Allergy Awareness Policy

This policy has been approved by a member of School Committee
and Education & Pastoral Sub-Committee

Ackworth school is committed to creating a safe and inclusive environment for pupils, staff, and visitors with allergies. We recognise that allergies can be life-threatening and require robust prevention, awareness, and emergency response arrangements.

This policy meets the legal requirements introduced through **Benedict's Law** under the *Children's Wellbeing and Schools Bill* and follows the Department for Education's statutory guidance *"Supporting children and young people with medical conditions and allergy"* (effective from September 2026).

This policy applies to:

- All pupils with diagnosed or suspected allergies
- All staff (teaching, support, lunchtime, transport, caretaking)
- Contractors, volunteers, and visitors.

Contents

Appendices

1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and Guidance

- **Benedict's Law** (Section 72, Children's Wellbeing and Schools Bill)
- **DfE Statutory Guidance on Medical Conditions and Allergy** (2026) [anaphylaxis.org.uk]
- **Equality Act 2010** (reasonable adjustments for disabled pupils, including those with severe allergies)
- **Health and Safety at Work Act 1974**

3. Roles and Responsibilities

A whole school approach is taken in regards Allergy awareness and management in school.

The Allergy Lead is: Tom Norris
The School Nurse is: Laura Broom
The School Committee Member with responsibility for allergies is: Nikki Armstrong

Role holders are reviewed annually and updated immediately on staffing changes

3.1 The Committee (Governing Body)

- Ensure the school has a **published, reviewed allergy policy**
- Ensure compliance with statutory allergy duties and complies with government legislation.

3.2 Allergy Lead

The nominated allergy lead is Tom Norris. They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Ensuring:
  i. All allergy information is up to date and readily available to relevant members of staff
  ii. All pupils with allergies have an allergy action plan completed by a medical professional
  iii. All staff receive an appropriate level of allergy training
  iv. All staff are aware of the school's policy and procedures regarding allergies
  v. Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.3 School Nurse

The school nurse is responsible for:

- Recording and collating allergy and special dietary information for all relevant pupils
- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead
- Ensuring Policy is up to date

3.4 Teaching and Support Staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Attend mandatory annual allergy awareness and management training.

3.5 Catering Staff

All catering staff should:

- Be familiar with pupils **documented food allergies** and relevant Individual Healthcare Plans (IHPs)
- Follow **strict food safety and allergen-control procedures** at all times
- Never assume a food is safe without checking ingredient information
- Treat all allergy information as **safety-critical**

3.6 All Staff

All staff should:

- Maintain awareness of our allergy policy and procedures
- Be able to recognise the signs of severe allergic reactions and anaphylaxis
- Be aware of specific pupils with allergies
- Attend mandatory annual allergy awareness and management training.

3.7 Parents/Carers

Parents/carers are responsible for:

- Being aware of our school's allergy 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
- Where applicable, provide their child with two in-date adrenaline auto-injectors and any additional medications (e.g., inhalers, antihistamines), ensuring all items are replaced promptly before expiry.
- Carefully considering any food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.8 Pupils with Allergies

Senior School pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Being open and honest with peers and staff about their allergies
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.9 Pupils without Allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Assessing Risk

The school recognizes that pupils with allergies may be at risk of serious harm, including anaphylaxis. A structured and proactive approach is taken to identify, assess and minimize risks across all areas of school life.

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

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

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Risk assessments consider:

- The likelihood of allergen exposure
- The severity of the pupil's allergic reaction

- The ability to control or eliminate the allergen
- The supervision levels required
- Emergency response arrangements

5. Managing risk

5.1 Hygiene Procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food or drink is not allowed
- Pupils have their own named water bottles

5.2 Catering

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

- Catering staff receive annual online training. School nurse will provide additional face to face training.
- Catering staff can identify pupils with allergies

Allergen Management and Communication

School menus are available for parents/carers to view with ingredients clearly labelled.

Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils.

Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices.

Allergen information labelling will follow all **legal requirements** that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

Catering staff must check **ingredient labels** for the 14 UK declarable allergens every time (including recipe or supplier changes)

Never substitute ingredients without authorisation and updated allergen checks

Prevent **cross-contamination** by:

- Using dedicated utensils, surfaces, and equipment where required
- Cleaning hands, surfaces, and equipment thoroughly before and after use
- Storing allergen-free foods separately and clearly labelled

5.3 Food Restrictions

It is recognised that maintaining a completely allergen-free school environment is not feasible. However, pupils and staff are encouraged to avoid bringing in high-risk foods where possible, to minimise the likelihood of allergic reactions.

These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4 Insect Bites/Stings

Any child known to have an allergy to insect bites or stings should have their prescribed medication in school and within 5 minutes of where they are. An IHCP will be completed by school nurse and parent.

