Our Lady's Preparatory School and Nursery

Allergy Safety Policy 3.11

This allergy safety policy ensures that all staff and trustees in our school are fully aware of and clear about the actions necessary to protect those with Allergy and promote their wellbeing.

Championing Allergy Safety

The SLT member at Our Lady's Preparatory School and Nursery with responsibility for allergy safety, our ***Allergy Safety Champion***, is Mr David Boynes. They can be contacted on 01344773394.

The responsibilities include ensuring the implementation of the policy and leading the policy review which will be at least annually, or whenever incidents or "near misses" suggest areas for improvement. Such immediate review is essential where incidents suggest that any policies or procedures may leave individuals with allergy at risk.

Our Allergy Safety Champion will remain up to date with relevant DfE guidance, such as *Allergy safety in schools - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026)*

Allergy Safety and Safeguarding

Allergy safety forms part of the School's wider safeguarding responsibilities. The School recognises that severe allergies and anaphylaxis can present a significant risk to a child's health, wellbeing and safety. Staff are therefore expected to regard allergy management and emergency response as safeguarding matters and to respond promptly to any concerns regarding a pupil's allergy, medication, symptoms or exposure to known allergens.

Commitment to Allergy Safety

The School recognises the importance of the reforms commonly known as *Benedict's Law* and is committed to embedding a culture of allergy awareness, prevention, preparedness and emergency response throughout school life.

The School seeks to ensure that pupils with allergies are safe, included, supported and able to participate fully in all aspects of school life.

Training

Staff are trained annually in allergy awareness and emergency response through an annual training module called Understanding Anaphylaxis. The training is included in the induction process for all new members of staff and is carried out prior to starting work at Our Lady's Preparatory School and Nursery.

Allergy awareness training is to ensure 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;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand this 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").
- That this training of allergy awareness and emergency response training and does not replace any separate arrangements for a child or young person who requires individual healthcare support beyond school-level allergy safety arrangements.

All staff present during times when pupils are scheduled to be on site receive this training, not just permanent staff. It is not required for short-term contractors who have no involvement

with pupils, but is required for all temporary staff, supply teachers, peripatetic staff, any agency workers and regular volunteers.

Trustee Oversight

The Allergy Safety Champion will provide an annual report to Trustees regarding allergy safety arrangements, training compliance, incidents, near misses, policy updates and any areas identified for improvement.

Any serious allergy incident or significant near miss will be reported to Trustees as part of the School's safeguarding and health and safety oversight arrangements.

Promoting pupil wellbeing

The risk posed by allergy and the possibility of anaphylaxis can be a significant cause of anxiety. At Our Lady's Preparatory School and Nursery, we promote the wellbeing of pupils with allergies by ensuring that all staff are trained appropriately and that this is communicated to children with allergies. We also have mechanisms in place to allow pupils to talk about their anxiety, including our ELSA and Wellbeing team. Staff are also made aware of those across the school with allergy during our pastoral meetings.

We also recognise the potential for bullying of pupils with allergy, and this is addressed by normalising the occurrence of allergy through discussion with pupils and through the health modules in our PSHCE curriculum.

Minimising the risk of contact with known allergens

We minimise the risk of individuals, whether pupils, staff or visitors, coming into contact with their known allergens by the following:

Measures to manage the risks of exposure to a food allergen through food provided by the school. Our kitchen staff are made aware of these allergies. During lunch times, kitchen staff label food to ensure that allergies are taken account of when giving out meals.

Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, pupil or staff). Communication to staff and parents is clear to ensure that they are aware of foods that can be brought in. the occasions that food is brought in to the school are limited as we cater for all of pupils' meals and snacks whilst they are with us.

Where pupils have known allergy to airborne or contact allergens, we put measures in place to manage the risk of the child or young person being exposed to such allergens. Messages sent out the parents at the start of the year ensure that these foods are known to be prohibited from school and as such, they do not come into the school.

Staff planning any activity consider, as part of standard risk assessment, the risk of exposure to allergens, for example in craft, science, music, cooking, or where activities involve animals.

Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Food allergy

We manage the risk of food allergy by checking ingredients carefully at the point of preparation, and then labelling food clearly when it is served to pupils and staff. We provide clear information on allergens in any food provided the school.

Supporting Individuals

Identification

Our arrangements for identifying individuals with allergy:

- Parents complete a registration form during the admissions process which allows them to detail allergens. If allergy is confirmed once a pupil is at the school, parents are asked to confirm changes by email and our medical information list is updated accordingly.
- Staff complete a New Starter form upon which they would declare any known allergies.
- Visitors to the School are asked to notify the office of known allergies when they sign in at the School Reception.

