DSL Use)

- ☐ Inform Headteacher / Allergy Lead / Designated Safeguarding Lead (DSL).
- ☐ Formally log incident and details on **CPOMS**.

- ☐ Order replacement AAI / re-stock Emergency Grab Bag.
- ☐ Report incident to **Governing Body** for safety oversight.