ELMHURST

Allergy Safety Policy

For the School and EYFS

Allergy safety lead: Sara Marriott, Head
Date adopted August 2026
Date of last review August 2026
Next review due August 2027 – at least annually, and after any serious incident or near miss]

This policy sets out how Elmhurst School identifies, supports and safeguards pupils, staff and visitors with allergy and how the school prevents, prepares for and responds to allergic reactions, including in an emergency.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

In the scope of this policy

- Children and young people at risk of anaphylaxis (usually allergic to food or bee/wasp sting)
- Children and young people with allergic rhinitis (hay fever), allergic eye disease or eczema, who may need to be given treatments for their condition in school (e.g. eczema creams, nasal sprays, eye drops), particularly if they have more severe allergic disease or need adaptations e.g. with sport
- Children and young people with eczema or asthma, who may need additional precautions (e.g. avoiding sand pits, some swimming pools)
- Children and young people with more severe allergy to animal fur, who may need to take avoidance measures (e.g. exposure to pets in school, visits to petting zoos)
- Some children and young people have medically recognised sensitivities or triggers which may not meet the clinical definition of allergy but may nonetheless result in serious or potentially life-threatening reactions (for example mast cell disorders or other systemic hypersensitivity conditions).

Areas not in scope

There are a wide variety of conditions that are not covered by this specific allergens policy, in that they do not cause anaphylaxis. The actions the school will take are outlined in the separate 'Supporting Children with Medical Conditions' policy.

This policy has regard to, and is informed by, the following:
Children's Wellbeing and Schools Act 2026 and the DfE statutory guidance Allergy safety in schools (July 2026), The Equality Act 2010, The Food Information Regulations 2014 and "Natasha's Law" (2021 amendment, UK GDPR and the Data Protection Act 2018, The SEND Code of Practice, Framework for the Early Years Foundation Stage (EYFS)

This policy also considers the content of other school policies including Equal Opportunities, Health and Safety, Risk Assessment, First Aid, Trips, SEN and Child Protection.

Roles and responsibilities

Proprietor - Is responsible for ensuring the school has an allergy safety policy in place that outlines how the school will manage allergies and respond to emergencies.

The Head / Principal - Has overall responsibility for the implementation of this policy.

Senior leader for allergy safety Sara Marriott, Head, is the named member of the senior leadership team responsible for allergy safety across the school. This person is responsible for driving implementation of this policy and leading its annual review.

Medical lead - Support the identification of pupils with allergy, help draw up Individual Healthcare Plans in collaboration with pupils, parents and healthcare professionals, coordinate training, and manage the school's stock of "spare" adrenaline devices and emergency inhalers.

All staff - All staff, including temporary, supply, peripatetic and agency staff, and those supervising breakfast clubs, after-school clubs, sport, trips and wraparound or boarding provision, are responsible for completing allergy awareness training, following this policy, and knowing how to recognise and respond to an allergic reaction, including anaphylaxis.

Catering staff - Are responsible for the safe preparation, labelling and serving of food, for providing accurate allergen information to pupils and parents, for preventing cross-contamination, and for liaising with the allergy safety lead(s) on individual dietary requirements.

Pupils and parents - Parents are asked to provide full and up-to-date information about their child's allergy, including any Allergy or Asthma Action Plan and prescribed medication, and to keep this updated. Pupils are supported and encouraged, where age and competence allow, to understand and take increasing responsibility for managing their own allergy.

Identifying pupils, staff and visitors with allergy

The school gathers information about known allergy from parents, pupils and (where a pupil transfers) their previous school, before or as soon as possible after a pupil joins.

- For pupils starting at the beginning of a school year, arrangements are in place by the start of term; for mid-year admissions, arrangements are put in place within two weeks wherever possible.
- For staff, information is sought before or when they commence work. For visitors likely to be given food, information is sought in advance where possible.
- For international pupils the school will seek information from agents, parents, medical practitioners and the previous school

The school keeps a confidential record of all pupils with a known allergy, including whether they have an Individual Healthcare Plan and/or Allergy or Asthma Action Plan. Where appropriate, an up-to-date list of pupils with known allergy (with photographs and known allergens) is kept in areas where food is served or handled (e.g. dining hall, food technology, science and art rooms), accessible to staff only.

