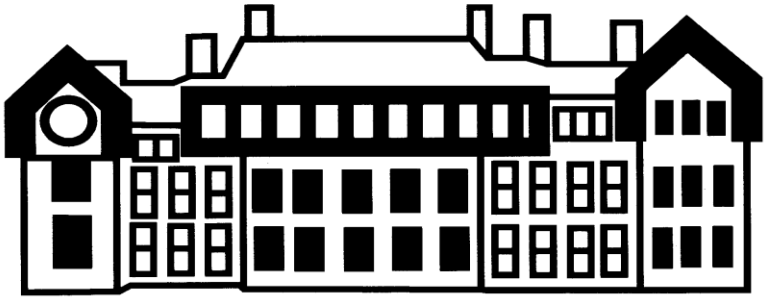
GORDON



SCHOOL

Allergy Safety Policy

DRAFT



Allergy Safety Policy

1. Introduction & Statutory Duty

Our Commitment
Gordon Primary School is committed to providing a safe, inclusive, and welcoming environment for all pupils, staff, and visitors with allergies. We recognise the serious, potentially life-threatening risk posed by anaphylaxis and maintain robust risk-mitigation measures and emergency response protocols in line with Benedict's Law.

Whole-School Approach
Our whole-school awareness approach ensures that all staff and pupils:

- Understand what allergies are and the importance of avoiding allergens.
- Recognise the signs and symptoms of allergic reactions.
- Know how to respond swiftly to allergic reactions.
- Strictly follow procedures to minimize exposure risks.

Legal Framework
This policy fulfils statutory duties under:

- Children's Wellbeing and Schools Act 2026 (Section 34): Requirement to maintain an allergy safety policy.
- Equality Act 2010: Severe allergies are recognized as a disability.
- Children Act 1989 (Section 3): Duty of care to safeguard children.
- Education Act 2002 (Sections 20 & 175): Safeguarding duties.
- Health and Safety at Work Act 1974 (Section 2): Employer duties.
- SEND Code of Practice: Supporting pupils with medical conditions.

2. Understanding Allergies & Anaphylaxis

Key Definitions

- **Allergy**: A spectrum of allergic diseases occurring when exposed to an allergen. Common forms include asthma, food allergies, eczema, and seasonal rhinitis (hay fever).
- **Anaphylaxis:** A severe, life-threatening allergic reaction affecting breathing and heart rhythm, often causing a rapid drop in blood pressure.
- **Critical time window**: Anaphylaxis progresses rapidly. There is only a window of up to 30 minutes to prevent fatal outcomes. Immediate administration of adrenaline and calling 999 is required.

Important Facts

- Anaphylaxis can occur without a skin rash or hives.
- Always suspect anaphylaxis in a pupil with a known food allergy who develops sudden breathing difficulties.

- Giving adrenaline in this context is safe and potentially life-saving.
- **Food contact**: Most anaphylactic reactions require ingestion. Severe reactions from pure skin contact are extremely rare; pupils with skin contact reactions must be monitored for at least 1 hour.

Common Triggers

- **Foods**: Peanuts, tree nuts, cow's milk/dairy, eggs, wheat, fish, shellfish, sesame.
- **Insect stings**: Bees, wasps.
- **Medications**: Antibiotics, NSAIDs (e.g., ibuprofen).
- **Latex**: Rubber gloves, balloons, swim caps.

Scope exclusions

- **Coeliac disease & intolerances**: Managed through dietary avoidance; pose no risk of anaphylaxis.
- **Asthma, eczema & hay fever**: Part of the atopic triad. Managed via separate care plans. Hay fever alone is excluded from the definition of disability under the Equality Act 2010 unless it severely aggravates another condition.

3. Emergency treatment & response protocol

<table>
<tr><th>Reaction level</th><th>Typical Symptoms</th><th>Action</th></tr>
<tr><td>Mild to moderate</td><td>Red raised rash/hives, swollen lips/face/eyes, stomach pain/vomiting, tingling mouth, mild throat tightness, sudden behaviour change.</td><td>Administer prescribed Antihistamines.

Monitor closely.</td></tr>
<tr><td rowspan="3">Severe (Anaphylaxis)</td><td>A – Airway: Swelling of throat/tongue, hoarse voice, difficulty swallowing.</td><td rowspan="3">IMMEDIATE EMERGENCY RESPONSE

(See the step-by-step Anaphylaxis response plan below).</td></tr>
<tr><td>B – Breathing: Wheezing, noisy breathing, persistent cough, breathlessness.</td></tr>
<tr><td>C – Circulation: Pale/clammy skin, dizziness, confusion, sudden sleepiness.</td></tr>
</table>

Step-by-step Anaphylaxis response plan

Step 1: STAY WITH PUPIL

Call for help. Do not leave unattended.

Step 2: POSITION

Lay the pupil flat with raised legs. (Prop up ONLY if struggling to breathe).

DO NOT stand them up, sit them in a chair or move them.

