Allergy Safety Policy

Overley Hall School

Overley Hall School

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1.0 Aims

1.1 The aims of this policy are to:

- Set out Overley Hall School's approach to allergy safety, including the arrangements in place to identify and minimise the risk of exposure to known allergens and the procedures to be followed in the event of an allergic reaction or emergency.
- Ensure that children and young people with allergies are supported to participate fully in school life, promoting their health, safety, wellbeing, inclusion and access to the curriculum and wider school experiences.
- Reduce barriers to learning and participation for children and young people with allergies through appropriate individualised support, risk management and reasonable adjustments, reflecting Overley Hall School's commitment to a nurturing, inclusive and person-centred approach.
- Promote and maintain allergy awareness across the whole school community, ensuring that learners, staff, parents/carers, visitors and other relevant members of the school community understand their role in promoting allergy safety.
- Support children and young people to develop confidence, independence and personal safety skills, where appropriate to their individual needs and level of understanding, including the ability to communicate their needs, recognise potential risks and seek help.
- Ensure staff have the appropriate knowledge, training and confidence to recognise the signs and symptoms of an allergic reaction and respond promptly and appropriately in an emergency, including appropriate access to and use of prescribed and spare adrenaline auto-injectors where required
- Ensure that individual allergy management arrangements, including Individual Medical Healthcare Plans where required, are communicated effectively and kept up to date, with appropriate information shared with children and young people, parents/carers, healthcare professionals and relevant staff, in accordance with confidentiality and data protection requirements.
- Enable children and young people with allergies to access the broadest possible range of learning and enrichment opportunities, including educational visits,

residential experiences, physical activity, vocational learning and community activities, through appropriate planning and risk management.

- Promote a culture of respect, understanding and inclusion, ensuring that children and young people with allergies are not disadvantaged, isolated, stigmatised or subject to bullying as a result of their allergy.
- Continually improve allergy safety practice by responding to incidents, near misses, feedback and emerging risks and using learning to strengthen the school's arrangements.

1.2 Overall Aim

1.3 Ultimately, Overley Hall School aims to ensure that children and young people with allergies are kept safe while being enabled to learn, participate, develop independence and flourish as fully as possible within the life of the school and wider community.

2.0 Legislation and guidance

2.1 This policy has been developed with regard to relevant legislation, statutory requirements and Department for Education (DfE), Department of Health and Social Care (DHSC) and other recognised guidance relating to allergy safety, the health and welfare of learners, medical conditions, food safety and inclusion. Although this guidance is not currently statutory for independent schools, Overley Hall School voluntarily adopts its principles as best practice

2.2 Department for Education and Health Guidance

- Department for Education (DfE), Allergy Safety in Schools: Statutory Guidance (2026). Overley Hall School has regard to this guidance as the benchmark for effective allergy safety practice and will seek to implement its principles across the school. The guidance covers the identification and management of allergies, reducing exposure to known allergens, Individual Medical Healthcare Plans, access to adrenaline auto-injectors, staff training,

educational visits and trips, wellbeing, information-sharing, and learning from serious incidents and near misses.

- Department for Education, Supporting learners at school with medical conditions. This guidance provides relevant principles and good practice for supporting learners with medical conditions, including the development and review of Individual Healthcare Plans, appropriate staff training, emergency arrangements and partnership working with parents/carers and healthcare professionals.
- Department of Health and Social Care (DHSC), Guidance on the use of emergency adrenaline auto-injectors in schools, including arrangements for the storage, accessibility and use of emergency/spare adrenaline auto-injectors.
- Department for Education, Independent School Standards Guidance, particularly Part 3 relating to the welfare, health and safety of learners. Overley Hall School will ensure that its allergy safety arrangements support compliance with the Independent School Standards and promote the health, safety and wellbeing of learners.

2.3 Legislation

- Education (Independent School Standards) Regulations 2014, particularly Part 3 – Welfare, health and safety of learners.
- Education and Skills Act 2008, including the statutory framework for the Independent School Standards applicable to independent schools.
- Equality Act 2010, including duties relating to disability, discrimination and reasonable adjustments. The school recognises that severe allergies may constitute a disability under the Equality Act 2010 and will make reasonable adjustments where required.
- Children Act 1989, particularly Section 3, relating to the duty of care and the safeguarding and promotion of children's welfare.
- Education Act 2002, including duties relating to safeguarding and promoting the welfare of children.
- Food Information Regulations 2014, including requirements relating to the provision of allergen information for food.

- Food Information (Amendment) (England) Regulations 2019, including requirements relating to allergen information for food prepacked for direct sale.
- Food Safety Act 1990, relating to food safety and the provision of food that is safe for consumption.
- Food Safety and Hygiene (England) Regulations 2013, relating to food hygiene and safe food handling practices.

2.4 Food and Allergen Guidance

- Food Standards Agency (FSA) guidance on food allergen labelling and information requirements, including the legal requirement for food businesses to provide accurate and accessible information about the 14 regulated allergens.
- FSA allergy guidance for schools, including guidance relating to food provision, allergen management and reducing the risk of allergic reactions within school settings.
- Relevant current guidance from recognised allergy organisations, including Anaphylaxis UK and Allergy UK, where this supports safe, evidence-informed allergy management and practice.

2.5 Other Relevant Guidance

2.6 The school will also have regard to relevant current guidance from the NHS, healthcare professionals and other recognised health organisations relating to allergies, anaphylaxis, emergency treatment and the safe management of individual medical needs.

2.7 This policy will be reviewed regularly and updated where necessary to reflect changes in legislation, statutory guidance, regulatory requirements, clinical advice and recognised good practice.

3.0 Roles and responsibilities

3.1 The Support and Scrutiny Team (SAS)

3.2 The SAS board is responsible for ensuring:

- Risks relating to learners with allergy are included in the risk register and actively managed

3.3 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

3.4 The SAS Team delegates the day-to-day implementation of this policy to the allergy safety lead.

3.5 The SAS Team will receive an annual report on allergy safety including:

- Number of pupils with allergies
- Incidents and near misses
- Staff training compliance
- Audit findings
- Actions taken

3.6 Allergy Safety Lead

3.7 The nominated allergy safety lead is Pastoral and Medical Coordinator Lead Mandy Peever.

3.8 They’re responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually with the Headteacher, 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)
- Reporting any incidents or near misses reported by staff are discussed with the Headteacher

3.9 Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All learners who require support with allergies have an up-to-date individual Medication healthcare plan
- All learners 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
- Ensure new staff are introduced to Allergy Safety training during their induction to working in the school
- 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 learner's Medication Health Care Plan

3.4 Headteacher

3.5 The Headteacher is responsible for:

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

- To oversee and support the duties of the Allergy Safety Lead and the implementation of the Allergy Safety Policy, providing them supervision specifically linked to their responsibilities linked to Allergy Safety
- Responsible for ensuring that significant school-wide risks are identified, recorded, controlled and reviewed via the Risk Register

3.4 Deputy Designated Safeguarding Leads

3.5 Designated Safeguarding Leads - Dee Marshall and Lorna Deakin 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
- Relevant risk assessment is in place and is actively minimising any potential risks

3.6 Teaching, tutors and teaching assistants

3.7 All teaching, tutors and teaching assistants are responsible for:

- Promoting and maintaining allergy awareness among using differentiation to enhance understanding
- 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 learners with allergies in their care
- Reducing the risk to learners with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of learners with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.8 Parents/carers

3.9 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 in relation to allergy
- Updating the school on any changes to their child's condition

3.10 Learners with allergies

3.11 For learners who have the cognitive, developmental and communication skills to do so, an appropriate level of responsibility for understanding and managing their allergy may be encouraged. Given the individual needs and abilities of learners at Overley Hall, not all learners will be able to undertake these responsibilities independently. However, in keeping with the school's commitment to developing independence, autonomy and personal safety, learners will be supported, at a level appropriate to their individual needs and capabilities, to develop awareness of their allergens, the risks they may present, and how and when to seek help or use their prescribed medication. The level of responsibility expected will be individually assessed and reviewed as the learner's skills and understanding develop.

3.12 Learners Without Allergies

3.13 The individual cognitive, developmental and communication needs of learners at Overley Hall mean that some learners may not be able to fully understand the nature of allergies, the risks they may present to others, or the responsibilities outlined below. The school will, however, always seek to develop each learner's awareness and understanding at a level appropriate to their individual needs and capabilities, as part of our wider commitment to promoting independence, autonomy, empathy and personal safety.

3.14 Where appropriate, learners will be supported to:

- Develop an awareness that some people may have serious allergies and that allergens can present significant risks to their peers.
- Understand, where possible, the importance of respecting individual allergy-related needs and following relevant school arrangements.
- Avoid sharing food, drinks or medication with others where this could present a risk.
- Recognise, at a level appropriate to their understanding, when a peer may be unwell or experiencing an allergic reaction and seek help from a member of staff.
- Respond calmly and appropriately in an emergency, following the direction of staff.

3.15 The level of awareness and responsibility expected of each learner will be considered individually and will reflect their developmental stage, cognitive and communication needs and emerging capacity for independence. The school will continually seek opportunities to develop these skills and understanding as part of each learner's journey towards greater autonomy and independence.

