Allergy Safety Policy

More Than Ed | Independent School

Date: September 2026
Review Date: August 2028
Responsible Person: (Michelle Needham/Hayley Winstanley)

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1. Rationale and Legal Duty

Allergy can affect children and young people in many ways, including food allergy, asthma, eczema and hay fever, and these conditions can co-exist. The risk posed by allergy, including the possibility of anaphylaxis, can be a significant cause of anxiety for a child or young person and their family. More Than Ed Independent School is committed to ensuring that students, staff and visitors with allergy are safe, included and supported to participate fully in school life.

This policy is written in line with Section 34 of the Children's Wellbeing and Schools Act 2026, which requires schools to have an allergy safety policy, and has regard to the Department for Education's statutory guidance on supporting pupils with medical conditions.

This policy should be read alongside the school's Medicines Policy, which sets out the school's general arrangements for administering and storing prescribed medication.

This policy will be reviewed at least annually by the Responsible Person named above, or sooner where an incident or "near miss" suggests areas for improvement. Any review will take account of incidents and near misses recorded since the previous review, with the aim of learning lessons and reducing risk. This policy is published on the school website and is available in hard copy from the school office on request.

2. Responsibilities

Allergy Safety Lead

Michelle Needham and Hayley Winstanley, as members of the senior leadership team, are the named Allergy Safety Leads. They are responsible for driving the implementation of this policy, leading its annual review, ensuring staff receive allergy awareness training, and ensuring records of students with allergy and their Individual Healthcare Plans are kept up to date.

Parents and Carers

- Provide the school with comprehensive information about their child's allergy, known triggers and any prescribed medication or devices.
- Provide an up-to-date Allergy Action Plan and/or Asthma Action Plan from a healthcare professional where one has been issued.
- Ensure any prescribed adrenaline auto-injector (AAI) or inhaler provided to the school is in date and replace it promptly when used or expired.
- Inform the school immediately of any change to their child's allergy status, triggers or medication.

Students

Students are encouraged, where age and understanding allow, to take an active role in managing their own allergy, including recognising their triggers and telling a member of staff if they feel unwell.

Staff

All staff who are present when students are on site, including temporary, supply, peripatetic and agency staff, are expected to complete allergy awareness training and to follow this policy. Staff volunteering to administer emergency medication, including adrenaline, will be supported and trained to do so.

3. Culture: Awareness Training and Wellbeing

3.1 Allergy Awareness Training

All staff present during the school day, including temporary, supply, peripatetic and agency staff and those overseeing before- or after-school clubs, will receive allergy awareness training at least annually. New staff receive this training as part of induction, and cover or supply staff are briefed on key allergy information before taking a class.

Training will ensure staff:

- Understand allergy and the range of conditions it can involve, and how allergic reactions occur;
- Understand the difference between food allergy, coeliac disease and food intolerance;

- Know where to find information on individual students' allergy triggers;
- Can identify the range of symptoms of an allergic reaction and recognise anaphylaxis;
- Know how to respond in an emergency, including calling emergency services, informing parents, and locating and administering emergency medication;
- Understand the school's allergy safety policy and their own responsibilities in reducing risk;
- Know how to check whether a student has a known allergy and how to use an Allergy or Asthma Action Plan;
- Know how to report an allergic reaction or a "near miss".

3.2 Wellbeing

The school recognises that living with allergy can be a source of anxiety for students and their families. Staff will be sensitive to this, ensuring students with allergy are not made to feel singled out or excluded, and that arrangements to keep them safe (such as carrying an AAI device) are handled discreetly and with dignity. Any bullying or teasing related to a student's allergy will be treated as seriously as any other form of bullying and addressed through the school's anti-bullying policy.

4. Minimising Risk

The school will take reasonable steps to minimise the risk of students, staff or visitors with known allergy coming into contact with their allergens. This includes:

- Managing the risk of exposure to food allergens through food provided by the school;
- Managing the risk of exposure to food allergens brought in by parents, students or staff (for example for parties or shared celebrations);
- Putting reasonable measures in place where a student has a known allergy to an airborne or contact allergen;
- Staff considering allergen risk when planning craft, science, cooking, music or animal-related activities;
- Completing a specific risk assessment for any student with allergy taking part in an external visit or trip.

5. Food Allergy

Where food is provided by the school, clear information on allergens will be made available to students, parents and staff. Kitchen and catering staff are included in allergy awareness training and are made aware of any student with a food allergy attending the school. Parents are asked to inform the school of any food allergy at admission and to update the school promptly if this changes.

6. Individual Children and Young People

6.1 Identification

The school keeps a record of all students (and relevant staff) with a known allergy, their triggers, whether they carry an AAI device, and whether they have an Individual Healthcare Plan and/or Allergy or Asthma Action Plan. This information is gathered from parents, the student's previous school (where applicable) and, where relevant, healthcare professionals, and is reviewed at admission and whenever the school is notified of a change.

6.2 Individual Healthcare Plans

A student will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact on them at school, they are at risk of harm as a result of it, and they require arrangements that are additional to or different from those made generally. The IHP sets out the specific arrangements in place to support the student, including in an emergency, and will refer to or attach any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional. Where an updated Action Plan is provided, the student's IHP will be reviewed to reflect it.

