Glenmoor & Winton Academies
High Achievement – High Standards
Part of United Learning

Allergy Safety Policy

Allergy Safety Policy

1. Policy statement

Glenmoor and Winton Academies is committed to providing a safe, inclusive and supportive environment for pupils, staff and visitors with allergy. This policy sets out how the academy will identify allergy risks, reduce exposure to known allergens, support pupils with Individual Healthcare Plans (IHPs), train staff, manage food provision, use prescribed and spare adrenaline devices, respond to emergencies and learn from serious incidents and near misses.

The academy will not guarantee a completely allergen-free environment. Instead, it will take reasonable, proportionate steps to reduce risk, promote inclusion, and respond effectively to allergic reactions, including anaphylaxis.

2. Legal and statutory context

This policy has been written to comply with the Department for Education statutory guidance Allergy safety in schools (July 2026) and the statutory duty for academies to have an allergy safety policy, publish it and keep it under review. It also sits alongside the statutory guidance Supporting pupils at school with medical conditions.

- Children and Families Act 2014, section 100.
- Children's Wellbeing and Schools Act 2026, section 34.
- Equality Act 2010.
- Health and Safety at Work etc. Act 1974.
- Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019, commonly known as *Natasha's Law*, which require Prepacked for Direct Sale (PPDS) foods to carry a full ingredients list with emphasised allergens where applicable.
- Human Medicines Regulations 2012 and Human Medicines (Amendment) Regulations 2017 in relation to emergency asthma inhalers and spare adrenaline devices.
- The academy will have regard to the principles established through *Benedict's Law*, which seeks to improve allergy safety through increased awareness, risk reduction measures, staff training, effective communication and the promotion of safe, inclusive environments for children and young people with severe allergies.

3. Scope and definitions

This policy applies to all pupils, staff, volunteers, agency staff, contractors, governors, trustees, parents/carers and visitors when on academy premises or participating in academy activities, including off-site visits and trips.

- Allergy: an abnormal immune reaction to a normally harmless substance such as food, insect stings, contact allergens or airborne allergens.
- Anaphylaxis: a potentially life-threatening allergic reaction affecting the airway, breathing and/or circulation.
- Individual Healthcare Plan (IHP): the school-level plan that sets out the additional or different arrangements the academy will make for a pupil with allergies.
- Allergy Action Plan: a clinical emergency plan issued by a healthcare professional.
- Prescribed adrenaline device (AD): an adrenaline auto-injector or nasal adrenaline device prescribed for a person at risk of anaphylaxis.

- Spare adrenaline device: adrenaline held by the academy for emergency use when a pupil's own prescribed device is unavailable or misfires.

4. Key principles

- The academy will maintain an allergy-aware environment rather than relying on a "nut-free" policy.
- No pupil will be excluded from routine school life, meals, clubs, reward events or trips because of allergies, except where a proportionate risk assessment shows that specific adjustments are necessary to keep them safe.
- Pupils with allergies will be included in all aspects of academy life as far as is reasonably practicable.
- Staff will never leave a pupil having an allergic reaction to travel to a medical room or office unaccompanied; help will come to the pupil.
- If in doubt about whether a reaction is anaphylaxis, staff will treat it as anaphylaxis and use adrenaline immediately.
- The academy recognises the importance of creating an allergy-aware culture in line with the principles of Benedict's Law, ensuring that allergy safety is considered proactively across all aspects of school life.

5. Roles and responsibilities

5.1 Governing body / Trust

- Approve the allergy safety policy and receive periodic reports on serious incidents, near misses and policy review outcomes.
- Ensure the policy is published on the academy website and accessible to parents and staff.
- Assure itself that allergy risks are identified on the school risk register and managed effectively.

5.2 Named senior leader for allergy safety

- The DSL and Medical Lead will have responsibility for allergy safety and implementation of this policy.
- The Medical Lead will coordinate training, audits, incident reviews, policy review and cross-departmental working with catering, first aid, pastoral, SEND, trips and site teams.