4.0 Identifying individuals at risk

4.1 Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to.

4.2 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**

4.3 Identifying learners at risk

4.4 We will:

- For new starters, prior to admission, ask parents/carers to complete a Safety Allergy Questionnaire Form 3 of learners after their place at the school has been confirmed, but before their first school day commences, to confirm any allergy the learner has and whether they carry medication. Where a learner 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.
- Wherever possible, we will host a face-to-face meeting with the parents or carers to ensure the questionnaire can be completed together to aid understanding.
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary.

4.5 We ask that parents/carers proactively inform us by either phone call to the school Tel: 01952 740262 or an email to mandypeever@overleyhall.com or bevdoran@overleyhall.com or contact the tutor if their child's medical needs change during the school year.

4.6 Identifying staff and visitors at risk

4.7 The school recognises that staff, volunteers, contractors and visitors may also have allergies and may carry prescribed emergency medication, including adrenaline auto-injectors. Where appropriate, staff and regular visitors will be given the opportunity to inform the school of any known allergies or relevant medical needs in advance, so that appropriate arrangements can be considered to support their safety while on site. Visitors will not be expected to disclose personal medical information unnecessarily; however, where an individual chooses to share information relevant to their safety, the school will respond appropriately and sensitively. Staff and visitors who carry emergency medication will be supported to retain access to their medication while on the school premises.

4.8 Contractors must comply with school allergy arrangements and must not bring food, substances or materials onto site where these create an identified allergy risk.

4.9 Staff and/or regular visitors may, if they wish, voluntarily complete the Allergy Safety Questionnaire 3 form to share any information they feel is relevant to their safety while on the school premises. The Visitors Information Sheet has also been adapted to encourage voluntary information sharing in relation to allergy safety and provides appropriate contact details should visitors wish to discuss any concerns or requirements with the school.

4.10 Individual Health and Medical Needs Plan (IHMNP)

4.11 Learners should have an IHMNP 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

4.12 It is not necessary for a learner to have a formal diagnosis of allergy for them to have an IHMNP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

4.13 The IHMNP will set out the additional and/or different arrangements that will be in place for supporting the learner. 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 start date for learners who are new to our school.

4.14 Not all children with an allergy will require an IHMNP. Some allergies will have little or no impact on the learner while they are at school, or pose no risk to the learner. Some allergies will not require arrangements which are additional to or different from those made generally.

4.15 The Headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a learner's allergy

can be managed through the adjustments made under the school's medical conditions policy or whether an IHMNP is required to specify arrangements that reflect the learner's circumstances.

4.16 The school will consider the following principles:

- If the arrangements or support which a learner requires would be available to any learner as part of normal policies, an IHMNP may not be required
- If the learner needs non-prescription medication or prescription medication an IHMNP will be required

4.17 IHMNP will be reviewed at least annually and more frequently if the learner's needs have changed. Where a learner moves on to a new school or college, their IHMNP will be shared as part of the transition.

4.18 Allergy and asthma action plans

4.19 All learners who have a known **allergy to a food or insect stings** should be issued with an appropriate **allergy action plan** by their healthcare professional.

4.20 All learners who have asthma should be issued with an **asthma action plan** by their healthcare professional.

4.21 The plans include medical and parental consent for staff to administer emergency/rescue medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

4.22 The allergy action plan and/or asthma action plan should be attached to the learner's IHMNP. Whenever the allergy action plan is updated, the learner's IHMNP should be reviewed to incorporate it.

4.23 Register of learners with known allergies

4.24 At Overley Hall School we keep a register of learners with known allergies. This information is shared with staff, and copies are held in the kitchen, Therapy Room, and in the Medication Room linked to our Medication Policy.

4.25 The school maintains a register of learners who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a learner has been prescribed ADs (and if so, what type and dose)
- Where a learner has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each learner to allow a visual check to be made **with parent consent**
- The register is kept and can be checked quickly by any member of staff as part of initiating an emergency response

4.26 Allowing all learners to keep their ADs with them will reduce delays and allows for confirmation of consent without the need to check the register. Individual risk assessments will consider the most effective ways of promoting positive outcomes.

5.0 Assessing risk

5.1 Allergy Risk Assessments

5.2 The school will conduct an individual risk assessment for any learner with a known allergy where an activity, environment or circumstance may increase the risk of exposure to their allergen. This will be particularly important for learners at risk of anaphylaxis or where exposure could result in a serious allergic reaction.

5.3 Risk assessments will be considered for, but are not limited to:

- Lessons and activities involving food, including food technology, cooking, baking and sensory activities.
- Science experiments or practical activities involving food, food substances or other known allergens.
- Art, craft and design activities involving food packaging, natural materials, latex or other substances that may contain or come into contact with known allergens.
- Activities involving animals, including animal handling, visits to farms, zoos or other animal-based experiences.
- Outdoor learning, gardening, forest school and activities where there may be exposure to plants, pollen, insects or other environmental allergens.

- Activities involving potential contact or airborne allergens, where relevant to an individual learner.
- Food provided by the school, including catering, snacks, celebrations and special events.
- Food brought into school by learners, staff, visitors or other individuals.
- Shared cooking, eating or food preparation environments where there may be a risk of cross-contamination.
- Educational visits, residential experiences, off-site activities and community-based learning.
- Transport arrangements where there may be a risk of exposure to an allergen.
- Visitors, volunteers, contractors or other individuals bringing animals, food or other potential allergens onto the school site.
- Circumstances where a visitor or member of the school community is accompanied by an assistance or guide dog, where a learner has a known animal allergy. Appropriate measures will be considered to support both the learner with an allergy and the individual requiring an assistance dog.
- Changes to the school environment, activities or routines that may introduce a new or previously unidentified allergen.
- Any other activity, environment or circumstance identified through a learner's IHMNP, allergy action plan, medical needs plan or individual allergy assessment as presenting a potential risk.

5.4 Risk assessments will be proportionate to the individual learner's needs and will seek to **reduce risk without unnecessarily restricting participation or excluding learners from activities alongside their peers**. Where a potential allergen is identified, staff will consider whether **reasonable alternative materials**, **arrangements** or controls can be introduced to enable the learner to participate safely.

5.5 Risk assessments will be reviewed following any allergic reaction, near miss, significant change in circumstances, change to medical advice or where a new activity or risk is identified.

6.0 Minimising risk

6.1 Hygiene procedures

6.2 The school recognises that good hygiene practices are an important part of reducing the risk of accidental allergen exposure and cross-contamination. Hygiene arrangements will be adapted to reflect the individual needs and abilities of our learners, with appropriate adult support provided where required.

6.3 The school will:

- Encourage and support learners to **wash their hands thoroughly with liquid soap and warm water before and after eating and before handling food**.
- Provide appropriate adult assistance with handwashing for learners who are unable to manage this independently.
- Ensure that **handwashing with soap and water is used to remove potential food allergens**; hand sanitiser will not be relied upon as a substitute where effective removal of allergens is required.
- Ensure that food preparation areas, tables and other food-contact surfaces are **cleaned thoroughly with warm soapy water** before and after food preparation and eating.
- Ensure that utensils, crockery, food preparation equipment and other reusable items are appropriately cleaned before being used by a learner with a known food allergy.
- Where appropriate, use **separate or thoroughly cleaned utensils and equipment** when preparing food for learners with allergies.
- Consider preparing food for learners with allergies **before other food**, where this is appropriate and forms part of the agreed allergy management arrangements.
- Ensure that food preparation equipment is not used interchangeably without appropriate cleaning where this could result in allergen transfer.
- Ensure that **food containers, lunch boxes, drinks bottles and utensils are clearly identified** and are not shared between learners.
- Maintain appropriate cleaning routines for areas where food is eaten, including removing food residue from tables, chairs and other surfaces.

- Give particular consideration to learners who may **mouth objects, touch their face or mouth frequently, require physical assistance with eating, have sensory-seeking behaviours or have limited awareness of hygiene and allergen risks**.
- Where learners require assistance with eating, ensure that staff follow appropriate **hand hygiene and personal care procedures before and after providing support**.
- Ensure that staff wash their hands between supporting different learners with food-related activities where there is a potential risk of allergen transfer.
- Ensure that food preparation and eating areas are kept appropriately separate from activities involving potentially allergenic materials where possible.
- Clean shared equipment, resources and surfaces where there is a reasonable possibility that food allergens could have been transferred onto them.
- Avoid using food packaging, containers or other materials that may contain traces of allergens in craft, sensory or other activities where this could create a risk.
- Ensure that any identified allergen contamination is **cleaned promptly and appropriately**, and that staff know how to report concerns or incidents.
- Ensure that cleaning arrangements are incorporated into relevant risk assessments and individual allergy management plans where additional controls are required.

6.4 The school will seek to ensure that hygiene measures are **proportionate to the individual learner's risk and needs**, while avoiding unnecessary restrictions on participation. Where a particular hygiene measure is required for an individual learner, this will be identified within their relevant risk assessment, Individual Healthcare Plan, Medical Needs Plan or allergy management arrangements.

6.5 Catering

6.6 Food Provision and Allergen Management

6.7 The school is committed to providing safe, appropriate and inclusive food options that meet the individual dietary and allergy-related needs of learners. Allergy safety

will be considered throughout the food journey, from menu planning and purchasing through to preparation, serving and consumption.