The measures in this policy apply equally to staff and visitors with allergy, not only to pupils.

Individual Healthcare Plans (IHPs)
A pupil should have an IHP where:
(a) their allergy has a functional impact on them at school;
(b) they are at risk of harm as a result of their allergy; and
(c) they require arrangements additional to, or different from, those made generally.
Not every pupil with an allergy requires an IHP – for example, where an allergy has minimal impact and can be managed under the school's general medical conditions arrangements (such as a pupil with mild hay fever self-administering over-the-counter antihistamines).

IHPs are not clinical documents. They record how the school will respond to the information and advice it receives from the pupil, their parents and any healthcare professionals involved, and they refer to – rather than duplicate – any clinical Allergy Action Plan, Asthma Action Plan or care plan, which is attached to the IHP.

Content of an IHP
The school will use the template provided by the DfE, together with the prompts to gather information about the child's needs. Where a child has an 'Allergy Action Plan' provided by a hospital the IHP will be used in addition to create the IHP.

Drawing up and reviewing IHPs
IHPs are developed collaboratively with the pupil and their parents, taking full account of advice from healthcare professionals, which the school accepts at face value (it is not for staff to insist on evidence from a specialist rather than a GP or community nurse). Where a pupil transfers from another school, the previous IHP is used to inform – but not simply replace – a new IHP reflecting this school's own arrangements. IHPs are reviewed at least annually, whenever an updated Action Plan is issued, and following any serious incident or near miss.

Any known trigger with the potential to cause significant harm should be identified and managed. In such scenarios, the relevant healthcare professional should provide the school with a medical letter explaining potential triggers to be avoided, and how to manage any reaction within an IHP. Where a pupil has, or is suspected of having, an allergy but no clinical advice is yet available, the school will not dismiss the concern. It will put proportionate arrangements in place based on the best available assessment of risk, in discussion with the pupil and their parents, seeking advice from the school nurse or other healthcare professionals as needed.

Allergy awareness training
All staff who are present when pupils are on site – including permanent, temporary, supply and peripatetic staff, agency workers, regular volunteers, catering staff and those running breakfast, after-school or boarding provision – receive allergy awareness training at least annually. First aid training alone is not treated as sufficient.

Training ensures staff:

- Understand what allergy is, including that it covers multiple conditions (food allergy, asthma, eczema, hay fever) which can co-exist, and how it differs from intolerance and coeliac disease
- Can recognise the range of symptoms of an allergic reaction and can recognise anaphylaxis (see Appendix B)
- Know how to respond in an emergency, including calling 999, storing, locating and administering emergency medication (prescribed or "spare" adrenaline, and emergency asthma inhalers) in line with an individual's 'Allergy Action Plan' - further details are included in Appendix C and D
- Know that where an individual does not have an 'Allergy Action Plan' but is showing signs of anaphylaxis to seek advice immediately by calling 999, and follow the advice of emergency service
- Understand the impact allergy can have on a pupil's wellbeing, and their own responsibilities in reducing exposure to known allergens
- Understand this policy, know how to check whether a pupil has a known allergy, and know how to report an allergic reaction, anaphylaxis or a "near miss"
- Contacting parents

New staff receive allergy awareness training as part of induction, and supply and cover staff are briefed on relevant pupils' allergies and the location of emergency medication before they take up cover. Training does not replace any separate clinical delegation or competency arrangements required for a specific pupil's individual healthcare needs.

Minimising the risk of exposure to known allergens

The school takes reasonable steps to minimise the risk of pupils, staff and visitors coming into contact with their known allergens, whether through food provided by the school, food brought in by others, or contact/airborne allergens. Staff planning an activity must consider the risk of allergen exposure and identify alternatives where needed, so that pupils are not excluded from activities because of their allergy.

