# Allergy safety policy

## Chawson First School
## September 2026

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## 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 children 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 children 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

The governing board is responsible for ensuring:

- Risks relating to children 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 Mrs Wood who is a member of the senior leadership team (SLT) and has pastoral/welfare responsibilities.

The nominated allergy safety lead is 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 on the school's website,
- 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 children who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All children 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 child's IHP

## 3.3 Headteacher

The Headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a child'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 child's circumstances.
    - Reviewing any serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider lesson learned and any further actions necessary relating to changes to the school practices, procedures and or policies.

3.4 At least 2 named volunteers among school staff 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

**Lindsay Wood and Natalie Rawlings**

## 3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among children,
- 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 children with allergies in their care and the IHPs,

- Reducing the risk to children with known allergies coming into contact with known allergens,
- Ensuring the wellbeing and inclusion of children with allergies,
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead Lindsay Wood,
- Checking that any allergy medications are correctly present and stored in their classrooms and are in date on a monthly basis,
- Liaising with parents/carers when replacement medication is needed,

### 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 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,
- Reviewing, completing and returning IHPs to school annually at the start of each academic year or when alterations are needed,

### 3.7 Children with allergies

If age-appropriate, these children are responsible for:

- Being aware of their allergens and the risks they pose,
- Knowing where their AD is stored and its intended purpose,
- Understanding how and when to their AD is needed,
- Communicating to staff/ peers if they feel unwell or are experiencing a reaction,

### 3.8 Children without allergies

These children are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Informing a member of staff if they believe that someone is experiencing an allergic reaction,

## 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 children at risk

At Chawson First school the arrangements for identifying children with known allergies follow the same process used to identify children with other medical conditions, as set out in the managing medical conditions and medicines policy.

We will:

- For new starters, including EYFS, send a form to all parent/carers of children after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the child has and whether they carry medication. Where a child 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.
- At the start of each year parents/carers will be asked to review and update their child's medical information and IHPs and return them to school and send a reminder to parents/carers via text and email to return these by a stipulated deadline.

We ask that parents/carers proactively inform us by either in person, by phone call to the school on 01905 773264 or via email to the Office (Office@chawson.worcs.sch.uk) if their child's medical needs change during the school year.

## 4.2 Identifying staff and visitors at risk

For identifying staff and visitors with known allergies,

We will:

- Ask new staff to provide details of their allergies in advance of their start date
- Ask visitors to provide details of their allergies in advance of their visit
- We ask that current staff are proactive in providing SLT with any updates regarding medical conditions throughout the year. A reminder is sent to staff at the start of each year via email.

## 4.3 Individual healthcare plans (IHP)

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

It is not necessary for a child 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 child. 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 children 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 child while they are at school, or pose no risk to the child. 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 child'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 child's circumstances.

The school will consider the following principles:

- If the arrangements or support which a child requires would be available to any child as part of normal policies, an IHP may not be required.
- If the child 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 child's needs have changed. Where a child 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 children 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 children 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 child's IHP. Whenever the allergy action plan is updated, the child's IHP should be reviewed to incorporate it.

### 4.5 Register of children with known allergies

This links to the school managing medical conditions and medicines policy.

- The school keeps a record of medical conditions on the Arbor system.
- The school maintains a register of children who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis,
    - Whether a child has been prescribed ADs (and if so, what type and dose),
    - Where a child has been prescribed an AD, whether parental consent has been given to administer emergency medication,
    - A photograph of each child to allow a visual check to be made (this will require parental consent),
- The register is kept in each classroom, SLT offices, the main office, medical room and in the kitchenette and meeting room so that it is easily accessible to staff including in areas where food is served or handled. The register can be checked quickly by any member of staff as part of a risk assessment and when initiating an emergency response.

## 5. Assessing risk

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

- Lessons such as Design with preparing, and or cooking food, food tasting,
- 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 child at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

## 6. Minimising risk

The school's approach to promote risk reduction is outlined below.

### 6.1 Hygiene procedures

- Children are reminded to wash their hands before and after eating,
- Sharing of food, food containers, and food utensils is not allowed,
- Children have their own named water bottles, and lunch boxes provided to children 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,
- Foods such as nuts are not permitted to be in school,

### 6.2 Catering

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

- Catering staff receive appropriate training and are able to identify children with allergies.

