“A cord of three strands is not easily broken”

Ecclesiastes 4:12

Weeting Primary School
Allergy Safety Policy

Agreed: September 2026
Reviewed: September 2027

Contents

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 board of trustees

The board of trustees 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 (children and adults) coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis
- Ensuring the allergy safety policy is reviewed at least annually, updated when needed, and is published

The board of trustees 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 **Jacqui Hardie, Headteacher and DSL**.

They are responsible for:

- Implementing this allergy safety policy
- Contributing to the review of the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across the school community

- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Agreeing (in discussion with the parents/carers and any relevant healthcare professionals) an IHP which specifies arrangements that reflect the child's circumstances

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 pupil's IHP

3.3 School staff

Kirsty Goode (Office Co-ordinator) and Jacqui Hardie (Headteacher/DSL) 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

3.4 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 children with allergies in their care
- Reducing the risk to children 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

3.5 Parents/carers

Parents/carers are responsible for:

- Being aware of the 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 snacks and packed lunches from home
- Updating the school on any changes to their child's condition

3.6 Children with allergies

If age-appropriate, these children 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

3.7 Children without allergies

These children 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 children at risk

We will:

- For new starters, send a health care plan 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.
- Information from this will be used to draw up an Individual Healthcare Plan (IHP) which will be shared and signed by parents/carers
- 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 (01842 810587) or an email to the school office (office@wps.graceschools.org.uk) if their child's medical needs change during the school year.

4.2 Identifying staff at risk

- All new staff are asked to provide details of their allergies in advance of their start date and an allergy risk assessment plan is written. A copy of this is shared, with staff permission, to all staff and a copy saved on Smart Log
- Any current staff who are diagnosed with an allergy are asked to provide details of this and an allergy risk assessment plan is written. A copy of this is shared, with staff permission, to all staff and a copy saved on Smart Log
- Staff will carry their AD on their person and only using it for its intended purpose

4.3 Individual healthcare plans (IHP)

Children should have an Individual 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 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.

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

Copies of IHPs will be shared with staff and electronic copies stored on both CPOMS and Bromcom. A flag on the child's home page on Bromcom will alert users to a specific medical condition.

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

- 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
- Copies of the register are kept in the main school office, the kitchen servery and wraparound club kitchen and 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 child at risk of anaphylaxis taking part in:

- Design technology lessons involving foods
- Science lessons involving foods
- Model making 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

To help prevent contamination we will put a series of measures into place:

- 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. School packed lunches provided to children with food allergies are clearly labelled with the name of the child for whom they are intended

6.2 Catering

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

- Caterlink catering staff receive appropriate training. The school liaises with the Caterlink Area Manager and Catering Assistant to identify children with allergies. A copy of the allergy register is stored in the kitchen servery and photos of children with their known allergies are on display
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- Bespoke menus for children with identified allergies are provided for parents/carers
- Food allergen information relating to the 'top 14' allergens is displayed. Allergen information labelling follows all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing and serving food to avoid cross-contamination
- Where food is provided by the school, staff will understand how to read labels for food allergens

6.3 Insect bites/stings

Our procedures for preventing and dealing with insect bites/stings includes:

When outdoors:

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

6.4 Animals

Our hygiene procedures for managing allergies to animals includes:

- All children will always wash hands after interacting with animals to avoid putting c
- Children with allergies at risk through later contact

6.5 Visits and trips

- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of children's 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 have their own AD 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 school's AD protocols for off-site events and school trips (see section 8.5).

7. Procedures for handling an allergic reaction

- As part of the whole-school awareness approach to allergies, 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 pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil'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, our school's procedures for Ads are covered below:

8.1 Prescribed ADs

Children 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. 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.

If a childl cannot keep their ADs with them (due to age or other considerations), then the devices will be stored:

- In the class medication bag stored in an unlocked cupboard in their classroom
- Carried in the class medication bag at breaktimes and lunchtimes
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

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

- Children and parents/carers to take individually prescribed ADs home at the end of each day for the journey home).
- Parents/carers are responsible for checking that medication remains in date
- Records are kept on Smart Log when a child has been prescribed adrenaline or had their inhaler administered. A copy of this is automatically sent to parents/carers

8.2 Spare ADs and inhalers

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 is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

- The ADs are sourced via Grace Schools' Central Team from Kitt Medical
- 2 x 150 mcg Adrenaline Auto Injectors and 2 x 300 mcg Adrenalin Auto Injectors are stored in the school office
- Which brand(s) of ADs are purchased (schools are recommended to buy a single brand to avoid confusion)
- For children under 6 years old 1 x 150 mcg should be administered. For children aged 6-12 years old 1 x 300 mcg should be administered. The dosage required is based on Resuscitation Council UK's age-based criteria, as outlined on page 11 of the AAI guidance)

Spare ADs will be stored:

- In the school office which is unlocked and accessible to **staff only** at all times
- **No more than** 5 minutes away from where they may be needed
- 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's prescribed ADs and clearly labelled to avoid confusion

Kirsty Goode, Office Co-ordinator and Jacqui Hardie, Headteacher are responsible for:

- Checking monthly that spare ADs 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.

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.

Spare ADs for emergency use will be taken on school trips and off-site events. School staff will have responsibility for these throughout 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 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, including the following information, will be recorded on Smart Log and CPOMs:

- 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

Information will be shared with David Barrett – Hub Director, Adam Downing – Head of Governance and Keith Curtis - Head of Facilities.

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

9.2 Incident reporting

Parents/carers will be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the child's parents, the child 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 has been learnt from the incident and outline any actions that will be taken 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.

The 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): 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 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, Caterlink catering staff, Rising Stars coaching staff and regular volunteers.

The school will conduct allergy safety checks annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the check 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 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.

As part of our PSHE curriculum we will use resources from Allergy School to raise children's awareness and understanding of allergies.

11. Wellbeing

Children with allergies will have additional support through:

- Regular check-ins with their Class Teacher, their Teaching Assistant or our Thrive Practitioner
- 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 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.

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.