SEAX TRUST
Learner Allergy
Thriftwood School and College Policy

LEARNER ALLERGY SCHOOL TEMPLATE POLICY

Other Policies relating to this Policy:
Health and Safety Policy
Supporting Learners with Medical Conditions
School Food Policy
School Behaviour Policy
School Dog Policy
Data Protection Policy

Approved by:	The CEO
Effective Date of Adoption:	September 2026
Date of Review:	Annually
Policy Details:	Schools should make amendments as required before gaining final ratification from their own Local Governance Group.

Based on **The Key** template policy and guidance from **anaphylaxis UK**

Contents

1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports learners with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community (National college training website)

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting learners 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

We take a whole-school approach to allergy awareness.

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to learners 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 Georgina Pryke, with site specific responsibilities:
School site – Mina Hussain
College site – Charlotte Lemonde

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff

- All learners who require support with allergies have an up-to-date individual healthcare plan (IHP)
- All learners with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- All staff receive regular allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any learner's IHP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a learner'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 learner's circumstances

3.4 Specific responsibilities

Mina Hussain (school site), Charlotte Lemonde (College site) are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among learners
- 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 learners with allergies in their care
- Reducing the risk to learners with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of learners 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 policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Learners with allergies

If age-appropriate, these learners are responsible for:

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

3.8 Learners without allergies

These learners 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 learners at risk

We will:

- For new starters, send a form to all parent/carers of learners after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the learner has and whether they carry medication. Where a learner 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

We ask that parents/carers proactively inform us by either phone call to the school or an email to if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies upon arrival at school / college via the signing in system.

4.3 Individual healthcare plans (IHP)

Learners should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and

- Require arrangements which are additional to or different from those made generally

It is not necessary for a learner 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 learner. 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 learners 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 learner while they are at school, or pose no risk to the learner. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a learner'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 learner's circumstances.

The school will consider the following principles:

- If the arrangements or support which a learner requires would be available to any learner as part of normal policies, an IHP may not be required
- If the learner 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 learner's needs have changed. Where a learner 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 learners 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 learners 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 reliver inhaler in the event of an asthma attack.

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

4.5 Register of learners with known allergies

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

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

- The register is kept at school in the admin office, and emailed to staff when updated. At college this is kept in the office next to the Defibrillator.
- The information is also readily available on Arbor

Allowing all learners to keep their ADs with them will reduce delays and allows for confirmation of consent without the need to check the register. This is in place when age appropriate.

5. Assessing risk

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

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

6. Minimising risk

6.1 Hygiene procedures

- Learners are reminded to wash their hands before and after eating
- Sharing of food and drinks is not allowed
- Learners have their own named water bottles and lunch boxes
- Wiping food surfaces down in all food areas

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of learners with allergies.

- Catering staff receive appropriate training and are able to identify learners 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 learners 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 learners
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing learners 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

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- EpiPen and Jext pen to be carried around for the learners that have an action plan in place (staff will carry these if not age appropriate)

6.4 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage learners and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction.

These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds this includes humus that contains sesame seeds.

If a learner brings these foods into school, they will be removed, and parents will be informed. may be asked to eat them away from others to minimise the risk. Alternative food will be provided by the school.

6.5 Animals

Please also refer to the School Dog Policy and risk assessment.

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

6.5 Visits and trips

- No learners 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 learners' allergies and to have received appropriate training
- The school will conduct a risk assessment for any learner at risk of anaphylaxis taking part in a school trip
- Learners at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the schools ADs 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 the learner has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The learner does not have a prescribed AD
    - The learner's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for AAIs, covering these areas:

8.1 Prescribed ADs

Learners who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Learners with prescribed ADs should take them home with them at the end of each school day and parents are responsible for ensuring that they are in date.

Learners will keep their ADs with them in the classroom, on their person or in the medical box in the room.

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

Transport medication will be stored in a locked cupboard and signed in and out.

8.2 Spare ADs 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 AAI may be used in an emergency. Schools can purchase an emergency asthma reliver inhaler which can only be used if the learner's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance.

Spare ADs will be stored:
School site:
In a labelled box, inside the headteachers cupboard accessible from the Hall.

College site:
In a labelled box, in reception, next to the Defibrillator.

Spare AAIs will be kept:

- In pairs, in case a second one is necessary

- Separate from any learners' prescribed ADs and clearly labelled to avoid confusion

Mina Hussain / Charlotte Lemonde are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in our sharps bin.

8.4 Using spare ADs in an emergency situation without prior consent

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

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 ADs off school premises

Learners at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events. This is carried by adults for younger learners.

The spare AD devices will remain on site.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a learner, 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 in the accident book and on Arbor as a medical event, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and learners 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 learner should be notified of the incident or 'near miss' as soon as possible. **This needs to be recorded on Arbor as a medical event.**

The school will share the report with the learner's parents, the learner or the individual involved.

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

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

Staff will always share the incident report with the allergy lead or the person delegated with site specific responsibilities on that particular site. 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 learner'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 hospitalisation. For example, where a learner 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 learners 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 included catering staff and others who may oversee learners at breakfast or after-school clubs. It does not include contractors carrying out work with no learner-facing role such as builders, electricians or other ad hoc maintenance personnel.

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

The school will conduct allergy 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.

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 learner'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 '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

Learners with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their tutor / class teacher.
- 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

The 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 learner 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.

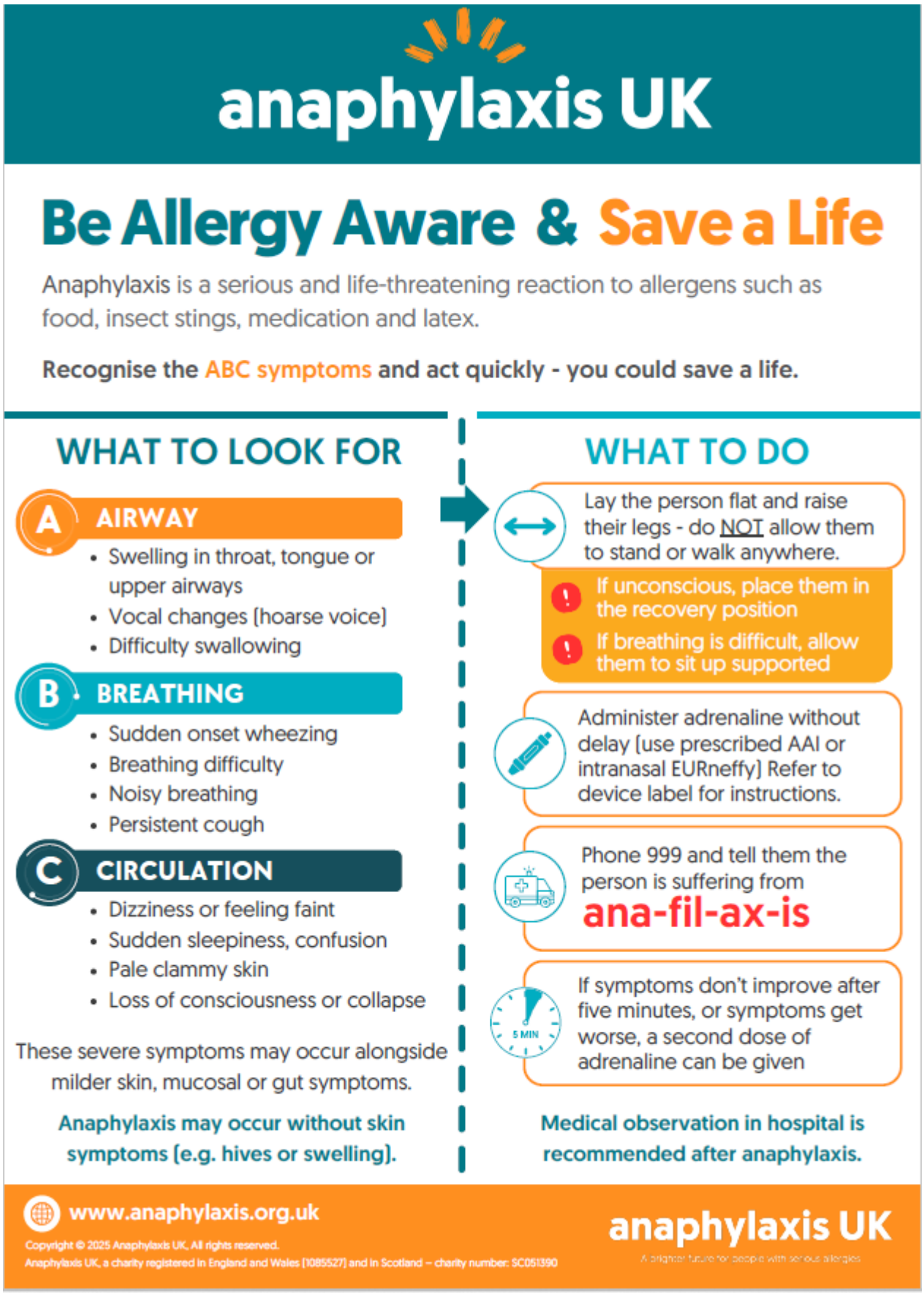
It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting learners with medical conditions policy
- School food policy
- Data protection policy
- Behaviour policy

Appendix A - Source: www.anaphylaxis.org.uk Recognise the ABC symptoms.



Appendix B - Source: www.anaphylaxis.org.uk What do to in an emergency

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

In the event of a serious allergic reaction, time is critical.

What to do in an emergency

Get in position

Lay the person flat and raise their legs - do NOT allow them to stand or walk.

- If unconscious, place them in the recovery position
- If breathing is difficult, they can be propped up with legs stretched out straight

Give adrenaline immediately

Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

- Note the time that the first dose of adrenaline is given
- ALWAYS carry two in-date adrenaline devices, as a second dose may be needed

Call 999

Call emergency services immediately and tell the operator it is "anaphylaxis"

(ana-fil-ax-is) Give your exact location (What3Words can help if you are outside). Stay with the person until emergency services arrive.

Do not move

Stay lying flat or propped up until help arrives. Do not stand up, walk or run, even if you start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure.

Give second dose of adrenaline

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given.

www.anaphylaxis.org.uk

anaphylaxis UK

A brighter future for people with serious allergies

Appendix C - Source: Allergy safety in schools - GOV.UK Individual Healthcare Plan

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
</table>

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: