



The Stonebridge
School

ALLERGY SAFETY POLICY

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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 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 governing board

The governing board 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 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 Headteacher Kate Pelazza.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published

- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
 - All pupils 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 Headteacher

The headteacher is responsible for:

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

3.4 Deputy Headteacher and Welfare Lead

Preesha Lachani, DHT, and Tracy Halpin, Welfare Lead, are responsible for:

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

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among 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 pupils with allergies in their care
- Reducing the risk to pupils 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

3.6 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

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

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

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

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 pupils at risk

The school will have arrangements in place to identify pupils with known allergies. These arrangements will align with the processes set out in the school’s Supporting Pupils with Medical Conditions Policy.

We will:

For new starters, send a form to parents/carers after their child’s place at the school has been confirmed, but before they start school, to identify any known allergies, the support required and any medication the pupil needs or carries. For pupils with a new diagnosis and/or pupils who join the school mid-term, we will obtain the relevant information and make every effort to put appropriate arrangements in place within 2 weeks. For pupils who are new to the school at the beginning of a term, arrangements will be put in place by the beginning of the relevant term.

Send a reminder to parents/carers at the start of each academic year asking them to check that the school holds accurate and up-to-date information about their child’s allergies, medical needs and any required medication.

Record identified allergies and associated medical needs on the school’s system and update these records when parents/carers inform us of any changes. Relevant information will be made available to staff who need to know.

Parents/carers are asked to proactively inform the school of any new allergy or diagnosis, or any change in their child’s allergy, medical needs or medication during the school year. They should contact the school by telephone on 020 8965 6965 or by email at admin@stonebridge.brent.sch.uk if their child’s medical needs change during the school year.

4.2 Identifying staff and visitors at risk

The school will have arrangements in place to identify staff and visitors with known allergies so that appropriate measures can be taken to reduce the risk of exposure and respond effectively in an emergency.

We will:

- Ask new members of staff to provide details of any known allergies, including any medication they may require or carry, before their start date

- › Ask staff to proactively inform the school if they develop a new allergy or if there are any changes to an existing allergy or associated medication
- › Ask visitors, where appropriate, to provide details of any known allergies in advance of their visit, particularly where their visit involves food, catering or an extended period on the school site
- › Make relevant staff aware of an individual's allergy where this is necessary for their safety, while ensuring that personal information is handled appropriately and confidentially

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- › Have an allergy which has a functional impact on them in the school environment
- › They are at risk of harm as a result of their allergy; and
- › Require arrangements which are additional to or different from those made generally

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

The school will consider the following principles:

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

4.5 Register of pupils with known allergies

The school will maintain an up-to-date register of pupils who have a known allergy. This will link with the arrangements set out in the school's Supporting Pupils with Medical Conditions Policy, which requires the school to record pupils' medical needs, update records when parents/carers report changes and ensure relevant staff have access to this information.

The register will include:

- › Known allergens, triggers and risk factors for anaphylaxis
- › Details of any prescribed adrenaline devices (ADs), including the type and dose

- › Where a pupil has been prescribed an AD, whether parental consent has been provided for the administration of emergency medication
- › A photograph of each pupil, where appropriate and with parental consent, to enable staff to identify the pupil quickly
- › Any other relevant information required to support the pupil safely, including where their medication is kept

The register will be kept in a readily accessible location and relevant information will be available to staff who need to know, including staff working in areas where food is served or handled. This is consistent with the Supporting Pupils with Medical Conditions Policy, which states that IHPs are kept in a readily accessible place and that staff should have access to records so they are informed about pupils' medical needs.

The register will be updated when parents/carers inform the school of changes to their child's allergy, medical needs or medication. The school will keep a record of changes and ensure that the most recent information is clearly identifiable.

Pupils who are competent to manage their own medication will be encouraged to do so, following discussion with parents/carers and, where applicable, as set out in their IHP. Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

Allergy medication and adrenaline devices will be readily available and not locked away so that they can be accessed immediately when required.