Practical controls - Curriculum and Classrooms

- Non-food alternatives are used in craft activities where possible (e.g. wheat-free "play dough", non-food containers for junk modelling); where food materials are essential, staff check they are safe for any pupil with a relevant allergy
- Staff are aware that everyday items such as play dough, some glues and bird feed can contain wheat, milk, soya, nuts or sesame
- Food packaging and preparation areas are cleaned appropriately between uses to reduce cross-contamination

Food provision

The school kitchen provides information on the 14 legally regulated allergens present in food it serves, all meals served in the dining hall) is accompanied by clear, accurate and easily accessible allergen information for pupils and parents. Catering staff are trained in reading allergen labels and in cross-contamination controls (e.g. preparing allergen-free meals first, careful cleaning of surfaces and utensils with warm soapy water).

Parents/carers of pupils with food allergy can discuss meal provision directly with catering staff. The school uses at least two methods of identifying pupils with known allergy at mealtimes (for example, staff checking a register and photo identification available to kitchen/serving staff), while ensuring pupils are not segregated from their peers at meal times.

"Allergy aware"
The school maintains an "allergy aware" environment: remaining actively alert to allergen risk, taking practical steps to reduce exposure, and maintaining robust emergency response arrangements. Where appropriate the school strongly discourages high-risk foods such as nuts on site through whole school communication, the school cannot guarantee this.

Items from home (in the event that the school allows children to bring food)

- Bottles, drinks and lunch boxes provided for pupils with food allergies are clearly labelled with the pupil's name
- Food is discouraged from being brought in from home for lessons or as treats/celebrations. On the rare occasion this were to happen, it would require prior permission from the Head and parental engagement to check for allergy risk (schools should identify a point of contact in this instance)
- Trading or sharing of food, utensils or containers between pupils is discouraged as this creates a risk of cross-contamination

Prescribed adrenaline devices and "spare" devices

Prescribed devices
Pupils prescribed adrenaline devices (auto-injectors or nasal adrenaline) are supported to have rapid access to them at all times, including while travelling to and from school, at break and lunchtime, on the playing fields, and on trips.

Individual devices are stored in separate wallets identifiable by the child's name and photo, this is to avoid administering an incorrect dose of adrenaline. Where age or other factors mean a pupil cannot carry their own devices, they are stored in an unlocked, accessible central location, not in a locked office. Devices are never more than five minutes from wherever they might be needed.

"Spare" adrenaline auto-injectors (AAIs)
The school purchases and stocks "spare" AAIs, without prescription, for use in a genuine emergency on any pupil experiencing anaphylaxis – including a pupil with no pre-existing diagnosis of allergy (in the event of an un-prescribed / undiagnosed individual having a suspected anaphylaxis adrenaline should only be administered on the advice of emergency services accessed by dialling 999) . "Spare" devices are not a substitute for a pupil's own prescribed devices, but a safeguard where a pupil's own device is unavailable or misfires, or where anaphylaxis occurs without a known diagnosis (see advice above).

The school stocks "spare" AAIs in pairs, of the correct dosage(s) for its pupil population, based on the following minimum guidance:

School phase	150 micrograms (under age 6)	300 micrograms (age 6+)
Pre-prep / Early Years	One pair of "spare" AAIs	n/a
Prep / Junior School	One pair of "spare" AAIs	One pair of "spare" AAIs

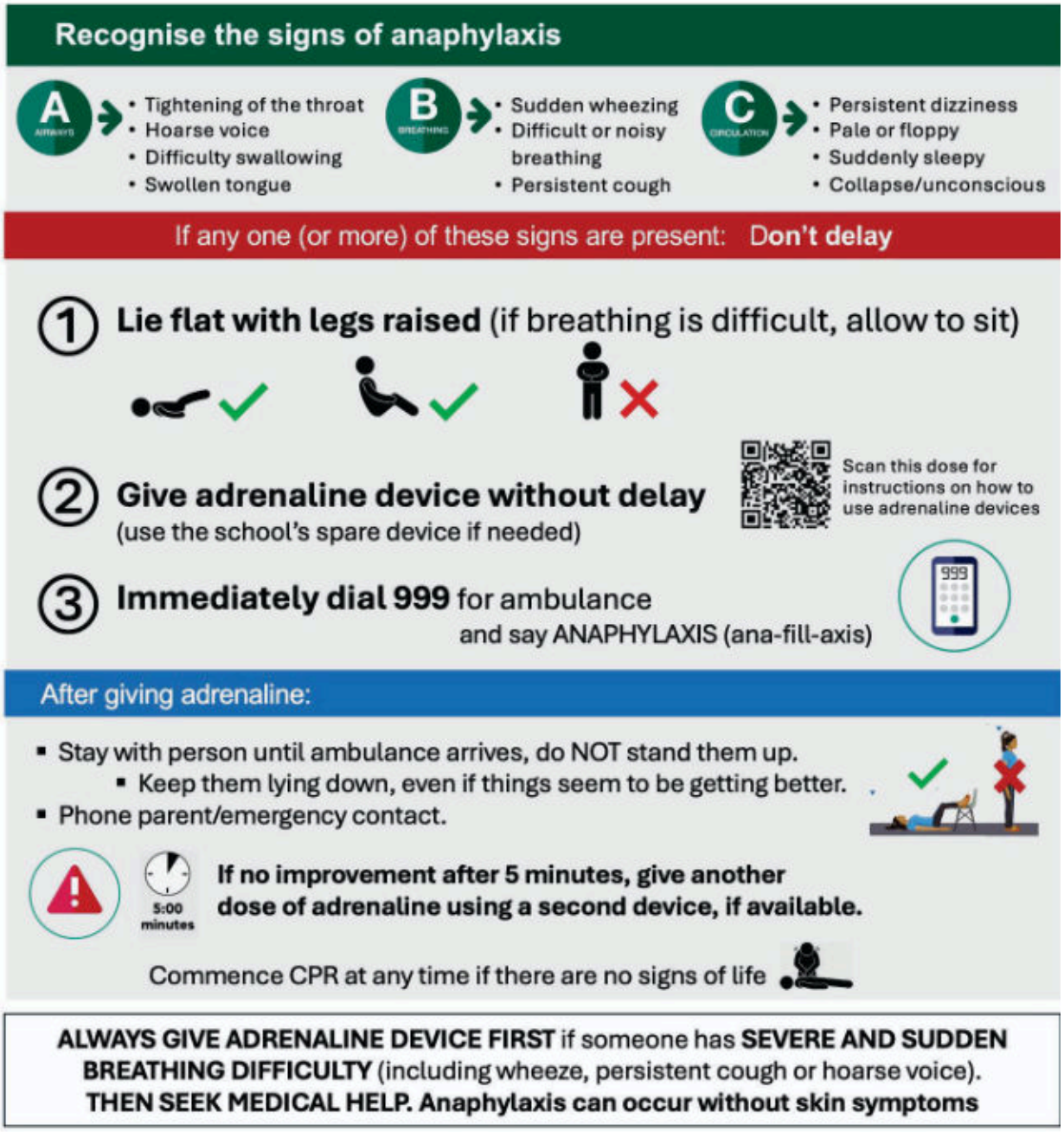
"Spare" AAIs are stored at room temperature, never refrigerated or left in direct sunlight, and kept readily accessible – not locked away – in a clearly labelled emergency kit in the medical room, distinct from any pupil's individually prescribed device. Devices are checked regularly to confirm they remain in date, with expired or used devices replaced and disposed of via [sharps bin / pharmacy / paramedics on attendance], in line with the manufacturer's guidance.

"Spare" emergency asthma inhalers

The school keeps an emergency salbutamol reliever inhaler and spacer stored alongside the "spare" adrenaline devices. This may only be used, with written parental consent already in place, for a pupil already prescribed a reliever inhaler whose own inhaler is not available.