5.3 Principal

- Ensure arrangements are in place for identification, support, training and emergency response.
- Ensure that the allergy policy is implemented consistently and reviewed at least annually and after any serious incident or near miss.
- Ensure that staffing, supervision and timetabling allow emergency response within five minutes.

5.4 Staff

- Familiarise themselves with this policy, relevant IHPs and emergency procedures.
- Follow instructions in each pupil's IHP and Allergy Action Plan.
- Attend annual allergy awareness and emergency response training and any additional refresher training required.
- Report allergy-related incidents, reactions and near misses promptly.

5.5 Parents and carers

- Provide accurate, current, and timely medical information and update the academy when anything changes.

- Provide in-date medication, labelled as required, and ensure access to prescribed adrenaline devices is maintained.
- Work collaboratively with the academy to complete and review IHPs and to agree on reasonable adjustments.

5.6 Pupils

- Where age-appropriate, pupils should be supported to understand their allergy and to take increasing responsibility for self-management.
- Pupils should follow their own allergy management arrangements, avoid sharing food, and seek help immediately if they think they are having a reaction.

6. Identification, records and confidentiality

The academy will maintain an up-to-date record of pupils, staff and regular visitors with allergies where this is relevant to safety. Information should include known allergens, any prescribed medication, emergency plans, and the location of devices. Access to health information will be limited to staff who need to know in order to support the individual safely.

The academy will obtain information about allergies on admission and whenever a pupil's circumstances change. Where a pupil is newly diagnosed, suspected of having allergies, or their risk profile changes, the academy will act on the best available information and will not wait for a formal diagnosis before putting proportionate arrangements in place.

Health information is special category personal data and will be handled in line with UK GDPR and the Data Protection Act 2018. The academy will share information on a need-to-know basis for safety, inclusion and emergency response.

7. Individual Healthcare Plans

A pupil should have an IHP where their allergy has a functional impact in school, they are at risk of harm, and they require arrangements that are additional to or different from those made generally. The IHP is a school-level plan, not a clinical document, and should reference any clinical care or action plans issued by healthcare professionals.

- IHPs will be developed with the pupil and parents/carers and, where appropriate, informed by healthcare professionals.
- The IHP will cover identified allergens, signs and symptoms, day-to-day arrangements, food provision, classroom activities, emergency response, medication storage/access, trips and review arrangements.
- IHPs will be reviewed at least annually and sooner if there is a change in circumstances, a serious incident, a near miss or new clinical advice.

8. Allergy awareness training

All staff present during the school day, including teachers, support staff, catering staff, lunchtime supervisors, office staff, site staff, agency staff, supply staff and regular volunteers, will receive allergy awareness and emergency response training at least annually and during induction.

- recognise allergy symptoms and anaphylaxis;
- understand the difference between allergy, food intolerance and coeliac disease;
- know how to locate and use prescribed and spare adrenaline devices and emergency asthma inhalers where relevant;
- understand when to call 999 and how to manage a pupil until emergency services arrive;
- understand the academy's procedures for record keeping, communication, and incident reporting.

9. Food allergy and food provision

The academy will manage the risk of food allergies through robust allergen information, careful procurement, safe food handling, clear labelling, and effective communication with pupils and families. The academy will comply with food information law and School Food Standards where applicable.

- The catering team will provide accurate allergen information for all food provided by the school and make this easily accessible to pupils and parents/carers.
- PPDS food produced on site will be labelled in line with current legal requirements, including a full ingredients list and emphasis of regulated allergens.
- Where children bring food from home, the academy will publish clear expectations about labelling and safe storage.
- Pupils with food allergy will not be segregated from peers at mealtimes unless there is a specific, documented reason and agreed support arrangement.
- Any food used in lessons, crafts, celebrations or fundraising events must be risk assessed for allergy impact and suitable alternatives used where required.
- The academy will discourage trading or sharing of food, utensils or food containers.
- The academy will not rely on a “nut-free” policy as the primary control measure; instead, it will operate an allergy-aware approach supported by risk assessment and emergency planning.