- Catering staff will receive appropriate **food safety and allergen awareness training** and will be able to identify learners with known food allergies and understand the arrangements required to support them safely.
- The school will work closely with its catering provider, where applicable, to understand and monitor the **allergen management controls and procedures** in place to ensure that food provision complies with relevant legislation and recognised food safety requirements.
- The school will maintain accurate and up-to-date information about learners' known food allergies and dietary requirements. Relevant information will be shared with catering staff on a need-to-know basis to ensure that appropriate meals can be safely provided.
- **School menus will be made available to parents/carers and learners**, wherever possible in advance, with appropriate ingredient and allergen information provided to support informed and safe choices.
- Catering staff will be available to discuss individual dietary requirements and allergy-safe meal provision with parents/carers and, where appropriate, relevant school staff.
- Where a learner has a diagnosed food allergy, the school will ensure that appropriate arrangements are in place to provide a suitable alternative meal where required. **Learners will not be unnecessarily excluded from meal provision or school activities because of an allergy.**
- Where changes are made to school menus, ingredients, suppliers or products, the school/catering provider will ensure that allergen information is reviewed and remains accurate. Changes will continue to meet the individual dietary and allergy-related requirements of learners.
- The **14 regulated allergens** will be appropriately identified in accordance with current food information legislation. Allergen information will comply with the relevant legal requirements for the type of food being provided and will follow current guidance from the **Food Standards Agency (FSA)**.
- Where food is provided by the school, relevant staff will be trained and confident in **reading and interpreting ingredient labels and allergen**

information, including identifying potential allergens and understanding where further clarification from the supplier may be required.

- Staff will not make assumptions about whether a food is safe for a learner with an allergy. Where allergen information is unclear, incomplete or unavailable, the food will **not be provided to the learner until its safety has been established**.
- Catering staff will follow appropriate **food hygiene and allergen management procedures** when storing, preparing, cooking and serving food to minimise the risk of allergen exposure and cross-contamination.
- Appropriate measures will be taken to prevent cross-contamination, including effective cleaning of food preparation surfaces and equipment, appropriate hand hygiene, safe storage of ingredients and appropriate management of utensils and serving equipment.
- Where appropriate, food for learners with allergies will be prepared separately or before other food, using appropriately cleaned equipment and utensils, in accordance with the individual learner's allergy risk assessment and the catering provider's allergen management procedures.
- Staff will consider the risk of **substitution or changes to ingredients**, including changes made by suppliers, and will ensure that allergen information is checked whenever ingredients or products change.
- Food supplied by parents/carers, including food for celebrations, special events or educational activities, will be subject to appropriate allergy safety arrangements and should not be provided to learners with known allergies without the necessary information and checks being undertaken.
- Learners will be supported, at a level appropriate to their individual cognitive, developmental and communication needs, to make safe food choices and understand relevant allergy safety arrangements. Where a learner is unable to make safe choices independently, appropriate adult support will be provided.
- Where there is uncertainty about the suitability of a particular food, the school will prioritise **learner safety and seek appropriate clarification** from the catering provider, parent/carer or healthcare professional as appropriate.
- Any concerns, incidents, suspected allergen exposure or near misses relating to food provision will be reported and reviewed, with learning used to strengthen food allergy management arrangements.

6.8 The school will work collaboratively with parents/carers, learners, catering staff, healthcare professionals and other relevant professionals to ensure that food provision supports both **allergy safety and inclusion**, enabling learners to participate as fully as possible in the social and educational aspects of mealtimes and food-related activities.

6.9 Insect bites/stings

6.10 The school recognises that some learners may have an allergy to insect bites or stings, which can result in a serious allergic reaction, including anaphylaxis. Appropriate measures will therefore be taken to reduce the risk of bites and stings, particularly for learners with a known allergy.

6.11 When outdoors, the school will:

- Encourage and support learners to **wear suitable footwear at all times**, particularly when walking or playing on grass or in areas where insects may be present.
- Keep **food and drinks covered** when not being consumed and clear away food and drink promptly after eating.
- Avoid leaving sweet drinks, food waste or food debris exposed outdoors, particularly where this may attract bees, wasps or other insects.
- Encourage learners not to disturb or approach **beehives, wasp nests or other insect nests**.
- Where practicable, avoid activities in areas where a significant number of stinging insects are present.
- Consider the timing and location of outdoor activities where there is a known increased risk of insect activity.
- Encourage learners to remain calm and **move away slowly** if insects are nearby rather than swatting at or provoking them.
- Ensure that learners with known severe insect-sting allergies have their **prescribed emergency medication readily accessible** during outdoor activities and that staff responsible for them know where it is located and how to respond in an emergency.

- Include insect exposure within individual risk assessments where a learner has a known allergy to insect bites or stings.
- Consider additional precautions for educational visits, residential activities, outdoor learning, gardening, sports and other activities where exposure to insects may be more likely.
- Ensure that staff are aware of the individual signs and symptoms of an allergic reaction for learners with a known insect-sting allergy, including any communication or behavioural changes that may indicate a reaction.

6.12 If a learner is bitten or stung:

- Staff will respond calmly and provide appropriate first aid in accordance with the learner's individual healthcare arrangements and relevant first-aid procedures.
- Staff will observe the learner for signs of an allergic reaction and follow the learner's **allergy action plan, Health and Medical Needs Plan or emergency medical instructions**, where applicable.
- Where a learner is prescribed an adrenaline auto-injector and develops symptoms of anaphylaxis, staff will follow the learner's emergency plan and administer adrenaline in accordance with their training and the relevant guidance.
- Emergency services will be contacted where anaphylaxis is suspected or where the learner's condition requires emergency medical assistance.
- Parents/carers will be informed in accordance with the school's medical emergency procedures.
- The incident will be recorded and, where appropriate, reviewed to determine whether any changes to the learner's risk assessment, healthcare plan or preventative measures are required.

6.13 For learners who are unable to independently recognise, avoid or communicate an insect bite or sting, staff will provide an appropriate level of supervision and support based on the learner's individual needs and risk assessment. The school will seek to develop learners' awareness of outdoor safety and appropriate responses wherever this is achievable within their individual cognitive, developmental and communication capabilities.

6.14 Animals

6.15 Animals and Allergen Contamination

6.16 The school recognises that contact with animals, including dogs, horses, cats and other animals, may present a risk to learners with known animal allergies. Appropriate measures will therefore be taken to reduce the risk of direct exposure and subsequent transfer of allergens.

- Learners and staff will be encouraged and supported to **wash their hands thoroughly with soap and water after handling or having close contact with animals**, and before eating or engaging in activities involving food.
- Where appropriate, learners will also be supported to **avoid touching their face or mouth** following contact with animals until their hands have been washed.
- Where a learner requires physical support following animal contact, staff will consider appropriate hand hygiene measures to reduce the risk of transferring allergens.
- Staff will consider the potential for allergens to be transferred to **clothing, equipment, furniture and shared resources** following contact with animals.
- Where necessary, appropriate cleaning arrangements will be implemented following animal-related activities, particularly in areas subsequently used by learners with known animal allergies.
- Learners with a known animal allergy will have their individual needs and level of risk considered through an appropriate **allergy risk assessment and, where applicable, Health and Medical Needs Plan or allergy action plan**.
- Where an animal presents a significant risk to a learner, the school will consider whether the learner can safely participate through appropriate controls, such as increased distance, avoiding direct contact, alternative activities or additional supervision.
- **Learners will not be automatically excluded from animal-related activities solely because they have an animal allergy.** Participation will be considered on an individual basis, taking account of the nature and severity of the allergy, healthcare advice and the risks associated with the particular activity.

- Where it is not possible to manage the risk to an acceptable level, an appropriate alternative activity will be provided to ensure the learner can continue to participate in the wider learning experience.
- Where animals are brought onto the school site by visitors, staff or external providers, consideration will be given in advance to whether this could create an allergy risk for any learner.
- Particular consideration will be given to **assistance and guide dogs**, balancing the needs and rights of the person requiring the assistance dog with the health and safety needs of learners with animal allergies.
- Staff will be aware of the individual signs and symptoms of an allergic reaction for learners with known animal allergies and will follow the learner's emergency arrangements where a reaction occurs.

6.17 The school will seek to balance **allergy safety, inclusion and participation**, using proportionate controls wherever possible rather than unnecessarily restricting learners' access to animal-related learning and experiences.

6.18 Visits and trips

- No learners 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 learners' allergies and to have received appropriate training
- The school will conduct a risk assessment for any learner at risk of anaphylaxis taking part in a school trip
- Learners 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)

7.0 Procedures for handling an allergic reaction

7.1

- 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 learner has an allergy action plan, this must be followed.
- A spare school AD device will only be used if:

- The learner does not have a prescribed AD
- The learner's prescribed AD are not available or misfire

7.2 Supporting a Learner Experiencing Anaphylaxis

7.3 Anaphylaxis is a medical emergency. If anaphylaxis is suspected, staff should act immediately and follow the learner's individual allergy action plan and the school's emergency procedures.

