Allergy Safety Policy

Statement of Intent

The Poppy Academy Trust and Local Governing Bodies are committed to improving the life chances of all our children. We will nurture a passion for learning to enable them to thrive in an ever-changing world.

We have shared values across the Trust which we teach explicitly and throughout the curriculum to the children. At our Church schools, these values are rooted in our Christian ethos and distinctive Christian character.

This is reflected in all our relationships between staff, children, parents, governors and the local community. It is reflected in how we teach, what and how our pupils learn within and beyond the classroom.

Allergy Safety Policy	
Written by:	Alice Aharon
Date:	08.09.26
Approved by:	Patrick Moriarty
Date:	11.09.26
Review frequency:	Annually
Target Audience:	All stakeholders

This policy is adapted from The Key Model Policy.

Our Local Governing Bodies are dedicated to the promotion of high standards of educational achievement. We are committed to eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups. These factors were considered in the formation and review of this policy and will be adhered to in its implementation and application across the whole school community.

This policy links to the Poppy Academy Trust's 'Supporting Pupils with Medical Conditions' Policy.

1. Aims

This policy aims to:

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

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils 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

3. Roles and responsibilities

3.1 The governing board

On behalf of the Poppy Academy Trust Board, the local governing board at each school is responsible for ensuring:

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

3.2 Allergy safety lead

The nominated allergy safety lead is

	Allergy Safety Lead	Working with:
Watford St John's Primary School	Vix Moore	Sarah Cavalier (SENCo)
Fair Field Junior School	Tanya Coxill	Davinia Leggett (Headteacher)
St John's Infant School	Vivienne Kauffer	Laura McManus (SENCo)

They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of Adrenaline auto-injector (AAI)

They will ensure that:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- All staff receive regular allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment

- Serious incidents and ‘near misses’ relating to allergy safety are recorded and reported to the Chair of Governors and to the CEO, Alice Aharon, and they are considered and shared with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil’s IHP

3.3 Headteacher/SLT

The headteacher at each school in the Poppy Academy Trust is responsible for ensuring that:

- the Allergy Safety Lead/SENCo are following this policy
- all staff working with children are trained in Allergy Safety
- the SENCo is carrying out their duty of writing/revieing Individual Healthcare Plans (IHPs), where appropriate
- the regular checks on the AAIs are happening
- the policies and procedures of safe food management are followed in the school kitchen, and in classrooms

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

3.4 Allergy Safety Lead and a member of Office Staff

The Allergy Safety Lead, with a member of the school office team at each school is responsible for:

- Checking spare AAIs are present and in date monthly
- Making sure that replacement AAIs are obtained from the local pharmacy when expiry dates approach
- Making sure that children who have ADs have their AAIs in school, and that they are in date
- Ensuring IHPs in place where appropriate, and that these have been reviewed.

3.5 Teaching and support staff

All teaching and support staff are responsible for:

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

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school’s allergy safety policy
- Providing the school with up-to-date details of their child’s medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors to be stored in line with this policy and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school’s guidance on food brought in to be shared
- Updating the school on any changes to their child’s condition
- Supporting the school with other children’s allergies by not sending allergens into school.

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AAI on their person and only using it for its intended purpose
- Understanding how and when to use their AAI

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

At the Poppy Academy Trust, our schools will: :

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary and send in medication as appropriate
- We ask that parents/carers proactively inform us by either phone call to their school or an email to the school office if their child’s medical needs change during the school year.

4.2 Identifying staff and visitors at risk

At the Poppy Academy Trust, we will ensure that our schools endeavour to identify staff and visitors with known allergies by:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

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

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

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

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

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

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

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

4.4 Allergy and asthma action plans

- All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.
- All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.
- The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.
- The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

This policy links to the Poppy Academy Trust's 'Supporting Pupils with Medical Conditions' Policy.

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

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made

The register is kept alongside the spare ADs so it can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

In our schools at the Poppy Academy Trust, we have clear rules which our staff teach and reinforce:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

Each school in the Poppy Academy Trust is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Outdoors

When outdoors to reduce the risk on insect bite and stings:

- Shoes should always be worn
- Food and drink should be covered

6.4 Animals

None of the schools in the Poppy Academy Trust currently have pets. However, we do have animals visiting and children do visit locations with animals.

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- School staff are responsible for pupils at risk of anaphylaxis should have their own AAIs which the member of staff with that child keeps on the their person

- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If an AAI is used, medical attention must be sought promptly
- If the pupil has an allergy action plan, this must be followed
- A spare school AAI device will only be used if:
    - The pupil/Adult does not have a prescribed AAI
    - The pupil's/adult's prescribed AAI is not available or misfires
    - Only 2 sequential shots of AAI are recommended. A 3rd shot would only be administered if the person was deteriorating and the emergency call operator advises doing so.