6.3 Prescribed Adrenaline

Where a student is prescribed an adrenaline auto-injector, the school will ensure they have rapid access to their device at all times, including at lunch, in the playground, on the sports field and on visits or trips, so that adrenaline can be administered within five minutes of the onset of anaphylaxis. Arrangements for a student to take their own prescribed AAI device home at the end of the day, and for checking it remains in date, are recorded in the student's IHP. The school keeps a record of which students have been provided with a prescribed AAI device and an Allergy Action Plan.

7. School-Wide Arrangements for Spare Adrenaline Devices

The school holds "spare" adrenaline devices for use in an emergency where a student is having a suspected anaphylactic reaction, whether or not they have their own prescribed device to hand.

- Spare adrenaline devices are stored in pairs, clearly labelled as "spare" and kept separate from any device prescribed to a named individual;
- Spare adrenaline devices are kept readily accessible at all times and are never locked away, so that they can be brought to a student within five minutes of an emergency arising, wherever they are on site;
- Spare devices are stored alongside an emergency asthma reliever inhaler and spacer as part of a clearly marked emergency anaphylaxis kit, together with instructions for use;
- The Allergy Safety Lead checks spare adrenaline devices and inhalers regularly to confirm they remain in date;
- Used or expired spare devices are replaced promptly; used adrenaline auto-injectors are disposed of safely as sharps waste, in line with the school's clinical waste arrangements, and are never disposed of by staff in general waste.

8. Visits and Trips

The school will make reasonable adjustments to enable students with allergy to take part in visits and trips safely. A specific risk assessment will be completed for any student at risk of anaphylaxis before a trip off the school premises. Students at risk of anaphylaxis will take their own prescribed adrenaline device with them, and at least one member of staff trained to administer adrenaline in an emergency will accompany the trip. Where appropriate supervision or emergency access cannot be guaranteed, the school may need to discuss alternative arrangements with parents.

9. Responding to an Asthma Attack

Staff should be able to recognise the signs of an asthma attack. These include a persistent cough or wheeze while at rest, difficulty breathing, being unable to complete sentences, and the student becoming unusually quiet or complaining of a tight chest (younger students may describe this as tummy ache).

If a student shows signs of an asthma attack, staff should:

- Firstly, ascertain which type of asthma the student is suffering. If you suspect the asthma attack is **ALLERGY RELATED, (showing symptoms of Anaphylaxis Shock) you must initially administer an Epi-Pen, then immediately call 999. If the symptoms continue after 10 minutes, administer a further dose of the Epi-Pen and call 999 again.**
- Stay calm and reassure the student.
- Encourage the student to sit up and lean slightly forward.
- Help the student use their own reliever inhaler; if it is not available, use the school's emergency inhaler where one is held, in line with the student's Individual Healthcare Plan.
- Remain with the student while the inhaler and spacer are brought to them.
- Help the student take two separate puffs of the inhaler via a spacer.
- If there is no improvement, continue giving two puffs every two minutes, up to a maximum of 10 puffs, shaking the inhaler between puffs.
- Stay with the student until they feel better; they may return to normal school activities once they do.
- Call 999 for an ambulance immediately if the student does not improve, or if staff are worried at any point before reaching 10 puffs.
- If an ambulance has not arrived within 10 minutes, give a further 10 puffs in the same way.
- Contact the student's parents or carers once an ambulance has been called and ensure a member of staff accompanies the student to hospital and stays with them until a parent or carer arrives.

Call an ambulance immediately and begin this procedure without delay if the student appears exhausted, has a blue or white tinge around the lips, is going blue, or has collapsed.

Use of an inhaler, including the emergency inhaler, will be recorded in line with Section 6 (Record Keeping) above, noting where and when symptoms began, how much medication was given, and by whom. Parents or carers will always be informed in writing on the same day.

10. Serious Incidents and Near Misses

Any allergic reaction, incident of anaphylaxis, or "near miss" involving allergy will be recorded, reported to the Allergy Safety Lead and the student's parents, and reviewed to identify any lessons for the school's policy or procedures. Because the impact of exposure to an allergen is not always apparent while a student is still at school, parents, students, and healthcare professionals are encouraged to inform the school of any reaction that becomes apparent after the student has gone home, so that it can be recorded and followed up.

11. Information Sharing

A student's allergy and health information is special category data under UK GDPR and is handled with care. The school will share information about a student's allergy with staff, and with others such as catering staff or trip leaders, only where necessary to keep the student safe, and will do so in a controlled and respectful way. Further detail is set out in the school's data protection policy.

12. Awareness of This Policy

This policy is published on the school website and available in hard copy from the school office on request. All staff are made aware of this policy as part of annual allergy awareness training. Where a student is prescribed an adrenaline device, the school will discuss with the student and their parents whether it is appropriate for close friends to be made aware of how to seek help in an emergency; this will never replace staff emergency response arrangements.

13. Related Policies

This policy should be read alongside the school's other policies, including:

- Medicines Policy
- Supporting Students with Medical Conditions Policy
- First Aid Policy (including Accident and Incident)
- Health and Safety Policy
- Anti-Bullying Policy
- Data Protection Policy
- Safeguarding and Child Protection Policy