7.4 DO

- **Stay calm and reassure the learner.**
- **Recognise the signs of anaphylaxis** and treat the situation as an emergency. Signs may include difficulty breathing, wheezing, swelling of the tongue or throat, difficulty swallowing, dizziness, collapse, confusion or becoming pale and clammy.
- **Administer the learner's prescribed adrenaline without delay** if anaphylaxis is suspected, in accordance with their allergy action plan and staff training. Do not delay treatment while waiting for symptoms to become more severe.
- **Call 999 immediately** after adrenaline has been administered and clearly state that the learner is experiencing **anaphylaxis**.
- **Keep the learner lying down**, ideally with their legs raised, unless they are having difficulty breathing. If breathing is difficult, they may need to sit up slowly, but should not stand.

- **Stay with the learner** and continuously monitor their condition until emergency services arrive.
- **Send someone to retrieve the learner's second adrenaline device**, where available.
- If symptoms have **not improved after 5 minutes, or worsen**, administer a second adrenaline auto-injector where one is available and in accordance with the learner's emergency plan.
- If the learner becomes unconscious but is breathing, place them in the **recovery position** and continue to monitor them.
- If the learner stops breathing or shows no signs of life, **commence CPR and follow emergency-service instructions**.
- Provide the ambulance crew with the learner's **allergy action plan, medication and relevant medical information** where possible.
- Record the incident and ensure that parents/carers and relevant school staff are informed in accordance with the school's medical emergency procedures.
- Following the incident, **review the learner's allergy risk assessment and healthcare arrangements** to identify any changes or learning required.

7.5 DO NOT

- **Do not wait to see whether the reaction gets worse** before administering adrenaline if anaphylaxis is suspected.
- **Do not rely on an antihistamine as an alternative to adrenaline** for anaphylaxis. Adrenaline is the first-line emergency treatment.
- **Do not leave the learner alone.**
- **Do not allow the learner to stand, walk or run**, even if they begin to feel better. Sudden changes in posture can cause a dangerous drop in blood pressure.
- **Do not allow the learner to walk to another room or location** to receive their medication. Emergency medication should be brought to them.
- **Do not assume that improvement following adrenaline means the emergency is over.** The learner still requires emergency medical assessment.

- **Do not delay calling 999** while waiting to see whether adrenaline has worked.
- **Do not give food or drink** to a learner who is experiencing anaphylaxis, particularly if they are having difficulty swallowing or breathing.
- **Do not attempt to make the learner vomit** if the reaction has followed ingestion of an allergen.
- **Do not move the learner unnecessarily** unless required for immediate safety or to provide emergency treatment.
- **Do not administer medication that is not authorised or prescribed for the learner**, unless specifically covered by the school's emergency medication arrangements and appropriate guidance.

7.6 Remember - If in doubt, treat suspected anaphylaxis as an emergency.

7.7 ADRENALINE → CALL 999 → LIE DOWN → STAY WITH THE LEARNER → SECOND DOSE AFTER 5 MINUTES IF REQUIRED

7.8 The learner must receive **urgent medical assessment following an anaphylactic reaction**, even if their symptoms improve after adrenaline.

8.0 Adrenaline devices (ADs)

8.1 Prescribed Adrenaline Devices (ADs)

8.2 Learners who are prescribed an adrenaline device (AD) should, wherever their age, developmental stage and individual circumstances allow, be encouraged to keep their devices **with them or in close proximity at all times**. This includes during the journey to and from school, lessons, mealtimes, outdoor activities, physical education, residential provision and educational visits. Current clinical advice recommends that individuals at risk of anaphylaxis carry **two adrenaline devices at all times**, as a second dose may be required. (GOV.UK)

8.3 Where a learner is not able to safely carry their own AD because of their age, cognitive or developmental needs, or other individual circumstances, the school will

ensure that the devices are stored in an **appropriate, secure but readily accessible location**. Storage arrangements will ensure that:

- the devices are **unlocked and accessible at all times when required**;
- they are normally **no more than five minutes away** from the learner or the location where they may be needed;
- relevant staff know where the devices are stored and how to access them;
- the devices are kept at the temperature recommended by the manufacturer and protected from direct sunlight and extremes of temperature;
- access is maintained when the learner is moving around the school, including during lessons, mealtimes, outdoor activities, PE and other activities;
- arrangements are in place to ensure immediate access during educational visits, residential experiences and other off-site activities;
- arrangements are in place for the learner to have access to their prescribed devices during their journey to and from school; and
- where appropriate, duplicate arrangements are considered for different areas of the school to ensure that access is not unnecessarily delayed.

8.4 School-specific arrangements:
8.5 Prescribed ADs will be stored in the room where the learner is in a specified unlocked cupboard within a clearly labelled plastic container. Spares will be stored in the Medication Room in an unlocked cupboard.

8.6 Where a learner is able to carry their own prescribed AD safely and appropriately, this will be encouraged as part of the school's commitment to developing **independence and autonomy**. Where this is not currently possible, staff will provide the necessary support and arrangements will be reviewed as the learner's skills and circumstances develop.

8.7 A **current Allergy Action Plan** will be held alongside, or be immediately accessible with, the learner's medical information and will clearly identify the circumstances in which the prescribed AD should be used. Allergy Action Plans should form part of the learner's Individual Health and Medical Needs Plan where an IHMNP is in place. (GOV.UK)

8.8 Parents/carers and expiry dates

8.9 Parents/carers will be responsible for ensuring that individually prescribed ADs supplied to the school are **in date, appropriately labelled and replaced before expiry**. Where prescribed ADs are routinely taken home at the end of the school day, parents/carers will be responsible for ensuring that the learner has their required devices available for the journey to and from school and that they are returned to school as required.

8.10 Where an AD is approaching its expiry date, the school will notify the parent/carer so that a replacement can be obtained. The school will maintain appropriate records of expiry dates and will undertake periodic checks to identify devices requiring replacement.

8.11 Where a learner's AD is required to remain at school because of their individual needs, the school will agree appropriate arrangements with parents/carers to ensure that **the required number of in-date devices are available at all times**.

8.12 Recording and monitoring

8.13 The school will maintain an up-to-date **Allergy and Adrenaline Device Register** identifying learners who have been prescribed an AD. The register will include, as appropriate:

- learner's name and class/group;
- known allergen(s);
- whether the learner has an Allergy Action Plan and/or Individual Healthcare Plan;
- type and prescribed dose of AD;
- number of devices provided to school;
- location of the learner's prescribed ADs;
- expiry date(s);
- date the devices were received and checked;
- arrangements for access during off-site activities and travel;
- relevant staff who have responsibility for supporting the learner; and

- dates of relevant staff training.

8.14 The register will be reviewed regularly and whenever there is a **change to a learner's allergy, medication, healthcare plan, prescribed device or arrangements for accessing their medication**.

8.15 Any use of a prescribed AD, suspected allergic reaction, medication error or near miss will be recorded in accordance with the school's incident-reporting procedures and reviewed to identify any learning or changes required to the learner's individual arrangements.

8.15 Spare ADs and inhalers
8.16 Current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices.

8.17 Overley Hall School will purchase adrenaline auto-injectors as spare devices. These will be kept in pairs in the cupboard above the sink, out of direct sunlight.

8.18 Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device.

8.19 If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school’s spare AAIs may be used in an emergency.

8.20 Overley Hall School will purchase emergency asthma reliever inhaler which can only be used if the learner’s prescribed inhaler is not available and where written consent has been obtained. Reliever inhalers will kept in the Staffroom in a clearly labelled plastic container in a cupboard.

8.21 The Allergy Safety Lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

8.22 These will be purchased at the request from the Headteacher on letter-headed paper

ADs will be sourced from Tesco Pharmacy on the Wrekin Retail Park.

8.23 Two spares of each dosage will be kept in storage as spares, they will be stored in pairs.

8.24 As published on page 11 of the AAI guidance the dosages stored will be:

- **For children age 6-12 years**: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).
- **For teenagers age 12+ years**: a dose of 300 or 500 microgram (Emerade 500) can be used.

8.25 Spare ADs will be stored:

- In the staffroom which is a 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. They will be kept in a clearly labelled plastic container in the cupboard above the sink which is at room temperature and protected from direct sunlight and extremes of temperature.

8.26 Spare AAIs will be kept:

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

8.27 Dee Marshall and Lorna Deakin are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near

8.28 Disposal

8.29 ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions via Wellington Pharmacy in line with the Medication Policy.

8.30 Using spare ADs in an emergency situation without prior consent

8.31 The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

8.32 The school will obtain advance consent from parents/carers or learners for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

8.33 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.

8.34 Use of ADs off school premises

8.35 Learners at risk of anaphylaxis who are able to self-administer adrenaline should carry their own adrenaline auto-injectors (ADs) during school trips and off-site events. Where this is not possible, the staff member responsible for the learner should carry and have immediate access to their ADs.

- A supply of spare ADs will be taken on all school trips and off-site events.
- The number of spare ADs will be based on the number of pupils attending and the nature of the activity.
- Emergency arrangements will be reviewed as part of the risk assessment for each trip or off-site event.
- Spare ADs will be kept securely with the designated first-aid/emergency equipment.
- A named member of staff will be responsible for checking that the spare ADs are present before departure.
- Staff will know where the spare ADs are stored and how to access them in an emergency.
- Spare ADs will be checked regularly to ensure they are in date, charged/ready for use, and in good working order.