We identify their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices). We keep a record of all individuals with allergies, including for pupils whether there is an Individual Healthcare Plans and/or an Allergy Action Plan. A log of these is kept on the School system and Healthcare Plans are also printed and kept in classrooms of those pupils with allergies.

Admission and Transition Planning

Where a child has a known allergy, the School will work with parents prior to admission to obtain relevant medical information, healthcare plans and allergy action plans.

Where appropriate, a pre-admission meeting will be arranged with parents and relevant staff to ensure suitable arrangements are in place before the child starts attending the School.

This process will include consideration of medication, emergency procedures, dietary requirements, trips, activities, communication arrangements and any reasonable adjustments required.

Individual Healthcare Plans - (see template in Appendix 2)

In collaboration with the pupil and their parents, we will develop an Individual Healthcare Plan (IHP) for a pupil if:

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

This includes pupils whose allergies require flexibility and "reasonable adjustments", as well as those who require medication either proactively or in an emergency. The IHP sets out the arrangements for supporting the pupil with their medical condition or allergy, including in an emergency.

Where pupils have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP will refer to or attach it. Whenever an Action Plan is updated, the IHP will be reviewed to incorporate it.

Prescribed adrenaline

We ensure that pupils who are prescribed adrenaline devices have rapid access to their devices at all times, including in the lunch hall, playground, and when on visits or trips. Pupils have orange Medi-bags which are kept with them as they move around the school. In a case of anaphylaxis, adrenaline should be administered within five minutes.

We ask parents to provide a separate adrenaline device at school from that used at home so that there are no times when we do not have the device in school.

The Allergy Safety Champion keeps records of which pupils have prescribed adrenaline devices and any Allergy Action Plans.

"Spare" adrenaline devices

As noted above, in a case of anaphylaxis, adrenaline should be administered within five minutes, and we ensure that no pupil is more than five minutes from adrenaline devices.

The school keeps a stock of two "spare" adrenaline devices which are always stocked and stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.

These are located in the School office and are stored for immediate access when needed and not locked away. "Spare" adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. They are contained in a clearly marked "anaphylaxis kit" containing the spare adrenaline devices, an emergency asthma reliever inhaler and spacers and instructions for their use.

When devices are used, they are replaced immediately. When devices are nearing their expiry date, replacements are purchased in good time. Those that go out of date will be safely disposed of.

All staff are trained in when and how "spare" adrenaline devices should be used and a further guide to anaphylaxis is in Appendix 1.

Medication Monitoring

The School will check all prescribed adrenaline devices and all spare adrenaline devices at least monthly and before the start of each term.

Checks will confirm that devices:

- are in date;
- remain in good condition;
- are correctly labelled where required;
- are stored appropriately; and
- remain immediately accessible.

Where devices are approaching expiry, parents will be contacted promptly and replacement arrangements made.

Trips and Visits

We want all our pupils to be able to take part in all activities whenever possible and will make arrangements and adjustments to ensure pupils with allergy are able to participate in trips and visits and do so safely (including ensuring access to adrenaline where required).

As part of our standard risk assessment processes, staff consider the risk of anaphylaxis for pupils taking part in any off-site activity. Pupils at known risk of anaphylaxis should have their own adrenaline device with them, and there will be accompanying staff trained to administer adrenaline in an emergency.

Serious incidents and "near misses"

As indicated at the start of this document, we recognise the importance of learning lessons of any serious incidents or "near misses" involving allergy safety.

Our processes for recording, reporting and responding to serious incidents or "near misses" involving allergy safety include recording all relevant details of the near miss on our log, reporting the incident to the senior leadership team and the parents of a pupil, reporting to

external authorities, if necessary, investigation of the incident and resulting actions such as ensuring staff training, updating risk assessments and strengthening of procedures.

In some cases, the impact of exposure to an allergen while in at school might not be recognised until the pupil is back at home. It is therefore important that the pupil, their parents or others (such as healthcare professionals) can report that there has been an incident. They should contact our Allergy Safety Champion who will liaise with those concerned to determine the appropriate response.

Information sharing

Information about pupils with allergies is made know to staff through the Medical Information List, which is sent out to staff whenever there is an update to it. This information is also available to them at all times through the School's MIS.

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for pupil who may not want to be singled out.