- School shares information with the catering team about known 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 children 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 children.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.
- School staff are aware of children with allergies in their classes and they are present when the children are collecting their food to monitor and check food options are safe.

### 6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn,
- Food and drink should be covered,
- Bins are emptied regularly to reduce risk of attracting wasps/ bees,
- Allergy medications and IHPs are taken by staff with the children,

### 6.4 Animals

- All children will always wash hands after interacting with animals to avoid putting children with allergies at risk through later contact.
- Children with animal allergies will not interact directly with animals.
- The school has a dog mentor who is a Cavapoo and does not shed and she visits classrooms. Parents are informed of this and would be consulted with if allergies were highlighted or identified.

### 6.5 Visits and trips

This links to the school trips and visits policy

- No children 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 children' allergies and to have received appropriate training.
- The school will conduct a risk assessment for any child at risk of anaphylaxis taking part in a school trip.
- Children at risk of anaphylaxis should be in a group with a trained adult carrying their Ads.
- 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 AD 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 child has an allergy action plan, this must be followed.
- A spare school AD device will only be used if:
    - The child does not have a prescribed AD
    - The child'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, Chawson First school's has the following procedures for ADs.

## 8.1 Prescribed ADs

Children who are prescribed ADs will have them kept in the classroom or taken outside/ around the school environment when needed, to keep them near to 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.

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

If a child's ADs are not able to be with in the classroom, for example when temperatures exceed 25°c, then the devices will be stored:

- In the medical room which is a central location that is unlocked and accessible at all times.
    - It is less than 3 minutes away from where they may be needed
    - Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature with a locked safe. The access key is hung on the wall and immediately accessible to adults.
- For any children in Preschool with ADs these will be stored within the kitchen area of the building.

Where a named AD cannot be kept in school permanently, children 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 and returned to school daily.

## 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 AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the child'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.

Procedures for buying spare ADs.

- The ADs will be sourced from the local pharmacy – Droitwich Pharmacy, Ombersley Street East each time for consistency of brand.
- Two ADs will be purchased for each age group under 6 and over 6 years
- Schools will purchase a single brand to avoid confusion as recommended within guidance.
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance) is 150 micrograms for children under the age of 6 and 300 micrograms for children over 6 years of age.

Spare ADs will be stored:

- In the medical room that is unlocked and accessible to **staff only** at all times,
- **It is no more than** 5 minutes away from where they may be needed,
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature,

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any children' prescribed ADs and clearly labelled to avoid confusion

Lindsay Wood and Natalie Rawlings 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 line with the manufacturer's instructions in a sharps bin and taken back to the pharmacy.

### 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.

The school will obtain advance consent from parents/carers or children 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 ADs off school premises

Children 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. For the vast majority of children Ads and spare Ads will be carried by trained staff attending the school trip or off-site event. This will be recorded on the risk assessment. The child will be in that specifically named adults group so that the AD is always present and easily accessible.

## 9. Serious incidents and ‘near misses’

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, 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 Prime (WCC H&S online reporting system), including the following information:

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

All incidents will be reviewed and managed by the allergy lead and Headteacher and signed off.

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 child aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the child's parents/carers.

Parents/ carers 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 child is at home. This means that incident reporting is not limited to staff – the child, 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 Lindsay Wood as the designated leader responsible for medical conditions and/or allergies. The allergy safety lead and or Headteacher will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the child'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) through RIDDOR: 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 child has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]
- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]
- To the AIP food catering company who provide the school meals.

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 children 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 children at breakfast or after-school clubs. It does not include contractors carrying out work with no child-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has a 'training pen' so staff can practice safely and be familiar with the differences.

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

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 child'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').
- Through PHSE lessons children will be taught about allergies using resources from Allergy School

### 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

Children with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. (Links to mental health and wellbeing policy, behaviour policy and anti-bullying policy).

Children with allergies will have additional support as needed through:

- Pastoral care and time to talk,
- Regular check-ins with their class teacher/teaching assistant,
- Access to mental health practitioner,
- Direct work from Designated Mental Health Lead,
- 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 behavior and anti-bullying 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 child 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 Lindsay Wood.

It will be reviewed and approved annually, 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

- Managing medical conditions and medicines policy
- Food and drink policy
- Data protection policy
- Behavior policy
- First Aid policy
- Safeguarding policy
- Educational visits
- Drugs policy
- Asthma policy