10. Food Produced on School Premises

The academy recognises its responsibilities under Natasha's Law where food is produced and supplied from academy premises.

Any food classified as Prepacked for Direct Sale (PPDS) and prepared on academy premises will be labelled in accordance with current legislation, including:

- a full ingredients list;
- clear identification and emphasis of the 14 regulated allergens;
- accurate product information;
- appropriate storage and handling information where relevant.

This requirement applies to food prepared and sold or distributed through:

- academy catering services;
- staff social events where food is prepared and packaged for consumption at a later point;
- public events hosted by the academy, including performances, fairs, fundraising activities and community events;
- produce, food products or packaged goods originating from the academy's community garden or similar educational projects;
- any other academy-operated food sale or distribution activity.

Individuals organising food-related activities on behalf of the academy must consult the catering manager or designated allergy lead where there is any uncertainty regarding labelling requirements.

11. Minimising exposure to allergens

- The academy will take reasonable steps to reduce exposure to known allergens in classrooms, dining spaces, kitchens, clubs, sporting areas, and outdoor activities.
- Staff planning activities must consider allergy risk in advance, including science, art, DT, food technology, music, animal handling, celebrations and visits.
- Reasonable alternatives will be provided so that pupils with allergy are not excluded from shared learning experiences.
- Animals, food packaging, bird feed, glues, play dough, craft materials and other products that may contain allergens must be considered in risk assessments.

- Where a pupil has an airborne or contact allergy, additional control measures will be put in place as part of their IHP or activity risk assessment.

12. Prescribed medication and spare adrenaline devices

Pupils prescribed adrenaline auto-injectors are expected to have access to two in-date AAIs at all times, either carried on their person where appropriate and risk assessed as safe, or immediately accessible through agreed storage arrangements.

Pupils at risk of anaphylaxis should have rapid access to their prescribed adrenaline devices at all times, including on the way to and from school, at lunch, in the playground, on sports fields and on trips. Pupils should normally carry their own devices where age and developmental stage allow. Where this is not appropriate, the devices must be stored in an unlocked, accessible location that allows use within five minutes.

- In addition to pupil-specific prescribed AAIs and the Academy's stock emergency AAIs, the Academy maintains further emergency adrenaline devices across the site.
- Four additional emergency AAIs are located within designated defibrillator cabinets across the Academy site to provide rapid access during an emergency response.
- Further spare AAIs are also stored within the Medical Room.
- The locations of all emergency AAIs are clearly identified, included within emergency response procedures and communicated to relevant staff through induction, training and refresher sessions.
- Regular checks are undertaken to ensure all devices remain within expiry dates and are available for use in an emergency.
- Spare devices are for emergency use only and do not replace a pupil’s own prescribed medication.
- The academy will also keep emergency asthma inhalers where appropriate and in line with the relevant guidance, but these must never be used instead of adrenaline for anaphylaxis.
- Medication records will note which pupils have prescribed devices, where they are stored, who is responsible for checks and what consent has been received.

13. Emergency response

Anaphylaxis is a medical emergency. Staff must act immediately. Delay in giving adrenaline can be life-threatening.

- If a pupil shows signs of anaphylaxis, administer the pupil’s own prescribed adrenaline device if available. If not available or if it misfires, administer a spare adrenaline device.
- Call 999 immediately and state that anaphylaxis is suspected.
- Keep the pupil flat with legs raised unless this worsens breathing; do not let them stand or walk around.
- If there is no improvement after five minutes and symptoms continue, a second dose of adrenaline should be given in line with the Allergy Action Plan or emergency advice.
- Stay with the pupil until emergency services take over and inform parents/carers as soon as practicable.
- Where the pupil also has asthma and is wheezing, follow the Allergy Action Plan, but never use a reliever inhaler instead of adrenaline for suspected anaphylaxis.

14. Trips, visits and off-site activities

Pupils with allergies will be included in trips, visits, sporting activities, residentials and off-site learning wherever possible. A risk assessment must be completed in advance and must cover food, travel, medication, emergency response, supervision, and access to medical care.