Awareness of the allergy safety policy

This allergy safety policy is published on the school website. All staff are made aware of and are trained to understand the policy, as part of annual allergy awareness training.

Allergy safety is raised with our pupils as part of the school's PSHCE provision.

Where pupils are prescribed their own adrenaline devices, it may be appropriate for their friends also to be made particularly aware of how to seek help in an emergency. Any wider awareness or training such as this will be considered carefully and discussed with the pupil and their parents. It does not replace or reduce the need for staff emergency response arrangements and training.

Annual Allergy Safety Audit

The Allergy Safety Champion will complete an annual review of allergy safety arrangements including:

- staff training records;
- Individual Healthcare Plans;
- emergency medication arrangements;

- incident and near miss records;
- educational visit procedures; and
- communication arrangements with parents and staff.

Any findings and actions arising from the audit will be incorporated into the School's ongoing improvement planning.

Monitoring & review

The school will review this Policy annually. More frequent revision may occur if any guidance or advice published by the DfE or other relevant bodies makes this necessary.

Reviewed: 23 July 2026

Signed:

Mr D Boynes
Acting Head

To be reviewed: 12 months from "Reviewed" date

Appendix 1

Allergic reactions and response

Allergic reactions

Allergic reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Most allergic reactions do not affect the **A**irway/**B**reathing/ **C**irculation ("ABC") and can be treated with an oral antihistamine. The features of an allergic reaction are shown in Figure 1.

Allergic reactions are unpredictable. Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe (e.g. skin rash, vomiting) but then become anaphylaxis – so someone having a reaction should always be monitored (e.g. in a first aid room) for at least 60 minutes afterwards, just in case the reaction gets worse.

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Mild reactions can worsen and become **anaphylaxis**, affecting the

Airway/**B**reathing/**C**irculation ("**ABC**"):

A: Airways: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)

B: Breathing: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing

C: Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Anaphylaxis reactions involve the **A**irway/**B**reathing/**C**irculation ("ABC"). Reactions usually progress quickly and can be life-threatening – so anaphylaxis **always** requires an immediate emergency response. The features of an anaphylaxis reaction are shown in Figure 1.

The vast majority of anaphylaxis reactions require the individual to have eaten food to which they are allergic. Contact through skin or the air tends to produce less severe allergic reactions. Anaphylaxis reactions solely due to skin contact are very rare. As noted above, anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger. Emergency planning should therefore be based on the individual child or young person's documented triggers and clinical history, rather than any assumption over whether the person has eaten a trigger food.

Anaphylaxis

Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat). They typically affect the breathing (**A** and **B**, i.e. mimic an asthma attack) rather than the **C**irculation (blood pressure).

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that **there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death**. Giving emergency adrenaline **immediately** and calling Emergency Services (999) is essential.

Anaphylaxis always requires an emergency response.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

Responding to an allergic reaction and anaphylaxis

Mild to moderate allergic reactions which do not involve **ABC** can be treated with oral antihistamines. For a child or young person, telephone their parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child or young person does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis. Anaphylaxis commonly occurs alongside mild symptoms or signs, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own, without a skin rash or other mild signs being present.

Anaphylaxis (i.e. any reactions which involve the **ABC**) must be treated promptly with emergency adrenaline (see figure 1). The individual's prescribed adrenaline device – for example an adrenaline auto-injector (AAI) or nasal adrenaline device – should be used if it is available. If not, a "spare" adrenaline device can be used (see below). If in doubt whether the reaction is anaphylaxis, treat with adrenaline. Always dial 999 to request an ambulance if someone is

experiencing anaphylaxis. The emergency ('999') operator can provide advice over the telephone if needed.

Always stay with someone having an allergic reaction for at least one hour.

- **If in doubt, always treat for anaphylaxis**
- If the child or young person has an Allergy Action Plan issued by a healthcare professional, it should be followed
- Treatment of anaphylaxis is with a dose of adrenaline (e.g. an AAI "pen" or nasal adrenaline device)

Action in an emergency

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, **anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure**.

People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do **not** amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

Figure 1: **SIGNS OF ANAPHYLAXIS** (a potentially life-threatening allergic reaction) and **MANAGEMENT OF ANAPHYLAXIS**

Appendix 2

See following sheets for

Individual Healthcare Plan for Allergy

Medication needed while in school

Care or Action Plans issued by healthcare professionals

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
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.*	
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.*	
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.*	
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.*	
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**	
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**: