Allergy Safety Policy and Plan

The Vyne Community School

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1. Introduction

1.1. Statement of Intent

The Vyne Community School is committed to ensuring the safety and wellbeing of all students, staff, visitors and members of the wider school community who have allergies. We recognise that allergies can have a significant impact on health, wellbeing, attendance, and participation in education.

This policy outlines the measures in place to minimise the risk of exposure to allergens, allergic reactions, including anaphylaxis, and to ensure an effective emergency response.

The school cannot guarantee an allergen-free environment; however, it will take all reasonable steps to reduce exposure, promote awareness and ensure staff are trained to respond appropriately.

This policy complies with **Benedict's Law (Children's Wellbeing and Schools Act 2026)** and **DfE "Allergy Safety in Schools" (2026)**.

Parents/carers must work with the school to identify allergens, provide medical documentation and ensure medication is supplied and in date.

1.2. Aims

- To minimise the risk of allergic reactions in school.
- To ensure staff can recognise and respond to allergic reactions, including anaphylaxis.
- To ensure statutory compliance with Benedict's Law, including annual staff training, spare AAIs and robust incident review.
- To support students with allergies so they can participate fully in school life and ensure they are not disadvantaged in any way.

1.3. Definitions

Allergy: An abnormal immune response to normally harmless substances (allergens). Symptoms range from mild (itching, sneezing, rash) to severe (anaphylaxis).

Anaphylaxis: A sudden, severe, life-threatening allergic reaction affecting airway, breathing or circulation (ABC). Requires immediate adrenaline via an AAI. Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Common UK **allergens** include peanuts, cereals containing gluten, tree nuts, sesame, milk, egg, fish, latex, insect venom (stings), pollen and animal dander (shed by animals with fur, hair or feathers), drugs such as penicillin and aspirin.

Important: Around 20% of serious allergic reactions in children occur in school, including in students with no prior diagnosis.

Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Intolerance to foods or ingredients that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is a lifelong autoimmune condition to gluten, found in rye, barley and wheat.

1.4. Legislation and Guidance

This policy has due regard to:

- Benedict's Law (2026)
- Children and Families Act 2014
- Human Medicines (Amendment) Regulations 2017
- Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE "Supporting Pupils at School with Medical Conditions"
- DfE "Allergy Safety in Schools" (2026)

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Educational Visits Policy
- Data Protection Policy
- Safeguarding Policy, Behaviour and Anti-Bullying Policies
- Allergen & Anaphylaxis Risk Assessment

2. Procedures and Practice

The Vyne School recognises that allergies vary in severity and require consistent, whole-school management.

All staff receive annual allergy and anaphylaxis training, as required by Benedict's Law.

Training is provided at the beginning of the academic year and as new staff join through a mixture of practical face to face and online training.

Designated first aid staff are trained to recognise allergic reactions and administer AAIs. Staff receive updated allergy information at the start of each academic year and via daily briefings.

Students with allergies are not stigmatised or excluded from activities unless specified in their Individual Healthcare Plan (IHP).

2.1. Roles and Responsibilities

Headteacher

The headteacher has overall responsibility for implementing this policy and ensuring that appropriate systems are in place to safeguard students with allergies.

Responsible for:

- Overseeing the Implementation of this policy
- Ensuring staff receive training
- Ensuring First Aid training is implemented
- Ensuring Catering compliance and co-operation with school policies and procedures
- Communicating responsibilities to parents and students

Allergy Safety Lead – Assistant Headteacher (Tom Cradduck)

Responsible for:

- Implementing this policy and ensuring compliance with Benedict's Law
- Whole-school allergy safety
- Maintaining oversight of allergy records and Individual Healthcare Plans (IHPs)
- Ensuring staff training is completed and creating the overall culture of allergy awareness
- Risk assessments - ensuring allergies are included in all risk assessments and off site activities
- Emergency readiness - clear and robust response plan
- Monitoring allergy-related Incidents and near misses
- Annual policy publication, monitoring and review
- Liaising with parents, healthcare professionals, and external agencies where required.

Governor Lead – Henry Deacon

Responsible for:

- Ensuring statutory compliance ie policies, plans, procedures
- Monitoring allergy safety arrangements
- Monitoring annual staff training
- Reviewing the effectiveness of the policy annually

Admissions & Admin Team

Responsible for:

- Collecting allergy information via admissions pack/processes and other parent/carer, healthcare professionals communications throughout the year.
- Updating allergy information on student records on SIMS and sharing allergy information with relevant staff (including supply and temporary)

- Annual medical information updates issued to all parents at the start of each academic year.
- Ensuring allergy information is supplied to the Catering Manager.
- Sharing information with first aiders

First Aiders

Responsible for:

- Maintaining an up to date register of students with medical conditions including allergies.
- Maintaining, where voluntarily disclosed and necessary to support health and safety arrangements, records of staff and regular visitors with severe allergies.
- Maintaining a register of students with a prescribed AAI and record of use. The register includes :

  Name of pupil, their tutor, their known allergens, risk factors for anaphylaxis, whether medical authorisation has been received, whether written parental consent has been received, dosage requirements

- Conducting monthly AAI checks
- Storing Allergy Action Plans, Asthma Action Plans and/or Individual Healthcare Plans with medication
- Annually reviewing the Allergy register, associated Allergy Action Plans, Asthma Action Plans, and Individual Healthcare Plans with parents/carers or whenever there is a significant change in medical advice, diagnosis or treatment.
- Recording incidents or near misses and any emergency treatment given
- Checking medication kept at school is in date and send reminders to parents (although it is the parent/carers responsibility to ensure medication is in date)
- Supporting emergency response

Parents/Carers

Responsible for:

- Providing information about student medical conditions to include allergies and any medical documentation and any school management required
- Providing Allergy and/or Asthma Action Plans - to include previous serious allergic reactions, history of anaphylaxis, details of prescribed medication, specific control measures, and prevention
- Supplying in-date medication, clearly labelled and replace it when necessary
- Providing consent for spare AAI use
- Updating the school immediately if allergies change
- Raise any concerns with student's tutor

Staff

Responsible for:

- Following this policy and associated procedures
- Completing annual allergy training (in person & online National College 'Certificate in Allergy & Anaphylaxis'
- Supervising food-related activities safely
- Being aware of students in their care who have known allergies and familiarising themselves with allergy care plans where relevant
- Carrying out risk assessments for activities eg science experiments, cooking activities, crafts, special events such as culture dates taking into account student IHPs
- Ensuring students carry medication (AAI's/inhalers) on trips and offsite activities (sports fixtures)
- Ensuring that reciprocal placements include details of any medication that the student may need to have on them or take.
- Responding appropriately in emergencies
- Reporting allergy incidents and near misses

Students

Responsible for:

- Taking an active role in managing their allergies
- Avoiding known allergens or food with unknown ingredients
- Checking with Catering staff if unsure of ingredients or food labels
- Carrying AAIs, if prescribed, on person at all times
- Informing staff if they feel unwell or believe they have been exposed to an allergen
- Not sharing food with other students

Catering Manager & Catering Staff

Responsible for:

- Adhering to school policies
- Maintaining allergen logs
- Reporting any non-conforming food labelling to suppliers
- Ensuring PPDS compliance (Pre-Packed for Direct Sale)
- Carrying out all necessary staff training
- Preventing cross-contamination through correct food preparation and cleaning practices
- Labelling food accurately and making sure it is complete, correct, clearly legible
- Recording student allergy information on the catering system as soon as it is provided by the School
- Ensuring students with allergies/dietary needs are instantly identifiable on the catering system's biometric identifier

3. Food Allergies and Management

The School will work closely with its catering provider, Innovate, and families to manage food allergy risks.

Parents must provide a list of allergens that their child may have an adverse reaction to and any required actions.

Information regarding all students' food allergies will be collated and passed on to the school's Catering staff via the Admissions Assistant.

Menus and ingredient changes are checked for allergen safety.

Safe alternatives (e.g., dairy-free, gluten-free) are provided where possible.

All PPDS items must include full ingredient lists with allergens emphasised.

School menus to be made available on the school website and highlighted via the school eNewsletter.

School leaders will undertake suitable risk assessments and management arrangements for food brought onto the premises by students, staff, visitors and parents. Particular consideration will be given to celebrations, fundraising events, food technology lessons, cultural events, educational visits and any activity involving the preparation and sharing of food.

4. Food Allergen Labelling

Innovate Catering must comply with all the legal requirements of Natasha's Law.

PPDS labelling follows Natasha's Law and clearly list the 14 legally recognised allergens:

- Cereals containing gluten (e.g., wheat, barley, rye, spelt)
- Crustaceans
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Nuts (tree nuts)
- Celery
- Mustard
- Sesame
- Sulphur dioxide/sulphites (>10mg/kg or 10mg/L)
- Lupin
- Molluscs

Innovate Catering will maintain strong communication with suppliers and any incorrect labelling results in immediate withdrawal and reporting.

5. Animal Allergies

Students with animal allergies will not be exposed to triggering animals.

Handwashing is required after contact.

Antihistamines may be administered if included in a student's IHP.

6. Seasonal Allergies

Seasonal allergies include common outdoor triggers such as pollen and insect bites. The school will take reasonable steps to minimise exposure to these allergens.

- Grass will not be mown while students are outside.
- Indoor spaces are offered during high pollen periods.
- Wasps, bee or ant nests are reported to the Site Manager for safe removal.
- Immediate medical attention is provided for stings in allergic students.

7. Minimising Risk

The Vyne School will take reasonable measures to reduce the likelihood of exposure to known allergens.

Measures include:

- Maintaining accurate allergy records
- Informing relevant staff of allergy risks.
- Considering allergy risks during lesson planning and special events.
- Promoting good hygiene practices, including handwashing.
- Cleaning eating areas appropriately, and in line with guidance.
- Conducting individual risk assessments where necessary.

Curriculum activities

Staff planning activities involving food, animals, science experiments, art materials, cooking ingredients or other potential allergens will consider allergy risks beforehand, for example the use of cereal packets in junk modelling.

Suitable alternatives and reasonable adjustments will be provided where appropriate to ensure students are not excluded.

Airborne and contact allergens

The Vyne School recognises that not all allergies are food related. Where a student has a known allergy to airborne or contact allergens, such as pollen, animal dander, dust mites, latex, fragrances, chemicals or other environmental allergens, the School will implement reasonable measures to minimise exposure.

These measures will consider:

- Adjustments to classroom seating arrangements.
- Restrictions on the use of specific products or materials.
- Enhance cleaning arrangements.
- Consideration of allergens during curriculum activities.
- Additional supervision or risk management measures where necessary.

Any specific arrangements required will be recorded within the student's Individual Healthcare Plan and supported by individual risk assessments where appropriate.

8. Allergy Action Plans & Individual Healthcare Plans (IHPs)

Parents must provide BSACI Allergy Action Plans, prepared with a relevant health professional.

Students must not attend school or trips without essential medication (see 12 below).

All staff working with a student with allergies must know where emergency medication is stored and understand the emergency procedure.

All medical support, including administering medication, will be in accordance with the Supporting Pupils with Medical Conditions Policy.

An Individual Healthcare Plan will be developed for students where:

- Their allergy has a functional impact within the school environment.
- They are at risk of harm because of their allergy and they require arrangements that are additional to or different from those provided generally.

IHPs will set out:

- The student's allergy and known triggers.
- Symptoms requiring action.
- Preventative measures.
- Medication arrangements, including storage.
- Any reasonable adjustments required.
- Emergency procedures.
- Staff responsibilities.
- Educational visits arrangements.
- How the student's wellbeing will be supported, including how they will be supported to participate fully in school life.

Where provided, Allergy Action Plans and Asthma Action Plans will be attached to or referenced within the IHP.

Plans will be reviewed at least annually and following any significant reaction, or following changes to treatment or diagnosis.

9. Prescribed Adrenaline Devices (ADs) or Auto-Injectors (AAIs)

Students prescribed ADs/AAIs will have rapid access to their medication at all times. The school will ensure that students prescribed adrenaline devices are **never more than five minutes from access** to those devices during the school day, on educational visits and during extracurricular activities.

This includes enabling rapid access:

- In classrooms.
- During break and lunch periods.
- On sports fields.
- During educational visits.
- During extracurricular activities.

Medication storage locations will be known to all relevant staff and clearly identified.

The ADs/AAIs will be located in the Admin Office and clearly labelled.

The school will maintain records of:

- Students prescribed ADs/AAIs.
- The location of devices.
- Expiry dates.
- Relevant Action Plans.

Parents remain responsible for ensuring prescribed devices are supplied and replaced before expiry. Parents are encouraged to sign up for expiry date reminders on the device manufacturer website.

Where students routinely take prescribed ADs/AAIs between home and school, parents and carers remain responsible for ensuring the devices accompany the student each day and remain in date. Students are encouraged to keep their devices in their school bag, ensuring they have access to them when travelling to or from school.

The school will undertake termly checks of recorded expiry dates and notify parents and carers when replacement medication is required.

10. Spare Adrenaline Auto-Injectors

Students who suffer from severe allergic reactions and have prescribed AAI must carry two AAIs unless otherwise agreed.

The school stocks spare AAIs as required by Benedict's Law for administration as a substitute for a student's own prescribed AAI, if this cannot be administered without delay.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of students at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupil aged 12+: 0.3 or 0.5 milligrams of adrenaline

Spare AAIs are stored in the **Admin Office** and accessible within five minutes by staff.

Storage

Spare ADs/AAIs will:

- Be clearly labelled as emergency stock, with their strengths easily visible.
- Be stored in pairs.
- Be easily accessible.
- Never be locked away.
- Be stored at room temperature, away from extremes of heat and direct sunlight.
- Be located so that emergency medication can reach a pupil within five minutes.

The school will organise the storage of prescribed and spare adrenaline devices so that no student at risk of anaphylaxis is more than five minutes from access to adrenaline at any point during the school day.

Monitoring

The school will maintain a listed record of all devices and their location, and

- Check expiry dates termly.
- Replace expired devices promptly.
- Replace devices promptly following use.
- Dispose of used devices safely in accordance with medical waste requirements. The sharps box is located in Student Services.

Spare emergency kits may/will include:

- Spare AAIs.
- *Emergency asthma reliever inhaler*
- Instructions for use.
- Emergency contacts.

'Spare' Asthma Inhalers

- *Emergency asthma inhalers will only be given to pupils who have been prescribed an inhaler when their own inhaler is not available and where written parental and carer consent has been obtained to do so.*

Used AAIs are recorded and disposed of safely in the sharps bin located in Student Services.

Undiagnosed anaphylaxis

If anaphylaxis is suspected in an undiagnosed student:

- Call 999 and state "suspected anaphylaxis".
- Follow paramedic advice regarding spare AAI use.
- Record the incident.

11. Supporting Wellbeing

The School recognises that living with allergies can contribute to anxiety and emotional distress.

The Vyne School will:

- Foster an inclusive and supportive environment
- Promote student confidence and independence in managing allergies.
- Support students who are able to self-manage their allergy with supervision as appropriate.
- Ensure students with allergies can participate fully in school life.
- Provide appropriate pastoral support where needed.
- Work closely with parents and carers to address concerns.
- Promote understanding of allergies through age-appropriate education.

Bullying and discrimination

Bullying, teasing, intimidation, or exclusion relating to a student's allergy or medical condition will not be tolerated.

Any incidents will be managed in accordance with the school's Anti-Bullying Policy.

12. Educational Visits and Off-Site Activities (refer to Educational Visits procedure)

The headteacher will ensure the appropriate risk assessments for the trip are completed to address students with known allergies attending and that all activities are risk assessed to see if they pose a threat to allergic students. Alternative activities will be planned where necessary to ensure the students are included.

Risk assessments undertaken ahead of a planned trip will include consideration of:

- Itinerary and venue risks.
- Known allergens.
- Food arrangements.
- Access to emergency medication.
- Staff trained in emergency response.
- Emergency medical services available at the destination.
- Availability of a mobile phone signal.
- Contingency arrangements in the event of allergen exposure.

All staff and supporting adults on the trip will be briefed about the known allergen risks of pupils.

Students at risk of anaphylaxis will have access to their prescribed AD/AAI throughout the visit, by holding it themselves or it being held by a designated member of staff, identified in the risk assessment.

Students unable to produce their required medication will not be able to attend the excursion.

The school will speak to the parents of students with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for students' allergies, the student will take their own food.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school

being visited will be notified that a member of the team has an allergy when arranging the fixture.