5. Assessing risk

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

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

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

The measures we'll take to prevent contamination in school include the following:

- › Pupils are reminded to wash their hands before and after eating
- › Sharing of food, food containers, and food utensils is not allowed
- › Pupils have their own named water bottles, and lunch boxes provided to pupils 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

6.2 Catering

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

- › Catering staff receive appropriate training and are able to identify pupils with allergies
- › The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- › School menus are available for parents/carers and pupils 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 pupils
- › Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal](#)

[requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

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

6.4 Animals

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

6.5 Visits and trips

- No pupils 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 pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the 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 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)

8.1 Prescribed ADs

Pupils 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. Pupils 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 pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

- In an appropriate central location that is unlocked and accessible at all times
- **No more than 5 minutes** away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Allow pupils who are competent to carry their own ADs, where agreed with parents/carers and reflected in their IHP

- Make sure prescribed ADs accompany pupils on school trips, educational visits, PE and sports activities
- Include access to prescribed ADs in risk assessments for school trips, visits and activities outside the normal school timetable
- Make sure supervising staff know which pupils have prescribed ADs and where they can be accessed
- Agree appropriate arrangements for access to prescribed ADs during school-arranged transport to and from school

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

- A copy of the pupil's allergy action plan will be kept alongside their prescribed medication and will include instructions for its use in an emergency
- Where pupils take their prescribed AD home, arrangements will be agreed with parents/carers to make sure it is available during the school day and for the journey to and from school
- Parents/carers will be responsible for checking individually prescribed ADs remain in date and for providing replacements when required
- The school will keep an up-to-date record of pupils who have been prescribed an AD and who have an allergy action plan
- Records will be updated when the school is informed of any change to a pupil's prescribed medication or allergy needs, in line with the school's existing record-keeping arrangements

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 pupil'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 reliever inhaler and ensuring they are stored according to the guidance.

- Spare ADs will be purchased from a local pharmacy without a prescription, in accordance with current government guidance.
- The school will maintain a sufficient number of spare ADs to ensure that an appropriate device can be accessed within 5 minutes wherever it may be required
- Where possible, the school will purchase a single brand of AD to reduce the risk of confusion when devices need to be used in an emergency
- The school will purchase the appropriate dosage(s), taking account of the ages of pupils at risk of anaphylaxis and the age-based criteria set out in the government guidance. Where necessary, appropriate medical advice will be sought when deciding which devices and doses to purchase.
- The school will keep a record of spare ADs purchased, including their batch numbers and expiry dates, and arrangements will be made to replace devices before they expire.

Spare ADs will be stored:

- In an appropriate central location that is unlocked and accessible to **staff only** at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- 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 pupils' prescribed ADs and clearly labelled to avoid confusion

Tracy Halpin and Preesha Lachani are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliever 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.

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 pupils 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

Pupils 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

- A spare AD of the appropriate dose will be taken on school trips and off-site events where a pupil at risk of anaphylaxis is participating
- The spare AD will be carried by a designated member of staff and remain readily accessible throughout the trip or event
- The pupil's prescribed AD, allergy action plan and any other required medication will accompany them on the trip or off-site event
- Arrangements for access to ADs will be considered as part of the risk assessment for each school trip or off-site activity, in line with the school's Supporting Pupils with Medical Conditions Policy
- Staff supervising the trip or event will be made aware of pupils at risk of anaphylaxis and the location of their ADs and the spare AD

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book and on CPOMS, including the following information:

- 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

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 pupil 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 pupil's parents, the pupil or the individual involved.

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

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, 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 Kate Pelazza. She will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil'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 hospitalization. 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, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise 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 pupil'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')

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.

We will teach pupils about allergies using resources from [Allergy School](#).

11. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior 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 pupil but their family, those involved in responding, and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

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

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Data protection policy
- Behavior policy