Using "spare" devices in an emergency

Staff should follow the diagram below, the first dose causes blood vessels in the specific area of administration to constrict reducing circulation - it is therefore essential that the second dose is administered to the opposite leg to optimise faster absorption of the medication.



Staff who administer adrenaline in good faith, acting reasonably in an emergency, are protected in law even if the reaction later proves not to have been anaphylaxis, or if minor injury results from emergency treatment. Hesitation and delay, not imperfect technique, are what put pupils at risk.

Wellbeing and inclusion

The school recognises that pupils with allergy can experience anxiety about the risk of exposure and, for those at risk of anaphylaxis, about the possibility of a severe reaction. The school supports pupils' wellbeing by:

- Communicating regularly with pupils, parents and staff to maintain awareness and appreciation of allergy risk without creating alarm
- Proactively engaging with new joiners who have a known allergy, including offering a tour of the kitchen and dining hall to build familiarity and reduce anxiety
- Considering "allergy champion" roles among staff and pupils to provide a point of contact and support
- Involving pupils and staff with allergy in developing and reviewing this policy

Pupils with allergy are not excluded from lunch, trips, sport or any other aspect of school life, and are not penalised in attendance records (including attendance-related rewards) for absence caused by their allergy, such as hospital appointments.

School trips and external visits

A specific risk assessment is carried out for any pupil at risk of anaphylaxis taking part in an activity off the school premises. Pupils at risk of anaphylaxis take their own prescribed adrenaline devices with them, and at least one member of staff trained to recognise and treat anaphylaxis accompanies the group. The school considers, on a trip-by-trip basis, whether it is appropriate to also take "spare" adrenaline devices, ensuring this never leaves the school site without adequate "spare" cover. Parents are not required to accompany their child on a trip in order for the child to participate safely.

Serious incidents and "near misses"

Any serious incident or "near miss" involving allergy, anaphylaxis or asthma is recorded, using the school's incident reporting system. Reports may come from staff, pupils, parents or healthcare professionals, since the effects of an allergen exposure may only become apparent after a pupil has left the school site. Reports are made to the pupil's parents and, for serious incidents, to the governing body, alongside any statutory reporting requirements including reporting to RIDDOR.

Following any serious incident or near miss, the school reviews what happened and considers whether this policy, the pupil's Individual Healthcare Plan, or wider practice needs to change. The catering team within the school carries out periodic allergy safety drills, recording and learning from the results in the same way as a real incident.

Information sharing and data protection

Information about a pupil's allergy is special category health data under UK GDPR. The school holds, uses and shares this information only as necessary to keep the pupil safe and included, and does so in a controlled, respectful way, in line with its Data Protection Policy. Pupils and parents are involved in decisions about how and with whom health information is shared, and confidentiality is respected while ensuring that all staff who need to know are informed.

Appendix A

Term	Meaning
Allergy	A medical condition in which the body's immune system reacts abnormally to a normally harmless substance (an "allergen"), such as a food, insect sting, contact allergen (e.g. nickel, latex) or airborne allergen (e.g. pollen, dust mite).
Anaphylaxis	A potentially fatal allergic reaction affecting the Airway, Breathing or Circulation ("ABC"). It can progress rapidly and always requires an immediate emergency response.
Asthma	A lung disease involving inflammation and narrowing of the airways, frequently associated with allergy; exposure to allergens can trigger a potentially life-threatening asthma attack.
Food intolerance	A non-immune reaction to a food that the body cannot digest properly. It does not cause anaphylaxis but can cause significant symptoms and long-term harm if not avoided.
Coeliac disease	An autoimmune condition in which the gut reacts to gluten. It is not an allergy and cannot cause anaphylaxis, but requires strict dietary avoidance.
Individual Healthcare Plan (IHP)	A non-clinical document, held by the school, that records the arrangements the school will put in place to support a specific pupil with allergy, including in an emergency.
Allergy Action Plan / Asthma Action Plan	A clinical document issued by a healthcare professional setting out how to recognise and respond to a pupil's allergic reaction or asthma attack.
"Spare" adrenaline device	An adrenaline auto-injector (AAI) purchased by the school without a prescription, for emergency use on any pupil experiencing anaphylaxis, in line with the Human Medicines (Amendment) Regulations 2017.