- The pupil's prescribed adrenaline device must accompany them on the trip and staff trained to use it must be present.
- Where appropriate, spare adrenaline devices may also be taken, provided this does not compromise the stock held on site.
- Staff organising visits must check catering arrangements, menu information, sources of food on the route and emergency access arrangements in advance.
- Parents will not be required to accompany their child as a condition of participation unless there is a truly exceptional, documented reason.

15. Wellbeing, inclusion and anti-bullying

The academy recognises that allergy can affect a child's wellbeing, confidence and sense of inclusion. Staff will take steps to reduce anxiety, support participation and respond to bullying, teasing, exclusion or unsafe behaviour linked to allergy.

- Pupils with allergies will be supported to be fully included in academy life and will not be singled out unnecessarily.
- The academy will challenge bullying that involves food, allergens, threats of exposure, exclusion from activities or mockery of allergy-related needs.
- Staff will work sensitively with pupils and families to promote confidence and age-appropriate self-management.

16. Serious incidents, near misses and learning lessons

Any serious incident or near miss involving allergy must be recorded promptly, reported to the relevant leader and shared with parents/carers and, where appropriate, healthcare professionals and the governing body/trust. The academy will use a no-blame approach focused on learning, improvement and prevention.

- A serious incident includes any event that causes harm or places a person at immediate and significant risk of harm, including the need for emergency medication or emergency services.
- A near miss is an event that did not cause harm but had clear potential to do so.
- Allergy incidents should be reviewed to identify whether policy, training, communication, supervision, catering controls or IHP arrangements need to be improved.
- The policy and associated plans should be reviewed after a serious incident or near miss, and any necessary action should be completed and monitored.
- Trends in allergy incidents, medication use, allergen exposure and near misses will be reviewed periodically to identify recurring risks and inform improvements to training, catering arrangements and risk assessment

16. Communication and publication

- This policy will be published on the academy website and made available in hard copy on request.
- Staff will be informed of the policy through induction, training, and routine communication.
- Parents and pupils will be informed of the policy and of the key arrangements that affect them.
- Relevant information will be shared with staff on a need-to-know basis to protect the child's safety and dignity.

17. Monitoring and review

The named senior leader (Angelina Parker) will monitor implementation of this policy, the completion and review of IHPs, staff training, catering controls, incident records, trip arrangements, and any

emerging risks. The policy will be reviewed at least annually and sooner if there is a serious incident, a near miss, a change in legislation, or updated statutory guidance.

18. Links to other policies:

This policy should be read alongside:

Supporting students with medical need policy

Safeguarding policy

Appendix A: minimum information to include in an Individual Healthcare Plan

Section	Information to record
Pupil details	Name, date of birth, year group/class, photo, emergency contacts.
Allergy details	Known allergens, nature of reactions, triggers, risk of anaphylaxis, whether the pupil recognises symptoms.
Clinical documents	Any allergy action plan, asthma action plan, care plan and the date issued.
Medication	Prescribed adrenaline device, antihistamine, inhalers if relevant, location, storage and consent.
Day-to-day support	Food provision, classroom adjustments, supervision, self-management arrangements and communication.
Emergency response	Signs of reaction, first response, medication sequence, when to call 999, who to contact.
Trips and enrichment	Travel, catering, emergency access and medication arrangements.
Review	Date written, who wrote it, last review date and next review date.

Appendix B: policy commitments

- The academy will maintain an allergy-aware rather than “nut-free” approach.
- The academy will ensure staff training is delivered at least annually and at induction.
- The academy will ensure pupils at risk of anaphylaxis have rapid access to their prescribed devices and that spare devices are available and maintained.
- The academy will ensure trips, food provision, classroom activities and enrichment are open to pupils with allergy wherever reasonably possible.
- The academy will record, review, and learn from serious incidents and near misses.

Prepared by A Parker: **July 2026**

Ratified by Governors: **September 2026**

To be reviewed: **July 2027**