A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

13. Staff Training and Creating an Allergy-Aware Culture

The Allergy Lead is responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy, and emergency response training.

All staff will complete online anaphylaxis training through The National College at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Staff present during times when students are on site who are not employed directly by the school i.e. caterers, cleaners, agency and supply staff, peripatetic staff will have their training provided by their employer. The Allergy Lead will ensure that training has been completed.

In person training by an external provider will also take place at the beginning of the new academic year.

Annual training will cover, and ensure staff understand:

- A basic understanding of allergic disease and its risks which include:
    - Knowing the common allergens and triggers of allergy
    - The relationship between food allergy, asthma, eczema, hayfever, and other allergic conditions.
    - The difference between food allergy, food intolerance, and coeliac disease.
    - Spotting the signs and symptoms of an allergic reaction and anaphylaxis.
    - Understand how quickly anaphylaxis can progress to a life-threatening reaction
    - Early recognition of symptoms is key, including knowing when to call for emergency services
    - Understand how to access AAIs
    - Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
    - Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
    - Keeping records of allergic reactions
    - Managing Allergy Action Plans and ensuring these are up to date

A practical session using trainer devices - these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk

Training records will be maintained by the Allergy Safety Lead.

See Appendix One for Emergency Response to allergic reactions

14. Incident Recording and Review

All allergic reactions, near misses and AAI uses must be recorded.

To include:

- Date and time
- Individuals involved
- Circumstances of exposure
- Actions taken
- Outcomes
- Lessons learned
- Parents will be informed
- Risk assessments and procedures updated as necessary.

The Allergy Lead reviews incidents to identify improvements and reduce future risks. Trends arising from incidents and near misses will be analysed and reported to senior leaders and governors as appropriate.

Lessons learned will be used to inform future policy reviews, staff training, risk assessments and wider allergy safety arrangements across the school.

Parents/carers are encouraged to report incidents occurring outside school that may be relevant to a student's safety within school.

15. Risk Assessment

The Vyne School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

16. Information Sharing and Confidentiality

The school will manage allergy information in accordance with UK GDPR and Data Protection legislation.

Information will only be shared on a need-to-know basis to protect a student's health and safety.

Relevant staff will have access to:

- Individual Healthcare Plans.
- Allergy Action Plans.
- Emergency procedures.

Information will be handled sensitively and respectfully at all times.

17. Raising Awareness

This policy will be:

- Published on the school website.
- Available in hard copy on request.
- Included within staff induction processes.
- Referenced during annual allergy awareness training.

The school will promote age-appropriate allergy awareness amongst students and within its curriculum to help create a supportive and inclusive environment.

Where appropriate and agreed with parents and carers, peers may be taught how to seek help quickly if a student experiences an allergic reaction.

18. Monitoring and Review

This policy is reviewed annually by the Allergy Safety lead and Governing Lead, or sooner following:

- A serious allergic reaction
- An anaphylaxis incident
- A significant near miss
- Changes in legislations or statutory guidance
- Changes to school arrangements

Useful Resources and Guidance

Supporting pupils with medical conditions at school - GOV.UK
Allergy Safety in Schools statutory guidance
Government Allergy Safety Policy template
Individual Healthcare Plan for allergy template (Gov.UK)
Template to order adrenaline auto-injectors from a pharmaceutical supplier

Appendix One

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a student the nearest adult will stay with the student. Contact will be made with the student's parents. The student will be monitored closely to ensure the reaction does not progress into anaphylaxis.

In the event that a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact 999 and seek advice as to whether AAIs should be administered.

More serious symptoms are often referred to as the ABC symptoms and can include:

AIRWAY -

- Swollen tongue/swelling in the throat
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds).

BREATHING

- Breathing difficulty or noisy breathing.
- Chest tightness
- Persistent cough
- Sudden onset wheezing (whistling noise due to a narrowed airway)

CIRCULATION

- Dizziness, feeling faint
- Sudden sleepiness, tiredness
- Collapse
- Confusion
- Pale clammy skin
- Loss of consciousness (unresponsive).

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense

of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and **do not leave them unattended.**
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and **note the time given**. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis).** Stay with the person
- If no improvement after **5 minutes of a first dose, administer a second AAI**.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment. This is called a biphasic reaction.
Whilst waiting for emergency services, other staff members should gather information