Appendix B

Allergic reactions Allergic reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to.

Most allergic reactions do not affect the Airway/Breathing/ Circulation ("ABC") and can be treated with an oral antihistamine. Allergic reactions are unpredictable.

Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe (e.g. skin rash, vomiting) but then become anaphylaxis – so someone

having a reaction should always be monitored (e.g. in a first aid room) for at least 60 minutes afterwards, just in case the reaction gets worse.

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:
· Swollen lips, face or eyes
· Itchy/tingling mouth
· Mild throat tightness
· Hives or itchy skin rash
· Abdominal pain or vomiting
· Sudden change in behaviour

Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation ("ABC"): SIGNS OF ANAPHYLAXIS (a potentially life-threatening allergic reaction)
· A: Airways: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
· B: Breathing: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing
· C: Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness Anaphylaxis reactions involve the Airway/Breathing/Circulation ("ABC").

Appendix C
Reactions usually progress quickly and can be life-threatening – so anaphylaxis always requires an immediate emergency response.

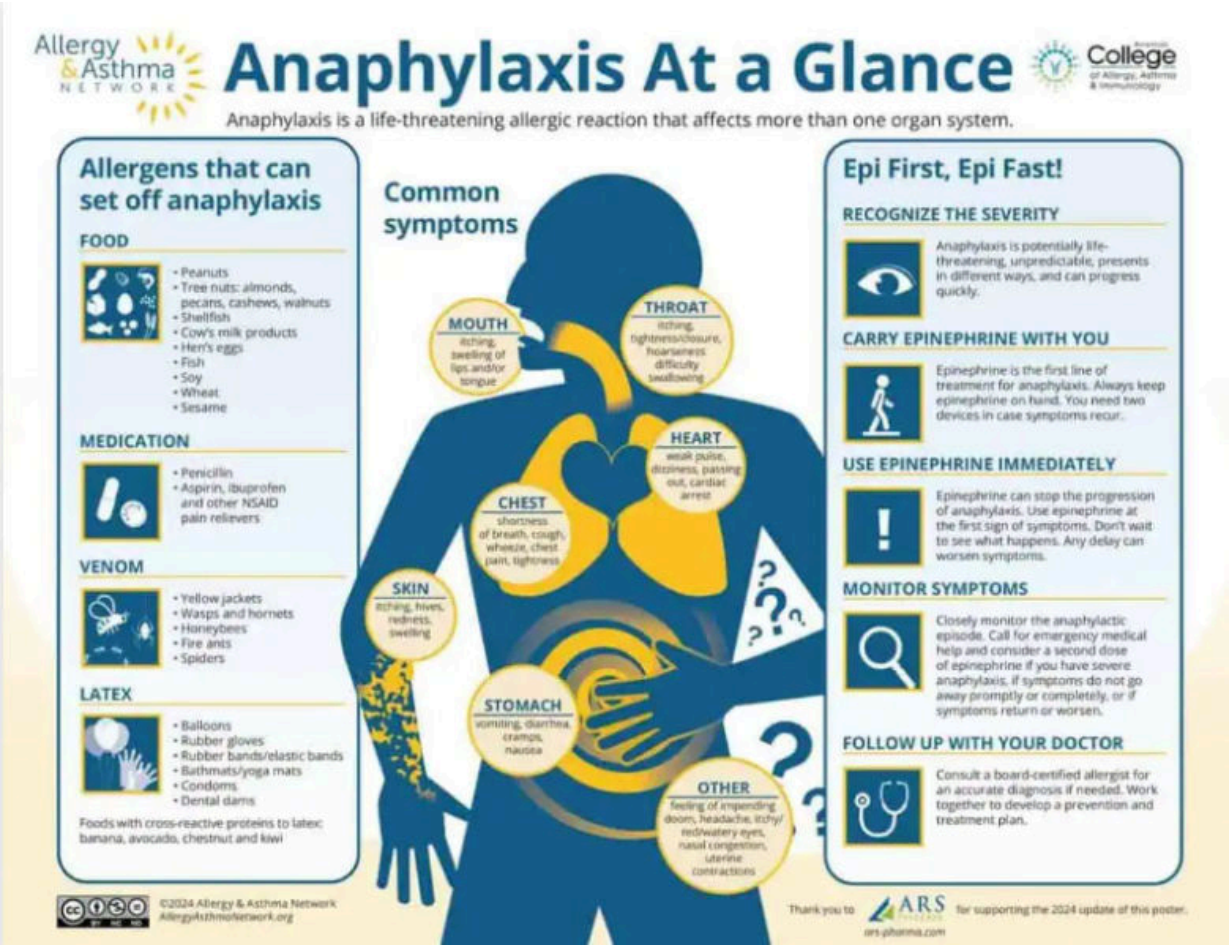
Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat). They typically affect the breathing (A and B, i.e. mimic an asthma attack) rather than the Circulation (blood pressure). Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death.