Step 3: ADRENALINE

Administer adrenaline device immediately into out thigh / nostril.

Note the time when administered.

Step 4: CALL 999

Request an ambulance.

State “ANAPHYLAXIS” (ana-fil-axis)

Step 5: INFORM PARENT / CARER

Contact to be made by a separate staff member who is not speaking to the emergency services.

Step 6: RE-EVALUATE

If no improvement after 5 minutes, administer a second adrenaline device.

Step 7: CPR

If no signs of life, begin CPR immediately.

MANDATORY HOSPITAL OBSERVATION:

All individuals must go to the hospital via ambulance for observation after anaphylaxis, even if symptoms appear fully resolved, due to the risk of secondary (biphasic) reactions.

4. Minimizing Risk & Exposure

Gordon Primary School is an allergy-aware, nut-free school.

School risk management measures

- **Food restrictions**: Food items are eliminated only following a formal risk assessment backed by medical advice.
- **Curriculum activities:** Food technology and science lessons are adapted to remove allergen risks for the entire class group.
- **Trips & events**: Venue-specific risk assessments are completed prior to all external visits.
- **School environment:** Active control of non-food allergens takes place (e.g., conkers, chestnuts, latex balloons).
- **Hygiene standards**: Enforced handwashing routines before and after food consumption. No sharing or trading of food, utensils, or containers.

5. Food Provision & Catering

School meals & kitchen safety

- Catering contracts strictly comply with **Food Standards Agency (FSA)** allergen regulations.
- **Pupil identification:** Pupils with severe allergies are identified at service points using secure kitchen photo-charts and provided with an allergen-free meal.
- **Labelling:** Unlabelled food is strictly prohibited in curriculum sessions and lunch facilities.
- **Celebrations:** As a Healthy School, **pupils are not permitted to bring edible treats (cakes, sweets, biscuits, etc.) for birthdays**. Unapproved treats will be returned to parents / carers.
- **Parent Association (FoG):** Friends of Gordon events comply with FSA labelling and allergen matrix requirements.

6. Medication & Emergency Adrenaline Devices

Prescribed Auto-Injectors

- Pupils prescribed adrenaline auto-injectors (AAIs) must always have **access to two in-date devices** (in the classroom, lunch hall, playground and during trips).
- If not carried by the pupil, **devices are stored in an unlocked, accessible within 5 minutes**.
- **Storage environment:** Kept at room temperature, away from direct sunlight; never refrigerated.

Emergency Spare AAIs

Gordon Primary maintains "Spare" AAI kits under the *Human Medicines Regulations 2017* for life-saving use if a pupil's device fails, is unavailable, or for an undiagnosed first reaction.

Device Type	Quantity	Location
EpiPen Junior (0.15mg) (Under 6 years)	2	School Office (Emergency Kit)

Device Type	Quantity	Location
EpiPen Adult (0.3mg) (Over 6 years)	2	School Office (Emergency Kit)

Nasal spray note: Schools cannot purchase spare nasal adrenaline (EURneffy). If a pupil prescribed nasal adrenaline experiences anaphylaxis and their supply is missing, school spare AAIs will be administered.

Consent: Advance parental consent is requested but not legally required to administer spare adrenaline in a life-threatening emergency.

7. Staff Training & Emergency Preparedness

Training Framework

- **Annual mandatory training**: Delivered to all teaching, support, catering, and wraparound care staff. Includes symptom identification, care plan execution, and hands-on practice with trainer auto-injectors.
- **Evacuation procedures**: Pupil AAIs are included in evacuation kits during fire drills or lockdown scenarios.

Legal Protection for Staff
Staff, volunteers and bystanders taking reasonable, good-faith action in an emergency are fully protected under UK law. Minor mistakes or imperfect techniques under extreme stress do not constitute misconduct.

8. Roles & Responsibilities

While safeguarding and allergy safety are shared responsibilities across the entire school community, key stakeholders hold specific duties as detailed below:

GOVERNING BODY
Policy oversight & risk register

Senior Leadership Team
SLT / Allergy Lead: Hannah Cuesta

Allergy Lead
Registers, Individual Healthcare Plans (IHPs), Adrenaline Auto-Injectors (AAIs), training

All staff
Adhere to policy
Implement IHPs
Risk mitigation

Parents & Carers
Provision of medical data and AAIs

Catering team
FSA compliance and safe service

Detailed Duties

- **Allergy Lead (supported by Lead First Aider):** Maintains the medical register on *Arbor*, conducts monthly AAI expiration checks, oversees IHPs and coordinates annual staff training.

- **Parents / Carers:** Provide up-to-date medical details, supply two in-date AAIs, complete clinical Allergy Action Plans, and notify the school immediately of any health changes.

