Winchmore School

learning to realise potential

Allergy Safety Policy

Last Reviewed:	September 2026
Next Review Date:	October 2027
Review Committee:	Resources Committee



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Allergy Safety Policy v1.0

1. Introduction and Purpose

Winchmore School is committed to providing a safe and inclusive environment for all pupils. Section 34 of the Children's Wellbeing and Schools Act 2026, which changes section 100 of the Children and Families Act 2014, requires that we maintain a comprehensive allergy safety policy to support pupils with medical conditions. When we write and review this policy, the governing body follows the DfE statutory guidance Allergy safety in schools (July 2026). This guidance applies from 1 September 2026. The purpose of this policy is to minimise the risk of any pupil, member of staff or visitor suffering a serious allergic reaction and to ensure staff are properly prepared to recognise and manage anaphylaxis. This policy covers allergy to food. It also covers other triggers, such as insect stings, latex, medicines, and allergens in the air or on surfaces. Please read it together with our policies on Supporting Pupils with Medical Conditions, First Aid, Health and Safety, Educational Visits, Anti-Bullying and Data Protection.

2. Roles and Responsibilities

A named member of the Senior Leadership Team, the School Business Manager, has overall responsibility for allergy safety, including driving the implementation and leading the annual review of this policy. The Headteacher is responsible for putting this policy into practice. The governing body keeps oversight through a named link governor for allergy safety, and receives a report each term. All staff must know which pupils in their classes have an allergy. They must take simple steps to lower the risk, and they must act in an emergency. No member of staff should wait for someone else to respond. Parents and Carers are responsible for informing the school of any allergies upon entry, providing a copy of the child's Allergy Action Plan, and ensuring that any required medication is supplied and in-date. If parents do not send an in-date device or an Action Plan, the welfare officer will write to them and note this on the pupil's Individual Healthcare Plan (IHP). We will not stop a pupil from joining lessons, clubs or trips only for this reason, and our spare devices are still available in an emergency. Parents should provide two in-date devices of the correct dose. We also ask parents to register the devices on the manufacturer's website, so that they get a text or email alert before the expiry date. As pupils get older, we help them take more responsibility for their own allergy, including carrying their own devices. The named allergy governor is responsible for ensuring the policy is reviewed and that any incidents and near misses have been captured in the school accident records. They may visit the school termly to review procedures.

3. Training

All staff present during school hours, including permanent, temporary, and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff must receive allergy awareness and emergency response training at least annually. This training includes recognising symptoms of anaphylaxis, identifying common triggers, and a practical session on administering adrenaline auto-injectors (AAIs). Training also covers how to recognise and manage an asthma attack, and the link between food allergy and asthma. Practical training must use trainer devices for every brand of AAI that we hold or that our pupils are prescribed. The brands are not the same: the grip, the way the needle works and the hold time are different. Staff who are trained on one brand often use another brand wrongly. Training will also include an overview of this Allergy Safety Policy, ensuring all staff understand the school's procedures, their specific responsibilities, and the reporting mechanisms for incidents. Induction arrangements for new staff will ensure they receive this training upon joining. The allergy lead keeps a central record of who has been trained and when. We will report on this to the governing body at least once a year. We will also run at least one anaphylaxis drill each year. We will record and review it in the same way as a real incident, to test that help and a device that can really reach an incident location (e.g. classroom, sports hall) within five minutes.

4. Identification and Individual Healthcare Plans (IHPs)

The school maintains a register of all pupils with known allergies. Pupils will have an IHP if their allergy has a functional impact, if they are at risk of harm, or if they require arrangements additional to or different from those made generally. Parents/carers must keep the school informed if they think their child may have an allergy and tests are ongoing. For pupils who start at the normal time, arrangements will be ready for the start of term. For pupils who join during the term, or who are newly diagnosed, we will do this within two weeks of formal notification of their condition.
The IHP sets out the specific support arrangements in place to ensure the child's safety, including reasonable adjustments, management strategies, and emergency procedures. These plans are developed in collaboration with parents and healthcare professionals and incorporate any existing Allergy or Asthma Action Plans. Whenever an updated Action Plan becomes available, the child's IHP will be reviewed to ensure it remains current.

To enable the school to fulfil its duty of care and implement emergency support arrangements, staff are strongly encouraged to inform the allergy lead of any severe allergies. While this disclosure remains voluntary, the school cannot put individual emergency plans in place without this knowledge. We will keep and share this information strictly on a need-to-know basis in line with our data protection policy . Our spare devices can also be used for a member of staff or a visitor, not only for a pupil.
To support visitor safety, clear signage is displayed at reception encouraging visitors with life-threatening allergies to notify staff upon arrival if they anticipate needing assistance.