9.0 Serious incidents and ‘near misses’

9.1 Definitions

9.2 A **serious incident** is any event relating directly to a medical condition (including allergy) in which a learner, 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.

9.3 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.

9.4 Incident recording

9.5 The school will record serious incidents and ‘near misses’ relating to allergy safety as soon as is feasible. The incident will be recorded through Behaviour Watch, including the following information:

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

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

9.7 Incident reporting

9.8 The parents/carers/social workers of all learner’s will be notified of the incident or ‘near miss’ as soon as possible.

9.9 The school will share the report with the learner’s parents, the learner or the individual involved where appropriate. 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.

9.10 In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the learner is at home. This means that incident reporting is not limited to staff – the learner, 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.

9.11 Staff will always share the incident report with Mandy Peever, the school designated leader responsible for medical conditions and allergies. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the learner's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

9.12 The school will also share the report with other agencies in the following circumstances:

9.13 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 learner has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

9.14 Overley Hall School operates as a food business To the local authority: any allergen-related food safety incidents will be informed in line with how to report a food safety issue.

9.15 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.

10.0 Allergy awareness

10.1 Staff training

10.2 The school ensures that all staff expected to be present during times when learners are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

10.3 This includes all staff and adults who may have responsibility for, or regular contact with, learners, including:

- Permanent staff
- Temporary staff
- Bank staff
- Staff employed through a service level agreement, including therapists
- Peripatetic staff
- Regular volunteers

10.4 It does not include contractors carrying out work with no learner-facing role such as builders, electricians or other ad hoc maintenance personnel.

10.5 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.

10.6 Allergy awareness training will ensure that all staff:

10.7 Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it

10.8 Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

10.9 Understand the difference between food allergy, coeliac disease and food intolerance

10.10 These can be described as:

Condition	What happens?	Typical symptoms	How serious can it be?
Food allergy	The immune system mistakenly reacts to a food protein.	Hives, swelling, vomiting, wheezing, breathing difficulties, dizziness or collapse.	**Can be life-threatening** and may cause anaphylaxis.
Coeliac disease	The immune system reacts to **gluten**, damaging the lining of the small intestine. It is an autoimmune condition, not a food allergy.	Diarrhoea, abdominal pain/bloating, fatigue, weight loss, constipation or poor growth. Some people have few or no obvious symptoms.	Usually not an immediate emergency, but ongoing gluten exposure can cause significant long-term health problems.
Food intolerance	The body has difficulty digesting or processing a particular food or ingredient. It does **not usually involve the immune system**.	Bloating, abdominal pain, diarrhoea, nausea and other digestive symptoms.	Generally **not life-threatening**, although symptoms can be significant.

10.11 Know where to find information on allergy triggers

10.12 Can identify the range of symptoms of allergic reactions

10.13 Understand and can recognise anaphylaxis

10.14 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

10.15 Understand the impact allergy can have on a learner's wellbeing

10.16 Understand the school's allergy safety policy

10.17 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

10.18 Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens

10.19 Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.20 Training will include face-to-face training/guidance, and accredited online training. Staff will be expected to read the Allergy Safety Policy and complete a quiz

satisfactorily. Staff will be expected to fully participate in lessons learned from near misses or incidents.

10.21 Awareness of allergy safety policy
10.22 This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

10.23 All staff should be aware of and understand the policy as part of annual allergy awareness training.

10.24 The school will promote developing understanding of allergy using individualised using individualised programmes, assemblies, curriculum opportunities and awareness events.
10.25 A source of information and guidance can be found at Allergy School

11.0 Wellbeing

11.1 We are aware our learners with allergies can experience anxiety, frustration, bullying and may also suffer from depression relating to their allergy. Staff must consider what procedures you can put in place to support their mental health and wellbeing, in line with your Wellbeing Policy and Pathway, Counter Bullying Policy and our Behaviour Support Policy.

11.2 Learners with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their tutor, team around them and the Therapists.
- Reassurance that steps are being taken to minimise the risks of exposure to allergens 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 Support Policy.

11.3 Wellbeing support following an incident or 'near miss'

11.4 The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the learner but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

11.4 The school will support staff involved in any incident or ‘near miss’.

12.0 Information sharing and Confidentiality

12.1 The school recognises that information about a learner's allergy is health information and is therefore **special category personal data**. Allergy information will be handled in accordance with the UK GDPR, Data Protection Act 2018 and the school's data protection policies.

12.2 The school will:

- Keep allergy information confidential and ensure it is only accessed or shared where there is a legitimate need to know.
- Ensure that staff who have responsibility for a learner, or who may need to respond to an allergic reaction, have access to the relevant information needed to keep the learner safe.
- Ensure that appropriate allergy information is available to relevant staff during lessons, mealtimes, activities, trips and off-site events.
- Share information with catering staff, therapists and other professionals where this is necessary to safely manage the learner's allergy and is appropriate to their role.
- Ensure that information shared is relevant, accurate and proportionate to the purpose for which it is being shared.
- Avoid discussing a learner's medical information in public areas or where it may be overheard by others.
- Ensure that paper and electronic records containing allergy information are stored securely and handled in accordance with the school's data protection procedures.
- Ensure that temporary, bank, peripatetic and other relevant staff are provided with the information they need to safely support learners with allergies.
- Ensure that parents/carers are informed about how their child's allergy information is collected, used and shared.
- Review allergy information regularly and update records when there are changes to a learner's allergy, medication or emergency arrangements.

- Ensure that information is not shared more widely than is necessary, while recognising that **protecting a learner from the risk of an allergic reaction may require relevant information to be shared with appropriate staff**.

12.3 The school will balance the learner's right to privacy and confidentiality with its duty to take reasonable steps to protect learners from foreseeable harm. Where information needs to be shared to ensure a learner's safety, this will be done appropriately and in accordance with the school's data protection arrangements.

Following any serious allergy-related incident, the Allergy Safety Lead will consider, with the DSL, whether the incident raises wider safeguarding considerations (e.g., non-engagement with prescribed medication, medical neglect), in line with KCSIE 2026."

13.0 Monitoring arrangements

13.1 Annual Allergy Safety Audit

13.2 The school will undertake an annual Allergy Safety Audit to evaluate the effectiveness of its allergy management arrangements and identify areas for improvement.

13.3 The audit will be coordinated by the Allergy Safety Lead and reported to the Headteacher, the Health and Wellbeing Team and the SAS Team, with findings shared with the board.

13.4 The audit will consider:

- The accuracy and completeness of the Allergy Register.
- Whether all learners requiring a Health and Medical Needs Plan (HMNP) have a current plan in place.
- Whether Allergy Action Plans are current and available to relevant staff.
- Whether prescribed adrenaline devices, spare adrenaline auto-injectors and emergency inhalers are in date and appropriately stored.
- Compliance with staff training requirements.
- The effectiveness of arrangements for educational visits, residential experiences and off-site activities.

- Catering and allergen management arrangements.
- The effectiveness of information-sharing processes.
- Any allergy-related incidents, reactions, medication errors or near misses.
- Feedback from learners, parents/carers and staff.
- Compliance with this policy and associated procedures.

13.5 Where the audit identifies areas requiring improvement, an action plan will be developed, implemented and monitored by the Allergy Safety Lead and Headteacher.

13.6 The findings of the audit will be used to inform future policy reviews, staff training requirements, risk assessment arrangements and the ongoing development of allergy safety practice across the school.

13.7 This policy will be monitored by the allergy safety lead and Headteacher.

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

13.9 To ensure the highest standards, we will carry out:

- An annual policy audit
- Termly medication checks
- Training compliance monitoring
- Incident trend analysis
- Annual review of allergy register

13.10 The school will annually audit:

- Allergy register accuracy
- AAI expiry dates
- Staff training completion
- Healthcare plans
- Risk assessments
- Incident records
- Catering arrangements

14.0 Links to other policies

14.1 This policy links to the following policies and procedures:

- Health and safety policy
- Supporting learners with medical conditions policy
- School food policy
- Data Protection Policy
- Behaviour Support Policy
- Child Protection and Safeguarding Policy
- Counter Bullying and Pathway

Appendix 1

Parent/Carer Allergy and Allergen Information Questionnaire 3

Overley Hall School

Purpose of this questionnaire

The health, safety and wellbeing of our learners is of the utmost importance to us. This questionnaire enables the school to gather the information needed to understand and safely support a learner with an allergy or suspected allergy.

Please provide as much information as possible and inform the school of any changes to your child's allergy, medication or medical advice.

Where your child has an allergy action plan, Individual Healthcare Plan (IHP), emergency plan or other medical guidance provided by a healthcare professional, **please provide a current copy to the school**.

Please provide as much information as possible. Please read the school's Allergy Safety Policy carefully.

Appendix 2

Allergy Safety Questionnaire

Overley Hall School

1. Learner details

Learner's name: _____

Date of birth: _____

Class/group: _____

Date questionnaire completed: _____

Parent/carer completing questionnaire: _____

Relationship to learner: _____

2. Allergy information

Does your child have a diagnosed allergy?