9. Information Sharing & Individual Healthcare Plans (IHPs)

Data Collection & Privacy
Medical history is collected upon admission via Google Admissions and Medical/Dietary Forms. Under UK GDPR (Special Category Data exceptions), medical information is securely shared with relevant staff, cover teachers and caterers via:

- **Arbor** Management System.
- **Class Medical Flags** for supply teachers.
- **Catering photo identification sheets**.

Healthcare Plans (IHPs) & Action Plans

- **Allergy action plans:** these are clinical documents issued by GPs/Allergists detailing emergency medication steps. Must be signed by parents and updated when clinically required (photographs updated annually).
- **Individual Healthcare Plans (IHPs):** these are school-owned plans co-created by the school, parents, and health professionals for any pupil requiring active medical management. Reviewed annually, after any medical incident, or following staff changes.

10. School Trips, Incidents & Support

Educational Visits

- Pupils with severe allergies are fully included in all trips and sports events.
- Staff carry medical kits and verify all pupil AAIs prior to departure. Pupils without their required medication will not be permitted to depart.
- Spare AAIs are assigned to trip leaders without compromising on-site emergency kits.

Incidents & Near Misses

- All allergic incidents or near misses (e.g., mislabelled food) are recorded on CPOMS.
- Incident reviews are conducted in a no-blame culture with input from parents and pupils to refine future safety measures.
- Mandatory reporting applied via RIDDOR (Health & Safety Executive) or Environmental Health where applicable.

Wellbeing & Safeguarding

- **Anti-bullying:** Allergy-related harassment or teasing is addressed under the school's Anti-Bullying Policy.
- **Safeguarding:** Failure by parents to supply vital life-saving medication (AAIs) or essential health data may trigger a referral to Children's Services via the Designated Safeguarding Lead (DSL).

11. Unacceptable Practice

The following practices are strictly prohibited under school policy:

- Preventing quick access to prescribed medication or AAIs.
- Assuming all children with the same condition require identical support.
- Sending an unwell pupil to the medical room unaccompanied.
- Recording attendance for medical appointments or illness related to allergic conditions as unauthorised.
- Requiring parents to attend school trips or school hours solely to administer routine/emergency medication.
- Ignoring health professional advice or pupil/parent feedback.

12. Policy Review & Publication

Publication: Publicly accessible on the Gordon Primary School website for staff, parents, governors, and inspectors.

Review Schedule: Reviewed annually by the Allergy Lead, named governor and SLT, or immediately following changes in statutory guidance or a major incident.

Ratification date:

Review date:

Agreed: Jason Taylor (Headteacher)

Agreed: Lynsey Christini-Clay (Chair of Governors)

Appendix A: Statutory Duties

This policy fulfils the duties under:

- Children's Wellbeing and Schools Act 2026
- Section 34 places a requirement on LA-maintained schools, academies and PRUs to have allergy safety policies, publish them and keep them under review
- Children Act 1989
- Section 3: duty of care for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child
- Education Act 2002
- Sections 20 and 175: duties to safeguard and promote the welfare of pupils
- Education (Independent School Standards) Regulations 2014
- Associated statutory guidance: Keeping Children Safe in Education
- Non-Maintained Special Schools (England) Regulations 2015
- Health and Safety at Work etc Act 1974
- Section 2: duty of the employer to take reasonable steps to ensure that employees are not exposed to risks to their health and safety
- Equality Act 2010
- Duties to provide equality of opportunity for all, including those who are disabled
- Special Educational Needs and Disability (SEND)
- SEND Code of Practice: 0 to 25 years
- Early Years Foundation Stage (EYFS)
- Requirements for early years settings

Appendix B: Further Reading and Resources

Government Guidance

- Allergy Safety in Schools (July 2026)
- https://www.gov.uk/government/publications/allergy-safety-in-schools
- Allergy Guidance for Schools
- https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- Allergy Guidance for Food Businesses
- https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Benedict's Law

- Benedict Blythe Foundation
- https://benedictblythe.com/benedicts-law
- Anaphylaxis UK: Benedict's Law
- https://www.anaphylaxis.org.uk/education/benedicts-law

Allergy Organisations

- Anaphylaxis UK: For Teachers by Teachers
- The one-stop shop for all school allergy needs
- https://www.anaphylaxis.org.uk/education
- Allergy UK

Information about types of allergies

- https://www.allergyuk.org/about-allergy/types-of-allergies

Appendix C: Allergy Register Template

Gordon Primary School — Pupil Allergy Register

Academic Year: 2026–2027
Last updated:
Maintained by:
Location of spare AAI kits: School Office

Pupil name	Class / Year	Known allergen	Reaction type	Prescribed medication & device type	Primary storage location	Allergen action plan / IHP in place?	Emergency contact details

Appendix D: Individual Healthcare Plan Template

Appendix E: Incident/Near Miss Recording Form

Appendix F: Parent Consent Form for Spare Adrenaline Devices

Appendix G: Staff Training Record

Appendix H: Monthly Adrenaline Device Check Log

Appendix I: Letter to Pharmacy for Purchasing Spare AAIs