5. Managing Risk

To minimise exposure to allergens, Winchmore School implements the following measures:

1. Contracted Catering Services: As catering is outsourced, the school requires its contracted provider to adhere to all statutory food safety and allergy management standards. The school will provide the contractor with a confidential, up-to-date register of pupils with severe allergies, updated termly or immediately upon receipt of updated Individual Healthcare Plans (IHPs). The contractor must confirm receipt of this data, provide evidence of annual allergy awareness and emergency response training for all their staff (including temporary and agency workers), and report any near misses within 24 hours and any food related incidents or suspected cross contamination as soon as it is discovered to the School Business Manager.
2. Food from Home: Students are responsible for their own packed lunches, which are carried with them throughout the school day. We strongly discourage the inclusion of nut-based products in packed lunches to help minimise the risk of accidental exposure for pupils with severe allergies. Our school is nut-aware, and aims to be nut free. We want to avoid complacency and cannot assume we are 100% nut free. Nuts are only one of the fourteen allergens covered by the law. This is why the statutory guidance recommends an allergy-aware approach. To maintain a safe environment, students are instructed not to share food with others, or to share drinks, cups or containers, as the school cannot verify the ingredients or allergens in food brought from home. All students are encouraged to remain vigilant about their own food. Lunchboxes and water bottles should have the pupil's name on them. Food brought in for birthdays, celebrations, fundraising or food technology lessons must be agreed in advance with the class teacher and allergen information must be given.
3. School Activities and Trips**:** Staff planning any school activity—including cooking classes, science experiments, craft projects, or sessions involving animals—must consider the potential for allergen exposure and conduct specific risk assessments where necessary to identify and mitigate risks. For external trips and visits, staff must include consideration of this risk in their detailed risk assessments. Children at risk of anaphylaxis must always have their prescribed medication with them, accompanied by trained staff. Two in-date devices, a copy of the pupil's Allergy Action Plan and emergency contact details must go with the group. Staff must also have a way to call 999, and they must know where the nearest hospital is. We will not ask parents to come on a trip as a condition for their child to take part.
4. **Non-Food Allergens:** Allergy is not only about food. Insect stings, latex (gloves, balloons, swimming caps, exercise bands), some medicines, and allergens in the air or on surfaces can also cause reactions, including anaphylaxis. We record known non-food triggers on the pupil's IHP. We take them into account in risk assessments for science, art, design technology, PE, swimming and outdoor activities.
5. **Asthma:** Pupils who have both asthma and food allergy have a much higher risk of a serious reaction. Asthma that is not well controlled is the biggest single risk factor. We identify these pupils on the register. They must be able to reach their reliever inhaler at all times. Their IHP must say clearly that sudden difficulty in breathing should be treated as anaphylaxis, unless it is clear that the cause is something else.

6. Wellbeing and Inclusion

The school recognises that managing a severe allergy can be a source of anxiety for children and young people. We are committed to promoting positive mental health by ensuring that support arrangements are handled sensitively and discreetly. We have a zero-tolerance

approach to bullying; any incidents of bullying related to a child's medical condition or allergy will be addressed immediately in line with the school's Anti-Bullying Policy.

7. Student Awareness and Education

The school is committed to fostering a culture of allergy awareness among students. We will integrate allergy safety education into tutor time on a termly basis to help students understand the importance of allergy awareness, how to support their peers, and the rationale behind our safety procedures.

8. Emergency Management

In the event of anaphylaxis, adrenaline must be administered immediately, without waiting for the ambulance, and in any case within five minutes. The school maintains "spare" AAI devices, which are clearly labelled and stored in pairs in an accessible, unlocked location. The locations are the main reception and 6th form centre. Every member of staff is told where their nearest pair is kept. We store all devices at room temperature and away from direct sunlight. We never put them in a fridge, lock them away, or keep them in a room that is closed at any time during the school day. Regular checks are performed to ensure all devices, including spare and individually prescribed ones, remain in-date.

How to recognise anaphylaxis. Anaphylaxis affects the Airway, Breathing or Circulation. Look for: swelling of the throat or tongue, a hoarse voice, or trouble swallowing; sudden wheezing, a cough that does not stop, or noisy or difficult breathing; dizziness, sudden sleepiness, confusion, pale cold skin, or collapse. There may be no rash and no other warning sign. If a pupil with a known food allergy suddenly has trouble breathing, treat it as anaphylaxis. If you are not sure, give adrenaline. Giving it when it was not needed is very unlikely to cause harm. Giving it too late is the most common problem in cases where a child has died.