☐ Yes
☐ No
☐ Suspected allergy / currently undergoing investigation
☐ Previously diagnosed allergy which is no longer considered active

If yes, please provide details of all known allergies:

Allergen Confirmed diagnosis? Known severity/risk

Please describe the allergen(s) your child must avoid:

_____

_____

Are there any known related or cross-reactive allergens that your healthcare professional has advised you to avoid?

☐ No

☐ Yes – please provide details:

---

3. Diagnosis and medical advice

Has your child been assessed by a GP, allergy specialist or other healthcare professional?

☐ Yes
☐ No
☐ Currently awaiting assessment

If yes, please provide details of the healthcare professional/service, where appropriate:

Date of most recent allergy review: _____

Is further assessment or review planned?

☐ No
☐ Yes – please provide details:

---

4. Allergy Action Plan / Individual Healthcare Plan

Does your child have an allergy action plan?

☐ Yes
☐ No
☐ Currently being arranged

If yes:

Date of action plan: _____

Review/expiry date, if applicable: _____

Name of healthcare professional/service that provided the plan:

Please provide a current copy of the allergy action plan to the school.

☐ Copy attached
☐ Copy previously provided to school
☐ Copy will be provided

Does your child have an Individual Healthcare Plan (IHP)?

☐ Yes
☐ No
☐ Currently being developed

If yes, is the IHP current?

☐ Yes
☐ No – please contact me to discuss

5. Symptoms and signs of an allergic reaction

Please describe your child's usual signs and symptoms following exposure to their allergen.

Mild/moderate symptoms

☐ Rash/hives

☐ Itching

☐ Swelling

☐ Redness

☐ Abdominal pain

☐ Nausea

☐ Vomiting

☐ Diarrhoea

☐ Other:

Severe symptoms / anaphylaxis

Please identify any symptoms your child has previously experienced:

☐ Difficulty breathing
☐ Wheezing/coughing
☐ Swelling of the mouth, lips, tongue or throat
☐ Difficulty swallowing or speaking
☐ Dizziness/collapse
☐ Pale, floppy or unusually sleepy
☐ Loss of consciousness
☐ Other:

Are there particular signs or changes in behaviour that may indicate an allergic reaction for your child?

This is particularly important where your child may communicate distress or illness in a non-verbal or individual way.

Are there any symptoms that may be difficult for your child to communicate to staff?

---

6. Previous allergic reactions

Has your child ever experienced an allergic reaction?

☐ No
☐ Yes

If yes, please provide details of the most significant reaction:

What caused the reaction?

What symptoms did your child experience?

When did this occur?

Was emergency treatment required?

☐ No
☐ Yes – please provide details:

Has your child ever experienced anaphylaxis?

☐ No
☐ Yes

If yes, please provide details and ensure the school has a current allergy action plan.

7. Medication and adrenaline auto-injectors

Has your child been prescribed an adrenaline auto-injector (AAI)?

☐ No
☐ Yes

If yes, please provide details:

Brand/type: _____

Number prescribed: _____

Dose: _____

Expiry date(s): _____

Where are the prescribed AAIs normally kept?

Does the school hold a spare/emergency AAI for your child, where appropriate?

☐ Yes
☐ No
☐ To be discussed

Does your child have any other prescribed medication for their allergy?

☐ No
☐ Yes

If yes:

Medication: _____

Dose: _____

When/how should it be administered?

Please provide the relevant prescription/medication instructions and ensure medication supplied to school is within its expiry date.

8. Ability to recognise and communicate an allergic reaction

Please help us understand how your child communicates when they are unwell or experiencing distress.

How does your child usually communicate pain, discomfort or illness?

Can your child recognise and tell an adult that they have been exposed to an allergen?

☐ Yes, independently
☐ Sometimes
☐ With support
☐ No

Are there particular words, signs, gestures, communication aids or behaviours that staff should look for?

Are there any communication strategies that staff should use during an emergency?

---

9. Food and dietary requirements

Does your child's allergy require specific dietary arrangements?

☐ No
☐ Yes

If yes, please describe the dietary requirements:

Does your child need to completely avoid the allergen?

☐ Yes
☐ No
☐ Please follow healthcare professional's advice

Is there a risk from traces or cross-contamination?

☐ No
☐ Yes
☐ Unsure

Has a healthcare professional provided specific advice about cross-contamination?

☐ No
☐ Yes – please provide details:

Are there any foods that your child particularly needs to avoid because they may contain the allergen?

Are there any foods your child can safely eat which may be helpful for staff to know?

---

10. Non-food allergens

Does your child have an allergy to any non-food substance?

☐ No
☐ Yes

If yes, please provide details:

☐ Medication
☐ Latex
☐ Insect stings/bites
☐ Cosmetics/skin products
☐ Cleaning products
☐ Animal exposure
☐ Pollen/environmental allergens
☐ Other:

Please describe any precautions that need to be taken:

---

11. School activities and environment

Are there any particular school activities or environments that may present an increased risk for your child?

☐ Cooking/food technology
☐ Art/craft materials
☐ Science
☐ Outdoor learning
☐ Physical activity/sport
☐ Animals
☐ Gardening
☐ Residential provision

☐ Educational visits
☐ Travel/community activities
☐ Other:

Please provide any specific precautions or adjustments you would recommend:

---

12. Educational visits and residential provision

Can your child's allergy be safely managed during educational visits and residential experiences?

☐ Yes
☐ Yes, with specific arrangements
☐ Please discuss with me

Are there any additional precautions required when your child is away from school?

Are there any circumstances in which additional medication, adrenaline auto-injectors or adult support would be required?

Are there any particular environments, foods, activities or locations that should be avoided?

---

13. Independence and learner involvement

We recognise that learners have different cognitive, developmental and communication needs. We aim to support each learner to develop an appropriate level of awareness, independence and autonomy in relation to their allergy.

How aware is your child of their allergy?

☐ Fully aware
☐ Partially aware
☐ Developing awareness
☐ Limited awareness
☐ Unable to understand/manage this independently

Can your child recognise their allergen?

☐ Yes

☐ Sometimes

☐ With support

☐ No

Can your child recognise or communicate that they are becoming unwell?

☐ Yes

☐ Sometimes

☐ With support

☐ No

Can your child use their adrenaline auto-injector independently?

☐ Yes

☐ With support

☐ No

☐ Not applicable

Are there particular skills you would like school to support your child to develop in relation to their allergy?

14. Emergency contacts

Primary contact

Name: _____

Relationship to learner: _____

Telephone number: _____

Secondary contact

Name: _____

Relationship to learner: _____

Telephone number: _____

Is there anyone else who should be contacted in an emergency?

15. Important additional information

Is there anything else you feel the school needs to know to safely support your child?

Are there any particular concerns or anxieties your child has regarding their allergy?

Is there anything that has worked particularly well for your child at home or in previous settings?

---

16. Parent/Carer declaration

I confirm that the information provided is accurate and complete to the best of my knowledge.

I understand that it is my responsibility to inform the school promptly of any changes to my child's allergy, medication, treatment, emergency arrangements or medical advice.

I understand that the school may need to share relevant information with staff and appropriate professionals where this is necessary to safely support my child.

Parent/carer name: _____

Signature: _____

Date: _____

School Use Only

Questionnaire received: _____

Allergy Action Plan received:

☐ Yes ☐ No ☐ Not applicable ☐ Requested

Individual Healthcare Plan required:

☐ Yes ☐ No ☐ To be determined

IHP completed/reviewed: _____

Medication/AAI received:

☐ Yes ☐ No ☐ Not applicable

Medication/AAI expiry dates recorded:

☐ Yes ☐ No ☐ Not applicable

Staff informed/trained as required:

☐ Yes ☐ No ☐ Action required

Individual allergy risk assessment required:

☐ Yes ☐ No

Catering informed:

☐ Yes ☐ No ☐ Not applicable

Residential team informed:

☐ Yes ☐ No ☐ Not applicable

Educational visits arrangements considered:

☐ Yes ☐ No ☐ Not applicable

Information entered onto appropriate school system/register:

☐ Yes ☐ No

Review date: _____

Responsible staff member: _____

Additional actions required:

Appendix 3

Allergy Safety Quick Guide for Staff

Prevent

✅ Know which learners have allergies and where to access their Allergy Action Plan and IHMNP.

✅ Follow individual risk assessments and agreed control measures.

✅ Promote effective handwashing and hygiene practices.

✅ Never assume food is safe. Always check allergen information.

✅ Ensure learners have timely access to prescribed medication.

✅ Consider allergies during activities, educational visits, food preparation, outdoor learning and special events.

✅ Report concerns, incidents and near misses promptly.

Recognise

Possible signs of an allergic reaction:

Mild to Moderate Symptoms

- Itching
- Rash or hives
- Redness
- Swelling of lips, face or eyes
- Nausea
- Vomiting
- Abdominal pain

Signs of Anaphylaxis (Medical Emergency)

- Difficulty breathing
- Wheezing or persistent cough
- Swollen tongue
- Swollen throat
- Difficulty swallowing
- Hoarse voice

- Dizziness
- Collapse
- Pale or clammy appearance
- Loss of consciousness

If in doubt, treat as an emergency.

Respond

Suspected Anaphylaxis

1. Administer adrenaline immediately.
2. Call 999 and state: "Anaphylaxis."
3. Keep the learner lying down where possible.
4. Stay with the learner.
5. Retrieve the second adrenaline device.
6. Give a second dose after 5 minutes if symptoms continue or worsen.
7. Inform parents/carers.
8. Record and report the incident.