The school will take reasonable steps to reduce the risk of insect bites and stings, particularly for pupils with known allergies to insect venom.

- Staff should be aware of pupils with known insect sting allergies and their care plans.
- Extra vigilance during outdoor activities, trips, sports days, and warmer weather.
- Pupils should be discouraged from approaching, handling, or disturbing insects or nests.

Environmental Controls

- Regular inspection of school grounds for nests (e.g. wasps, bees, ants).
- Prompt professional removal of any identified nests.
- Keeping outdoor areas, bins, and eating spaces clean and free from food waste.
- Ensuring lids are used on rubbish bins and emptied regularly.
- Avoiding planting insect-attracting plants near frequently used areas where possible.

Food and Drink Management

- Pupils should consume food and drinks in designated areas where supervision is available.
- Sweet foods and drinks should be kept covered when outdoors.

- Outdoor eating areas should be checked and cleaned immediately after use.

Personal Precautions
Pupils are encouraged to:
- Wear shoes outdoors (avoid barefoot walking on grass).
- Avoid bright clothing and strong fragrances that may attract insects.
- Keep arms and legs covered where practical during high-risk periods.

Where appropriate (and with parental consent), insect repellent may be applied:
- Parents should provide suitable repellent for their child.
- Staff will supervise application in line with school medicine procedures.

5.5 Animals
All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.

Pupils with animal allergies will not interact with animals.

5.6 Support for Mental Health
The school recognises that living with allergies can impact a pupil's emotional wellbeing, confidence, and sense of safety. The school are committed to providing a supportive environment that promotes both physical safety and positive mental health.

Pupils with allergies will have additional support through:
- Pastoral care
- Regular check-ins with a trusted adult
- The wellbeing hub
- The school nurse

5.7 Events and School Trips
For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part

The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training

All children with known allergies must have 2 in date AAI's with them when on a school trip.

5.8 Individual Health Care Plans

- An Individual Healthcare Plan (IHCP) ensures that individuals with medical needs receive appropriate care and support. It provides clear guidance for staff on managing health conditions safely and effectively.
- All children with a known allergy should have a IHCP alongside an allergy action plan.
- If a child with an allergy is asthmatic, they will require an asthma action plan.
- An IHCP will be developed between school nurse and parents/Pupil (dependant on age)
- IHCPs are reviewed at least annually and sooner after any reaction, medication change, or parental update.
- IHCPs are stored in a secure online file and can be easily shared with relevant staff.
- Allergy alerts (with photo where appropriate) are available to staff
- The Allergy Lead completes a termly IHCP audit.
- Each IHCP must include the following details:

Personal Information

- Full name
- Date of birth
- Photograph (if appropriate)
- Emergency contacts

Medical Condition

- Name and description of the condition/allergy
- Triggers or known causes (if applicable)

Signs and Symptoms

- Early warning signs
- Typical symptoms
- Signs of deterioration or emergency
- Medication and Treatment
- Name of medication(s)
- Dosage and administration instructions
- Storage requirements
- Expiry dates

Emergency Procedures

- Step-by-step actions to take in an emergency
- When to call emergency services (999 in the UK)
- Use of specialist equipment (e.g. inhalers, EpiPens)

6. Procedures for Handling an Allergic Reaction

6.1 Pupils with AAIs

The school maintains a record of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis.

The information required is:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (Type and dose)
- Parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil.
- There is information with photographs for all pupils prescribed AAI. Information is accessible and can be checked quickly by any member of staff as part of initiating an emergency response
- All pupils with prescribed AAI in Senior school should carry 2 with them.

In Coram House, pupils with prescribed AAI should have their AAI's close by. An allocated place will be provided by class teacher and all staff know where it is. AAI's to be taken with the pupils as they move around the site.

6.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

Mild/Moderate Reaction:
Signs and Symptoms.

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

Action Needed

- Stay with person, call for help if needed
- Locate AAI
- Give antihistamine:

ANAPHYLAXIS
Signs and Symptoms
Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

Breathing

- Difficult or noisy breathing
- Wheeze or
- Persistent cough

Consciousness

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

ACTION NEEDED

- Lie flat with legs raised (if breathing is difficult, allow person to sit)
- Use Adrenaline autoinjector without delay
- Dial 999 for ambulance and say ANAPHYLAXIS (“ANA-FIL-AX-IS")
- Stay with the child/young person until an ambulance arrives, do NOT stand them up.
- Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
- If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.
- Commence CPR if there are no signs of life

7. Adrenaline Auto-Injectors (AAIs)

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- AAI’s will be purchased by the school nurse from medical supplier or local pharmacy.
- School will stock AAIs in pairs as recommended in 2026 DfE guidance. These will be kept in central points, and all staff will be made aware of where these are.
- Currently the AAI’s kept in school are EpiPen and EpiPen Jr.

7.2 Storage (of both spare and prescribed AAIs)

- The allergy lead will make sure all AAIs are:
- Stored at room temperature (in line with manufacturer’s guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff always have access, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use always
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAI’s to be stored in Garden Villa, Kitchens, Boarding House and Coram house reception.

- Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

- The school nurse is responsible for checking monthly that:
- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

- AAIs can only be used once.
- Used and expired AAI's to be disposed of in sharp bin which are kept in Garden Villa.

7.5 Use of AAIs off School Premises

Pupils at risk of anaphylaxis who can administer their own AAIs should carry their own AAI with them on school trips and off-site events.

For Pupils in Coram House or those unable to self-administer, the trip leader should take charge of AAI. They should be kept no further than 5 minutes away from the pupil.

7.6 Emergency Anaphylaxis Kit

From September 2026 under Benedict's law, it is mandatory for all schools to stock Spare AAI's. These are not to replace prescribed AAI's and are for emergency use.

The school holds an emergency anaphylaxis kit.
This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A record of when AAIs have been administered

8.Incident Reporting

- All allergic reactions, suspected exposures, near misses, and use of antihistamines/AAIs must be recorded on the school's Incident/Medical Log **the same day**.
- The Allergy Lead conducts a **48-hour debrief** after any moderate/severe reaction (or AAI use) to identify root causes, corrective actions, and required communications.

- Actions are logged, assigned to owners, and reviewed until closed. A termly summary (anonymized) is reported to School Committee (Governing Body).

9. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies.
- It is mandatory that all staff are trained annually – This will be delivered face to face by the school nurse.
- New staff will be provided with allergy awareness and management training as part of their induction.
- Training completion is recorded centrally
- Staff must demonstrate competency in recognising anaphylaxis and administering AAIs (practical drill or assessment) at least annually. Refresher briefings are provided for high-risk events (e.g., trips, sports days).

10. Boarding House Arrangements.

- In boarding, allergy response arrangements apply **24/7**.
- Night and duty staff are trained annually in anaphylaxis recognition and AAI administration and can access AAIs **immediately** without delay.
- Each boarding house maintains a clearly marked emergency AAI location and a backup location; locations are communicated at induction and displayed in the staff office.
- Night staff carry a charged phone/radio and follow the anaphylaxis call protocol (999 → duty manager → parents). A post-incident handover is completed before the end of shift.

Medication records and Handover

Any administration of allergy medication (including antihistamines and AAIs) must be recorded on the Medical Administration Record (MAR) within ISAMs to time, dose, route, reason, staff signature, and outcome.

Boarding/duty staff complete a written handover noting any allergy-related events, new risks, or expiring medication. The School Nurse audits MAR entries **termly** for completeness and trends."

11. Data Protection

Confidentiality: Medical/allergy information is handled confidentially and shared on a need-to-know basis to keep pupils safe.

- Records are stored securely in line with data protection requirements

- Photographs and alerts are used only for safeguarding and emergency response purposes

12. Safeguarding
Allergy management is part of the school's duty of care.

Any failure to follow this policy, repeated near misses, or concerns about a pupil's safety in relation to allergens must be reported via the school safeguarding/welfare procedures and investigated promptly.

13. Links to other policies
This policy links to the following policies and procedures:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- School Food Policy
- BSACI guidelines.
- Thomas Franks Allergen and Dietary Requirements Procedure for Schools V 4.0 UK 11/03/2026

Appendix A: Emergency Anaphylaxis Action Flowchart (Adrenaline First)

Recognise Anaphylaxis (Life-Threatening Signs)

- Airway swelling (tongue, throat, difficulty speaking/swallowing)
- Breathing difficulty (wheeze, shortness of breath)
- Dizziness or collapse

STEP 1: Give Adrenaline Immediately

Administer auto-injector (EpiPen/Jext/Emerade) into outer mid-thigh without delay. Record time given.

STEP 2: Call 999

Dial 999 and clearly state 'Anaphylaxis'.

STEP 3: Position

Lay flat with legs raised. Sit upright if breathing is difficult. Recovery position if unconscious. Do not allow standing or walking.

STEP 4: Monitor

Stay with the person and monitor breathing and responsiveness continuously.

STEP 5: After 5 Minutes

If no improvement, give a second adrenaline injection.

STEP 6: Ongoing Care

Maintain airway and be prepared to start CPR if necessary.

STEP 7: Handover

Provide times of injections, symptoms observed and known allergies to emergency services.

Key Policy Statements:

- **Adrenaline must be given immediately at first signs of anaphylaxis.**
- **Do NOT delay giving adrenaline to call emergency services.**
- **A second dose can be given after 5 minutes if no improvement.**
- **All cases must be transferred to hospital.**