Giving emergency adrenaline immediately and calling Emergency Services (999) is essential. Anaphylaxis always requires an emergency response. Anaphylaxis can occur without any other signs (such as a skin rash) being present.

Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving. Anaphylaxis reactions solely due to skin contact are very rare. As noted above, anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger.

Emergency planning should therefore be based on the individual's documented triggers and clinical history, rather than any assumption over whether the person has eaten a trigger food.

Appendix D


Allergy & Asthma NETWORK
Anaphylaxis At a Glance
College of Allergy, Asthma & Immunology
Anaphylaxis is a life-threatening allergic reaction that affects more than one organ system.
Allergens that can set off anaphylaxis
FOOD
• Peanuts
• Tree nuts: almonds, pecans, cashews, walnuts
• Shellfish
• Cow's milk products
• Hen's eggs
• Fish
• Soy
• Wheat
• Sesame
MEDICATION
• Penicillin
• Aspirin, ibuprofen and other NSAID pain relievers
VENOM
• Yellow jackets
• Wasps and hornets
• Honeybees
• Fire ants
• Spiders
LATEX
• Balloons
• Rubber gloves
• Rubber bands/elastic bands
• Bathmats/yoga mats
• Condoms
• Dental dams
Foods with cross-reactive proteins to latex: banana, avocado, chestnut and kiwi
Common symptoms
MOUTH
itching, swelling of lips and/or tongue
THROAT
itching, tightness/closure, hoarseness difficulty swallowing
HEART
weak pulse, dizziness, passing out, cardiac arrest
CHEST
shortness of breath, cough, wheeze, chest pain, tightness
SKIN
itching, hives, redness, swelling
STOMACH
vomiting, diarrhea, cramps, nausea
OTHER
feeling of impending doom, headache, itchy/red/watery eyes, nasal congestion, uterine contractions
Epi First, Epi Fast!
RECOGNIZE THE SEVERITY
Anaphylaxis is potentially life-threatening, unpredictable, presents in different ways, and can progress quickly.
CARRY EPINEPHRINE WITH YOU
Epinephrine is the first line of treatment for anaphylaxis. Always keep epinephrine on hand. You need two devices in case symptoms recur.
USE EPINEPHRINE IMMEDIATELY
Epinephrine can stop the progression of anaphylaxis. Use epinephrine at the first sign of symptoms. Don't wait to see what happens. Any delay can worsen symptoms.
MONITOR SYMPTOMS
Closely monitor the anaphylactic episode. Call for emergency medical help and consider a second dose of epinephrine if you have severe anaphylaxis, if symptoms do not go away promptly or completely, or if symptoms return or worsen.
FOLLOW UP WITH YOUR DOCTOR
Consult a board-certified allergist for an accurate diagnosis if needed. Work together to develop a prevention and treatment plan.
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Thank you to ARS for supporting the 2024 update of this poster.
ars-pharma.com