Remember

ADRENALINE → CALL 999 → LIE DOWN → STAY WITH THE LEARNER → SECOND DOSE AFTER 5 MINUTES IF REQUIRED

Never:

❌ Wait for symptoms to worsen.

❌ Leave the learner alone.

❌ Assume antihistamines can replace adrenaline.

❌ Allow the learner to walk around.

❌ Delay calling emergency services.

Appendix 4

Allergy Responsibilities Summary for New Staff, Agency Staff and Visitors

Allergy Safety Responsibilities Summary

Overley Hall School is committed to protecting learners, staff and visitors from avoidable allergic reactions whilst promoting inclusion, participation and independence.

What You Need to Know

Before working with learners, you must:

- Read the Allergy Safety Policy.
- Identify learners in your area who have known allergies.
- Know where emergency medication is stored.
- Know how to summon emergency assistance.
- Be familiar with relevant Allergy Action Plans and Health and Medical Needs Plans.

Your Responsibilities

You are expected to:

- Follow all allergy safety procedures.
- Follow relevant risk assessments.
- Promote appropriate hygiene practices.
- Avoid sharing food, drinks or medication.
- Remain vigilant during food-based activities.
- Report concerns, incidents and near misses.
- Seek advice if unsure.

If You Suspect Anaphylaxis

Act immediately.

1. Send for help.

2. Administer adrenaline without delay.
3. Call 999.
4. Stay with the learner.
5. Follow the learner's Allergy Action Plan.
6. Inform senior leaders and complete incident reporting procedures.

Do not wait for symptoms to get worse before taking action.

Reporting Concerns

Any allergy-related concern, reaction, medication error or near miss must be reported immediately to:

Allergy Safety Lead: Mandy Peever

Headteacher: Bev Doran

Prompt reporting helps the school learn from incidents and improve safety for all learners.

Key Principle

The safety of the learner always comes first. If you are unsure whether a reaction may be anaphylaxis, seek immediate assistance and treat the situation as an emergency.

Be aware and understand:

- **Section 13.1** Annual Audit
- **Appendix 2** Allergy Safety Quick Guide for Staff
- **Appendix 3** Allergy Responsibilities Summary for New Staff, Bank Staff and Visitors

Appendix 5

Salbutamol Inhaler Permission Form

Overley Hall School

Learner Details

Name:

Date of Birth:

Tutor Group:

Medical Information

My child has been prescribed a Salbutamol inhaler by a healthcare professional for the treatment of asthma and/or wheezing.

Name of Medication: Salbutamol Inhaler

Dosage (as prescribed):

Frequency/Instructions:

Parental Consent

I give permission for my child named above to:

☐ Carry and self-administer their Salbutamol inhaler whilst at school (where appropriate and agreed with the school).

☐ Have their Salbutamol inhaler administered or supervised by trained school staff if required.

☐ Have the inhaler used in an emergency situation in accordance with the school's supporting pupils with medical conditions policy and Allergy Safety Policy.

I confirm that:

- The medication has been prescribed for my child.
- The inhaler is clearly labelled with my child's name.
- I will ensure the medication is in date and replaced when necessary.
- I will inform the school of any changes to my child's medical needs or medication.

Emergency Contact Details

Parent/Carer Name:

Relationship to Child:

Telephone Number:

Alternative Emergency Contact:

Telephone Number:

Healthcare Information

GP Surgery:

GP Telephone Number:

Known Asthma Triggers (if applicable):

Parent/Carer Declaration

I confirm that the information provided on this form is accurate and complete.

Parent/Carer Signature:

Print Name:

Date:

School Use Only

Date Received: Staff Member: Signature: Date:

Additional notes:

Appendix 6

The 14 Regulated Allergens

1. Celery (including celeriac) [gov.uk]
2. Cereals containing gluten (such as wheat, rye, barley and oats) [gov.uk]
3. Crustaceans (such as prawns, crab and lobster) [gov.uk]
4. Eggs [gov.uk]
5. Fish [gov.uk]
6. Lupin [gov.uk]
7. Milk [gov.uk]
8. Molluscs (such as mussels, oysters and squid) [gov.uk]
9. Mustard [gov.uk]
10. Peanuts [gov.uk]
11. Sesame [gov.uk]
12. Soybeans (Soya) [gov.uk]
13. Sulphur dioxide and sulphites (above specified levels) [gov.uk]
14. Tree nuts (including almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts, pistachios and macadamia nuts) [gov.uk]

Key Message

All staff who handle, serve, supervise, or prepare food should:

- Know which pupils have diagnosed allergies.
- Never guess ingredient information.
- Check labels and allergen information before providing food.
- Prevent cross-contamination where food is prepared or served.
- Know the school's emergency response procedures for allergic reactions and anaphylaxis. [gov.uk]

Reminder

When in doubt, check. Never assume a food is allergen-free. **A mistake can result in a life-threatening allergic reaction.**

Appendix 7

ALLERGY ACTION PLAN

Pupil Information

Pupil Name:

Date of Birth:

Year Group/Class:

Photograph: (Attach recent photograph)

Known Allergens:

- _____
- _____
- _____

Type of Reaction: ☐ Mild Allergy ☐ Severe Allergy (Anaphylaxis)

Additional Medical Conditions (e.g. Asthma):

_____

_____

Emergency Contacts

Parent/Carer 1

Name:

Relationship:

Telephone:

Parent/Carer 2

Name:

Relationship:

Telephone:

Alternative Emergency Contact

Name:

Telephone:

Allergy Symptoms

Mild to Moderate Reaction

The pupil may experience:

☐ Itchy skin or rash

☐ Hives (raised red rash)

☐ Swollen lips, face or eyes

☐ Stomach pain

☐ Nausea or vomiting

☐ Tingling mouth

☐ Sneezing or runny nose

Action Required

1. Stay with the pupil.
2. Alert a First Aider and School Office.

3. Administer prescribed antihistamine if included in medical plan.
4. Monitor carefully.
5. Contact parent/carer.
6. If symptoms worsen, follow the Anaphylaxis Procedure below.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Signs of Anaphylaxis

The pupil may have one or more of the following:

☐ Difficulty breathing

☐ Wheezing

☐ Persistent coughing

☐ Swollen tongue

☐ Swollen throat

☐ Difficulty speaking or swallowing

☐ Sudden hoarse voice

☐ Dizziness or collapse

☐ Pale, floppy or unconscious state

IMMEDIATE ACTION

1. Administer Adrenaline Auto-Injector (AAI)

(EpiPen®, Jext®, Emerade® or prescribed device)

Time Given: _____

2. Call 999 Immediately

State:

"A child is experiencing ANAPHYLAXIS and adrenaline has been administered."

3. Contact Parents/Carers

4. Keep Pupil Under Constant Observation

- Lay flat where possible.
- If breathing is difficult, they may sit up.
- Do not allow them to walk around.

5. Give a Second AAI

If symptoms do not improve after 5 minutes and a second injector is available.

Time Given: _____

6. Send to Hospital

The pupil must always be assessed by medical professionals after anaphylaxis, even if symptoms improve.

Location of Medication

Adrenaline Auto-Injector(s)

Location:

Antihistamine Medication

Location:

Spare Emergency Medication

Location:

School Control Measures

The following strategies are in place:

☐ Staff informed of allergy

☐ Photograph displayed in appropriate locations

☐ Catering team informed

☐ Classroom controls implemented

☐ Risk assessment completed

☐ Educational visits considered

☐ Medication checked regularly

☐ Staff trained in AAI administration

Staff Training Record

Staff Member	Training Date	Signature

Review Information

Plan Created:

Review Date:

Healthcare Professional (if applicable):

Parent/Carer Signature:

Headteacher/Designated Lead Signature:

Quick Staff Reminder

If in doubt, administer the Adrenaline Auto-Injector and call 999. Delayed treatment can increase the risk of serious outcomes. Staff should follow the pupil's individual healthcare plan and emergency procedures. Food businesses and schools must be aware of the 14 regulated allergens and ensure staff receive appropriate allergen training. [gov.uk], [gov.uk]

Appendix 8

Overley Hall Schools approach to writing and maintaining the Allergy Action Plan, Who is Responsible?

The Allergy Action Plan is the responsibility of Healthcare, but it is also a **shared responsibility**, with different roles for **healthcare professionals, parents, and the school**.

In practice

Healthcare professionals are responsible for:

- Diagnosing the allergy.
- Assessing the severity of risk.
- Prescribing medication (for example, an Adrenaline Auto-Injector).
- Providing clinical advice about symptoms, treatment, and emergency response. [gov.uk], [assets.pub...ice.gov.uk]

Parents/carers are responsible for:

- Informing the school of the allergy.
- Providing up-to-date medical information and medication.
- Working with the school to develop the plan. [gov.uk], [assets.pub...ice.gov.uk]

The school is responsible for:

- Making arrangements to support pupils with medical conditions.
- Developing and implementing Individual Health and Medical Needs Plans (IHMNPs) where appropriate.
- Ensuring staff are aware of and can follow the agreed plan.
- Providing training and maintaining safe procedures

Who writes the Action Plan?