8. Adrenaline Auto-injector (AAI)

8.1 Prescribed AAIs

AAI devices are stored:

	Spare ADs are stored:	Children's personal ADs are stored:
Watford St John's Primary School	Office cupboard downstairs, and in office on top floor on top of filing cabinet	In the green first aid bags that travel round the school with the children
Fair Field Junior School	Cupboard in reception area	In the classroom in a cupboard clearly labelled behind the teacher's desk.
St John's Infant School	Adults – school office Children's – first aid cupboard in dining room	In the teacher's cupboard and it is clearly labelled.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2 Spare AAIs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency.

The allergy safety lead at each school is responsible for sourcing spare AAIs and an emergency asthma reliver inhaler at Watford St John's and ensuring they are stored according to the guidance.

The ADs are sourced from a local pharmacy or a recommended online store.

We stock 2 AAis in each school with different prescriptions.

Spare AAIs will be kept:

- In pairs, in case a second one is necessary

- Separate from any pupils' prescribed AAIs and clearly labelled to avoid confusion

The allergy safety lead and the member of the office staff are responsible for:

- Checking monthly that spare AAIs [and the emergency asthma reliever inhaler where schools have them] are present and in date
- Obtaining replacement AAIs when the expiry date is near

8.3 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare AAIs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline auto-injectos to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils 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. This avoids potentially fatal delays in treatment.

8.5 Use of AAIs off school premises

Pupils at risk of anaphylaxis should have their AAIs brought with on all school visits offsite by the adult responsible for that child. The spare AAIs are not taken off site for trips. If a child requires an AAI, they must have 2 AAIs in school ready to go offsite with them, to be allowed to attend the trip.

9. Serious incidents and 'near misses'

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

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

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on the child/s CPOMS, including the following information:

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

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil will be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents/carers or the individual (adult) involved.

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

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

The Headteacher of each school will always share the incident report with Alice Aharon, CEO of the Poppy Academy Trust. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

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

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

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

10. Allergy awareness

10.1 Staff training

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

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

The school has purchased 'training pens' from so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually (See Appendix 1 for more information). 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.

Allergy awareness training will ensure that all staff:

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

10.2 Awareness of allergy safety policy

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

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

11. Wellbeing

- Pupils with allergies will have additional support through:
- Pastoral care
- Regular check-ins with their teacher/teaching assistant
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis
- Each school will respond to any instance of bullying in line with its behaviour policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

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

14. Links to other policies

This policy links to the following policies and procedures:

Health and safety policy

Supporting pupils with medical conditions policy

School food policy

Data protection policy

Behaviour policy

Appendix 1

More information about an Allergy Safety Drill, with an example.

An allergy safety drill is essentially a short, unannounced simulation of a pupil developing anaphylaxis. It tests whether staff can recognise the emergency, summon help and get adrenaline to the pupil quickly. No real medication is administered, and you do not need to involve emergency services.

The new statutory guidance describes drills as good practice, rather than setting a particular frequency. It says the outcome should be recorded like a near miss and used to improve procedures. DfE allergy safety statutory guidance

A sensible primary-school drill could work like this:

1. The allergy lead quietly gives a member of staff a scenario:
   "A child in the playground says their throat feels tight, is coughing persistently and is becoming pale."
2. The member of staff should:
   - recognise possible anaphylaxis;
   - keep the child where they are and call for help;
   - ensure the child does not stand or walk;
   - send someone to bring the child's medication and/or the school's spare adrenaline kit;
   - ask someone to simulate calling 999 and state "anaphylaxis";
   - follow the child's Allergy Action Plan;
   - demonstrate administering a trainer device;
   - state that a second dose would be given after five minutes if there were no improvement;
   - arrange for parents to be contacted and someone to meet the ambulance.
3. The allergy lead times:
   - how long staff take to recognise anaphylaxis;
   - how long it takes for the medication to reach the child—the guidance expects this to be within five minutes;
   - whether roles and communications are clear.
4. Hold a five-minute debrief immediately afterwards:
   - Did staff know where the medication was?
   - Was it readily accessible and not locked away?
   - Did anyone mistakenly try to move the pupil?
   - Was 999 called promptly?
   - Could staff locate the Allergy Action Plan?
   - Were lunch, playground, wraparound and reception staff clear about their roles?
   - Does the site need another emergency kit?

The drills should rotate location—classroom, playground, dining hall or sports field. Repeat it sooner if the response identifies a significant weakness.

Avoid using the name of an actual pupil unless the child and parents have agreed and the child has been involved in planning it. A generic "simulated pupil" or staff volunteer is usually preferable.

The record only needs to be brief: date, location, scenario, staff involved, response times, strengths, issues identified, actions, responsible person and completion date. The key test is: **could adrenaline reach any pupil, anywhere on the site, within five minutes?**