



### Introduction and context

As part of our school vision for 'life in all its fullness' for all in our school, this policy sets out how Governors and staff members at Christ Church School will fulfil our statutory responsibilities in relation to allergy safety in line with Section 34 of the Children's Wellbeing and Schools Act 2026.

The named senior member of staff with responsibility for allergy safety is the Deputy Head teacher, Lewis Hollings, who will have responsibility for driving the implementation of the policy and leading regular review of policy and practice.

This policy has been written using the following DfE guidance: [Allergy safety policy – template](#) and [Allergy safety in schools statutory guidance](#)

This policy should be read alongside our other policies including our Policy on Supporting Pupils with Medical Conditions, our Equalities Policy and Documentation, our SEND Policy, our Food Policy and our Positive Behaviour and Anti-Bullying Policy.

This policy will be reviewed at least annually by senior staff and more frequently in response to changes in guidance or legislation or to any incidents or 'near misses' in order to learn lessons from them. There will be a full review by Governors at least every three years.

This policy will be published on the school website to ensure it is readily accessible to parents, families and staff and a paper copy available on request from the school office.

### Culture

#### Allergy Awareness training

All staff members will be trained in **allergy awareness and emergency response** at least annually. This includes all staff present during times when pupils are on site including permanent and agency staff.

Allergy awareness training will (in line with DfE guidance) ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
  - calling emergency services and informing parents;
  - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
  - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;

- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a “near miss”).

Staff will be trained annually via the annual in-person training provided by the local school nursing service, which include practice with training versions of Adrenaline Devices. This will be supplemented by online training sessions, e.g. from The Key CPD, which include videos demonstrating how to administer Adrenaline Devices, including for those unable to attend the in-person annual training. This training will include employed staff members, staff employed on a long-term basis via an agency and trainee teachers.

Allergy awareness and emergency response training is part of induction information shared with all new staff members (employed or via an agency, or those providing temporary cover) who join the school at any other time than the beginning of the academic year.

Additional training may be provided where a pupil requires specific individual health care support beyond school-level allergy safety arrangements.

### **Well-being**

The risk posed by allergy and the possibility of anaphylaxis can be a cause of anxiety for affected pupils and their families and school staff will seek to reassure pupils and their families by explaining the allergy safety policy, allergy awareness training and emergency response measures in place.

Where they feel comfortable to do so, children will be encouraged to share and discuss their allergies (and their impact) with their classes and relevant staff members, as part of the school’s wider work on sharing, valuing and celebrating individual differences. General teaching and learning about allergies and how to support those with allergies, including emergency response, forms part of our PSHE curriculum.

Discriminatory comments or behaviour or bullying related to allergies, any medical condition or any other difference or perceived difference will not be tolerated and will be dealt with following the processes set out in our Positive Behaviour and Anti-Bullying Policy.

### **Minimising risk, including for food allergies**

The school will take the following measures to minimise the risk of pupils, staff or visitors coming into contact with their known allergens:

- Sharing clear information about pupils’ known allergens with all staff via information in pupils’ classrooms, on the staffroom board and (in the case of food allergens) in the kitchen;
- Ensuring information about pupils’ known allergens is up-to-date via annual reviews of information with parents and when children join the school;
- Ensuring kitchen staff are aware of pupils’ known allergens and that food for these pupils is prepared and served safely in line with the catering contractor’s own allergy safety guidelines;
- Ensuring, as far as practicable, that children do not share their own food (e.g. from packed lunches) with other children, through regular reminders and active supervision;
- As far as practical, the school promotes a ‘nut free’ policy, which is regularly publicised to staff, children and families as this is the most common allergen among pupils, however staff are aware both that this does not guarantee a nut-free environment and that there are a range of other common allergens;
- Ensuring allergen information is checked when the school distributes food to children (e.g. for celebration events or on residential trips) and that alternatives are sourced and prepared and distributed separately to avoid cross contamination;

- Expecting all staff to consider allergy safety for all activities and ensuring allergen information is checked for all materials the schools uses, e.g. for classroom craft/science/cooking activities or activities involving animals, and that alternatives are sourced and where possible used by all pupils or an alternative provided and used separately to avoid cross contamination. This includes activities undertaken on school trips;
- Expecting staff to carry out specific risk assessment before carrying out any activity considered at higher risk for allergy safety, including those on school trips, and checking the risk assessment and proposed mitigations with a senior member of staff;
- Working with the Friends Association to ensure allergen information is clearly displayed or available or that ingredients/packets are available at parent-led Friends Association events (e.g. cake sales, discos, fairs). These are events where parents/carers (rather than school staff) take responsibility for what their own children consume/come into contact with. A general list of known allergens is shared by school staff with the Friends Association.
- Ensuring that staff members with known allergies take responsibility for what they eat/come into contact with at school and that they feel comfortable to share allergy information with colleagues to support this.
- Displaying a sign in the staff room reminding visitors that allergens may be present in any food that is shared or provided.

### **Individual children and staff members**

#### **Identification**

Parents will be asked for written information about whether their children have any allergies when children join the school (in Reception or in other year groups) and to review this information at least annually when they fill in the annual pupil information sheet. Information sought from parents will include known allergens, whether children have an adrenaline device and a copy of the child's Allergy Action Plan. Where relevant, information will also be sought from a previous setting, e.g. about successful measures which have been put in place to minimise any risk or about any previous emergency responses which have been required.