The Department for Education's guidance describes the Individual Health and Medical Needs Plan as being developed **collaboratively**, involving the school, parents, the pupil (where appropriate), and relevant healthcare professionals. The school usually coordinates and holds the plan, but the clinical content should be informed by healthcare professionals.

For your school

A sensible approach is:

The school creates and maintains the Allergy Action Plan/IHMNP using information supplied by parents and healthcare professionals, with final agreement from all parties.

This ensures the school owns the operational plan while avoiding staff making independent clinical decisions.

Appendix 9

Example - Model Individual Allergy Risk Assessment

Example of a highly individualised individual risk assessment where the learner has a **history of anaphylaxis, ASD, SLD and who is non-verbal**.

The risk assessment should sit alongside the Individual Health and Medical Needs Plan (IHMNP)

Individual Allergy Risk Assessment

Learner Details	Information
Learner Name	Peter Jarvis (example)
Date of Birth	08/09/2014
Class	Oak Class
Condition	Severe Peanut Allergy
Previous Incidents	Two episodes of anaphylaxis requiring administration of Adrenaline Auto-Injector and hospital admission
Additional Needs	ASD, SLD, Non-Verbal
Communication Method	Observable indicators, gestures, familiar adult interpretation, showing early signs of using a communication book
Medication	EpiPen x 2, Antihistamine
Assessment Date	10/06/2026
Review Date	09/06/2027 or following any incident

Summary of Risk

Area	Assessment
Hazard	Exposure to peanuts or peanut-containing products resulting in anaphylaxis
Risk Level Before Controls	Very High
Risk Level After Controls	Medium
Persons at Risk	Learner, peers, staff administering support

Individual Risk Assessment for Peter Jarvis (Example)

Hazard / Activity	Risk Identified	Existing Controls	Further Actions Required	Responsible Person
Meal times in dining hall	Learner accidentally receives food containing peanuts	Individual allergy profile held in kitchen. Catering manager informed. Meal checked by two adults before serving. Learner supervised throughout meal	Continue double-check procedure and termly review with catering team	Catering Manager / Class Tutor
Taking food from peers	Learner has limited understanding of danger and may take food from others	Direct adult supervision at all meal and snack times. No food sharing rule in class. Seating plan used	Review supervision ratios if behaviour changes	Class Team
Non-verbal communication	Learner unable to report symptoms of allergic reaction	Staff trained to recognise non-verbal indicators including distress, facial redness, scratching, coughing, behavioural escalation and swelling	Include allergy indicators in Communication Passport Observable indicators regularly updated	SENDCo/Tutor Teacher
Educational visits	Exposure to unknown foods or allergens in community	Pre-visit risk assessment. Parent consultation. Packed lunch provided by school. EpiPens carried by trained staff.	Named first aider assigned for each visit	Educational Visit Leader

Hazard / Activity	Risk Identified	Existing Controls	Further Actions Required	Responsible Person
		Emergency procedures shared with all adults		
Cooking activities	Accidental use of allergen ingredients	Ingredient checks completed before activity. Allergy-safe ingredients used. Separate equipment where required	Review all food technology plans each term	Class Teacher
Sensory activities	Contact with allergen through sensory trays, play materials or messy play	Materials checked prior to use. No food-based sensory activities involving peanuts. Staff supervision throughout	Maintain approved activity list	Class Team
Community fundraising events	Foods brought into school may contain allergens	Parents informed of allergy restrictions. Foods not shared unless checked and approved	Reinforce guidance before events	Leadership Team
Staff absence	Agency or supply staff unaware of allergy	Allergy information included in class information file. Medical alert displayed discreetly in classroom. Verbal briefing provided	Monitor compliance	Class Teacher

Hazard / Activity	Risk Identified	Existing Controls	Further Actions Required	Responsible Person
Transition around school	Learner may access discarded food items	Close supervision during movement. Premises checked regularly. Food waste promptly removed	Include in lunchtime supervision briefing	Site Team / Class Team
Pica or mouthing behaviours (if applicable)	Increased risk of ingesting unknown substances	Continuous supervision. Environmental checks. Individual Behaviour Support Plan implemented	Review after any incident	Behaviour Lead
Emergency response	Delay in treatment may result in life-threatening reaction	Two EpiPens available at all times. Staff trained annually. Emergency Action Plan displayed securely. Telephone access available	Conduct termly emergency drills	Headteacher/Medical Lead

Early Warning Signs Specific to This Learner

Because the learner is non-verbal, staff should not expect the learner to tell them they feel unwell.

Possible Sign	Action
Sudden distress or panic	Check for possible allergen exposure and monitor closely
Repeated scratching of face or neck	Assess for allergic reaction
Redness around mouth	Follow healthcare plan
Persistent coughing	Seek immediate assistance
Changes in breathing pattern	Treat as potential anaphylaxis
Swelling of lips, tongue or eyes	Administer emergency medication as directed
Sudden lethargy or collapse	Treat as medical emergency

Emergency Procedure

Step	Action
1	Stay with learner and summon assistance immediately
2	Assess symptoms against Individual Healthcare Plan
3	Administer Adrenaline Auto-Injector if anaphylaxis suspected
4	Call 999 and state: "Child experiencing anaphylaxis. Adrenaline administered."
5	Contact parents/carers
6	Monitor continuously until ambulance arrives
7	Administer second injector after 5 minutes if symptoms persist and prescribed
8	Complete incident report and review risk assessment

Additional Reasonable Adjustments

Need Identified	Adjustment
Difficulty understanding risk	Visual supports and social stories around safe food practices
Reliance on adults	Continuous supervision during eating activities
Changes in routine causing anxiety	Allergy arrangements included in transition planning
Limited communication	Staff trained to recognise individual signs of illness and distress
High dependence for personal care	All staff supporting learner familiar with healthcare plan

Headteacher/SENDCo Assurance

This learner requires:

- Individual Health and Medical Needs Plan.
- Allergy Action Plan.
- Named trained staff in all settings.
- Enhanced supervision during eating activities.
- Specific risk assessment for educational visits.
- Annual emergency medication training.
- Immediate review following any allergic reaction.

Appendix 10

INDIVIDUAL ALLERGY RISK ASSESSMENT TEMPLATE

Learner Details

Learner Details	Information
Learner Name	
Date of Birth	
Class/Form Group	
Allergy/Allergies	
History of Anaphylaxis	Yes / No
Date of Last Reaction	
Additional Needs (e.g. ASD, SLD, PMLD, MLD)	
Communication Method	
Prescribed Medication	
Healthcare Plan in Place	Yes / No
Risk Assessment Date	
Review Date	
Assessor	

Summary of Risk

Area	Assessment
Hazard	
Potential Outcome	
Risk Level Before Controls	
Risk Level After Controls	
Persons at Risk	

Individual Allergy Risk Assessment for:

Hazard / Activity	Risk Identified	Existing Controls	Further Actions Required	Responsible Person
Meal Times				
Snack Times				
Food Preparation Activities				
Cooking Lessons				
Sensory Activities				
Play Times				
Educational Visits				
Community Access Activities				
School Transport				
Class Celebrations / Parties				
Transition Around School				
Contact with Other Pupils' Food				
Supply / Agency Staff Awareness				
Medication Storage and Access				
Emergency Response				
Other Identified Risks				
Other				
Other				

Individual Signs and Symptoms

Known Symptoms Previously Displayed

Symptom	Observed Previously (Y/N)	Notes
Rash/Hives		
Swelling of Lips		
Swelling of Face		
Swelling of Tongue		
Itching/Scratching		
Coughing		
Wheezing		
Breathing Difficulties		
Distress/Anxiety		
Behavioural Change		
Lethargy		
Collapse		
Other		

Non-Verbal Indicators (if applicable)

Behaviour/Presentation	Action Required

Medication Information

Medication	Location	Expiry Date	Responsible Staff
Adrenaline Auto-Injector 1			
Adrenaline Auto-Injector 2			
Antihistamine			
Other			

Emergency Procedure

Step	Action
1	Stay with learner and seek assistance immediately
2	Assess symptoms against Individual Healthcare Plan
3	Administer medication in accordance with medical guidance
4	Call 999 if anaphylaxis is suspected
5	Contact parents/carers
6	Continue monitoring until emergency services arrive
7	Record incident and inform senior leadership
8	Review risk assessment and healthcare plan following incident

Reasonable Adjustments

Need Identified	Adjustment Required
Communication	
Supervision	
Curriculum Access	
Educational Visits	
Dining Arrangements	
Environmental Controls	
Sensory Needs	
Behaviour Support	
Other	

Staff Awareness and Training

Requirement	Completed	Date
Staff Briefed on Allergy		
Healthcare Plan Read		
Anaphylaxis Training Completed		
Adrenaline Auto-Injector Training Completed		
Catering Team Informed		
Educational Visit Team Briefed		

Review Following Incident or Change in Circumstances

Date	Incident/Change	Action Taken	Reviewed By

Sign Off

Role	Name	Signature	Date
Parent/Carer			
Class Teacher			
SENDCo			
Medical Lead			
Headteacher			

Review Frequency

☐ Termly
☐ Annually
☒ Immediately following any allergic reaction, medication change or significant change in needs.