What to do in an emergency. If you think someone has anaphylaxis:

1. Stay with the person. Send someone else to bring the nearest adrenaline device and to get help. Never send the person to reception, the office or the medical room, and never let them stand up or walk. Bring the help and the medicine to the person.
2. Lay the person flat and raise their legs. Let them sit up only if breathing is the main problem. Put them on their side if they are vomiting or unconscious. Do not sit them up or stand them up, even after adrenaline has been given.
3. Give adrenaline straight away. Use their own device if it is there. If it is not, use a school spare device.
4. Call 999. Say the word anaphylaxis. Follow what the operator tells you.
5. Give a second dose after five minutes if the person is not getting better.
6. If the person also has asthma and is still wheezing after adrenaline, follow their Allergy Action Plan. Never give a reliever inhaler instead of adrenaline.
7. Stay with the person until the ambulance comes. Tell the parents or carers. Send the used device to hospital with the person. Everyone who is given adrenaline must go to hospital by ambulance, because the symptoms can come back later.

Mild and moderate reactions. A reaction that does not affect the Airway, Breathing or Circulation can be treated with an oral antihistamine, following the pupil's IHP. Once a child has been given the antihistamine the school will call parents/carers. The child will never be

out of adult supervision.We never send a pupil who feels unwell to the office or the medical room alone.
Pupils' own devices. Pupils who are prescribed adrenaline should carry two in-date devices at all times. This includes the journey to and from school, break and lunch, the sports field, and school trips. If a pupil is not yet able to carry their own devices, we keep them in an unlocked place that is clearly marked and known to all the staff who teach that pupil. The pupil's kit should be in a rigid container with their name and photograph on it. It should hold two AAIs, an up-to-date Allergy Action Plan, antihistamine if it is on the plan, a spoon if one is needed, and an asthma inhaler if it is on the plan.
Spare devices. We can use our spare devices for any pupil, member of staff or visitor with signs of anaphylaxis. This includes someone who has never been diagnosed with an allergy: about one in five reactions at school happen in a person who was not known to be allergic. The Human Medicines (Amendment) Regulations 2017 do not require consent before we use a spare device in an emergency. Our spares are 300 microgram devices, kept in pairs. We have a calendar reminder system for all expiration dates. We replace them at once when they are used or out of date, and we dispose of them as sharps. We keep emergency salbutamol inhalers and spacers next to them. We have a calendar reminder system for pupils' own devices and remind parents in good time when a device is close to its expiry date.
Staff who act in good faith. Any member of staff can give adrenaline in an emergency. You do not need to be a first aider. If you hesitate, use the device imperfectly, or make a mistake while trying in good faith to save a life, this is not misconduct. The much bigger risk is adrenaline that is given too late or not at all.

9. Serious Incidents and Reporting

The school records and reports all serious incidents and "near misses." This allows for the review of procedures to identify areas for improvement and ensures that lessons are learned to better protect pupils at risk. Reports should be submitted to the designated allergy lead, School Business Manager. We also report serious incidents and near misses to the pupil's parents or carers and to the governing body. We make any reports required by law to the Health and Safety Executive, the local authority environmental health team, or the Food Standards Agency. Staff are not the only people who can report. Pupils, parents or carers, and health professionals can report too. A reaction that is only noticed after the pupil goes home should still be reported and recorded.

A **near miss** is an unplanned event or situation that did not result in an allergic reaction, but had the potential to do so. The child was kept safe either by chance, or because someone intervened just in time.

Treating near misses seriously is the cornerstone of good health and safety. They are warning signs that a process is failing and needs to be fixed before a child actually consumes or comes into contact with an allergen.

‘Near misses’ to be aware of (not an exhaustive list):

- **Catering errors:** A chef plates a meal containing dairy for a dairy-allergic child, but the server realises the mistake just before handing it to the student.

- **Policy breaches:** A parent sends a peanut butter sandwich in a packed lunch although the school is nut-aware, but a midday supervisor spots it before the child opens it.
- **Cross-contamination:** A staff member uses the same tongs for regular baked goods and gluten-free baked goods, but the error is caught before the food is served.
- **Medication issues:** An expired adrenaline auto-injector is found in a child's emergency medical kit during a routine check (the near miss is that the child *might* have needed it while it was ineffective).

Logging a ‘near miss’

The Welfare Officer will record these in a separate allergy incident and near-miss log, not in the general accident book, so that we can see patterns. The allergy lead reviews the log every half term, and reports to the governing body every term. The report will include any change we make to this policy, to an IHP, or to catering as a result. We will offer support to pupils, families and staff after an incident. Families can also raise concerns through our complaints procedure.
The report will record the symptom, the immediate response, the system failure and the action taken to correct it.

10. Policy Awareness and Review

The governing body is responsible for ensuring the policy is published on the school website, available in hard copy upon request, and reviewed at least annually, taking into account any recent incidents or changes in statutory guidance. We will also review the policy after any serious incident or near miss. We will invite pupils, parents or carers, and staff who live with allergy to help with each review. We will put allergy risk on the school risk register, and the governing body will monitor it.

11. Useful Resources

HighSpeedTraining_HowtoSpottheSignsofanAllergicReactiontoFood.pdf

14-named-food-allergens-childrens-poster-high-speed-training.pdf