This information will be kept as part of a whole school register of pupils who have medical conditions and information displayed in the pupils' classrooms, the staff room and in the kitchen (for food allergies).

Staff members will be asked about any known allergies when they join the school as part of their pre-employment medical questionnaire and induction and, in particular, if they would be happy to share information about their allergies and whether they have an adrenaline device and where this is kept, with colleagues, in order to raise awareness, reduce risk and provide support in an emergency. Staff members with known allergies will also be asked to sign a consent form in order for the 'spare' AD to be used in an emergency.

#### **Individual Healthcare Plans (IHP)**

An Individual Healthcare Plan will be drawn up by the school for pupils if

- they have an allergy which has a functional impact on them in school;
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

An IHP is a description of how the school will respond to the information and advice they have received concerning a child's medical condition or allergy, including from the child or young person themselves, their parents and any healthcare professions involved in their care.

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

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical

conditions policy and this allergy safety policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

Where an IHP is required, the IHP will set out the additional and/or different arrangements that will be in place in the school for supporting the child or young person with their medical condition or allergy, including where allergies require flexibility or 'reasonable adjustments' and or where medication is required either proactively or in emergency situations. The IHP will be drawn up by the senior member of staff with responsibility for allergy safety alongside the child's parents and, where appropriate, the child themselves. The IHP will be reviewed with parents at least annually. Where a child has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child's Individual Healthcare Plan will be reviewed to incorporate it.

### **Prescribed adrenaline**

**In a case of anaphylaxis, adrenaline should be administered within five minutes, so children (and others) who are prescribed adrenaline devices must have rapid access to their device at all times.**

Prescribed adrenaline devices (ADs) for pupils are kept in an unlocked, marked cupboard in the front office, within easy access of all areas of the building and site, including when pupils are in Church (next to school). ADs are kept in named and labelled boxes (including the child's name and photograph) and contain the Allergy Action Plan, two ADs and any other medication.

A list of pupils with ADs or other emergency medication is kept inside the front office cupboard so it can easily be ascertained which boxes should be there or if any are missing.

ADs remain in school at the end of each school day and over holiday periods to ensure that the AD is always in school when the child is in school. Parents are responsible for access to an AD on the journey to and from school. If parents specifically request to take their child's emergency medication home overnight or over a weekend/holiday period, a senior member of staff must be informed, but it remains the parents' responsibility to return the medication when the child is next in school.

School staff check the expiry date of children's ADs at the beginning of each academic year and ask parents to provide new ADs in good time before the expiry date.

When children go out of school on any school trip, including local trips e.g. to Hampstead Heath, the relevant emergency medication boxes, including any ADs, are taken by staff members in charge of the trip. If pupils split into groups, the emergency medication remains with the relevant pupil's group. If a large number of classes are attending a trip, e.g. sports day, the emergency medication for all children is kept centrally at the venue for easy access by all staff members.

### **School-wide policies**

#### **'Spare' adrenaline devices**

The school holds a pair of clearly labelled 'spare' ADs for in school and a pair of clearly labelled 'spare' ADs for school trips. These are for use when a pupil (or adult) has suspected anaphylaxis but does not have their own prescribed AD or their own prescribed AD is not accessible or is not functioning. The 'spare' ADs are held in pairs in case it is necessary to administer a second dose. The school holds 'spare' ADs containing the relevant dosages for pupils in school.

The 'spare' ADs are kept in the emergency medication box in a labelled, unlocked cupboard in the front office within easy access of all areas of the school building and site, including when pupils are in Church (next to school).

The 'spare' trip ADs are taken out of school on **all** school trips. Where there is more than one trip out of school at the same time, the head teacher will decide how the 'spare' ADs are distributed depending on the needs of specific children and the availability of other ADs on each trip.

The expiry dates of 'spare' ADs are checked at the beginning of the academic year and new ADs purchased in good time. Used or out-of-date autoinjectors are disposed of safely via a local pharmacy.

### **Using spare ADs in an emergency situation without prior consent**

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

The school will obtain advance consent from parents of pupils with known allergies and from staff members with known allergies for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

### **Visits and trips**

Pupils with allergies (and other medical conditions) will be able to participate fully in all visits and trips, as well as in all activities in school, with reasonable adjustments put in place and risk assessments carried out where necessary, to ensure this is the case.

As set out in the sections above, pupils with their own prescribed AD will have access to this at all times on a trip out of school and staff members accompanying the trip will be trained in allergy awareness and to administer adrenaline in an emergency. Specific risk assessments will be carried out and mitigations put in place where necessary, e.g. where activities are taking place where known allergens may be present or where food is involved or distributed.

### **Serious incidents and "near misses"**

Any serious incidents or near misses will be recorded, reported to senior staff and to governors (via the termly safeguarding report) and to parents of a child involved and responded to in order to learn lessons and review policy and practice.

School staff will also encourage an open dialogue with parents as the impact of exposure to an allergen while in school may not be recognised until the child is back at home.

### **Information sharing**

A child or adult's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way. Please refer to our Data Protection Policy for more detail.

### **Awareness of the allergy safety policy**

This allergy safety policy will be shared on the school website, available to staff on the school's computer network and publicised to parents and families via the school newsletter. All staff will be made aware of the policy as part of annual allergy awareness training. Teaching and learning about allergies and how to support those with allergies, including emergency response, forms part of our PSHE curriculum for pupils.