Allergy Policy

Links to other Policies, please see:

Safeguarding and Child Protection Policy
Health and Safety Policy
Supporting Pupils with Medical Conditions Policy
Educational Visits Policy
First Aid and Medication Policy
Data Protection Policy

Policy Information		
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Date: September Name of reviewer/s:		

Allergies Policy

1. Purpose and scope

Intuition School is committed to protecting the safety, inclusion and wellbeing of pupils with allergies. This policy explains how the school will identify and reduce allergy related risks, support individual pupils, train staff and respond to allergic reactions and anaphylaxis.

It applies to pupils, staff, volunteers, visitors, contractors with pupil-facing roles, catering providers and all school activities, including breakfast and after-school provision, educational visits and off-site activities.

2. Legal and statutory framework

This policy has regard to:

- Section 100 of the Children and Families Act 2014.
- The Education (Independent School Standards) Regulations 2014, including Schedule 1, Part 3.
- Section 34 of the Children's Wellbeing and Schools Act 2026, noting that equivalent allergy-safety requirements have not yet been brought into force for independent schools through the Independent School Standards.
- Department for Education guidance, *Allergy safety in schools* (July 2026). This is not currently statutory for independent schools, but Intuition School has regard to it as relevant good practice and in anticipation of equivalent requirements being introduced through the Independent School Standards.
- Department for Education statutory guidance, *Supporting pupils at school with medical conditions*.
- Department of Health and Social Care guidance on using emergency adrenaline auto-injectors in schools.
- The Human Medicines Regulations 2012, as amended in 2017.
- The Equality Act 2010.
- The Health and Safety at Work etc. Act 1974.
- The Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019.
- UK GDPR and the Data Protection Act 2018.
- The current statutory framework for the Early Years Foundation Stage, where applicable.

3. Principles

Intuition School will:

- Take a whole school, allergy aware approach rather than claim that risk can be eliminated completely.
- Make reasonable adjustments so pupils with allergies can participate fully in school life.
- Ensure pupils are not excluded, isolated, bullied or treated less favourably because of an allergy.
- Listen to pupils and their parents/carers and take account of clinical advice.
- Ensure emergency medication is rapidly accessible and that help is brought to the pupil.
- Record and learn from allergic reactions, serious incidents and near misses.

The school is a **nut aware environment**. Families, staff and visitors must not knowingly bring nuts or products containing nuts onto the premises. However, the school cannot guarantee an allergen free environment. Controls will address every known allergen, not nuts alone.

4. Roles and responsibilities

4.1 Proprietor

The Proprietor will:

- Ensure suitable arrangements are in place to support pupils with allergies.
- Approve, publish and review this policy at least annually.
- Ensure sufficient resources, training and oversight are available.
- Receive reports on serious incidents and near misses and ensure lessons are acted upon.
- Retain legal responsibility, as the responsible body and employer, for ensuring any required RIDDOR reports are made.

4.2 Principal and responsible senior leader

The Principal is the senior leader responsible for allergy safety. The Principal will:

- Lead implementation and review of this policy.
- Promote an allergy aware culture.
- Ensure pupils requiring additional arrangements have an Individual Healthcare Plan (IHP).
- Maintain oversight of allergy records, training, risk assessments and emergency medication.
- Liaise with pupils, parents/carers, healthcare professionals, catering staff and relevant external providers.
- Ensure actions arising from incidents and near misses are completed.
- Present an annual allergy-safety review to the Proprietor as part of the school's first-aid and medical quality-assurance arrangements.

4.3 Allergy lead or operational deputy

The operational allergy lead is Sophie White. They will:

- Maintain the allergy register and check that information is current.
- Co-ordinate IHPs, Allergy Action Plans and relevant risk assessments.
- Check prescribed and spare emergency medication in accordance with the school's checking schedule.
- Arrange replacement and safe disposal of used, damaged or expired devices.
- Maintain training records and arrange induction or refresher training.

4.4 All staff, volunteers and relevant contractors

They must:

- Complete required allergy awareness and emergency-response training.
- Know how to recognise an allergic reaction and anaphylaxis and how to summon help.
- Know how to locate and use prescribed and spare emergency medication.
- Read the relevant IHPs, action plans and risk assessments for pupils in their care.
- Consider allergens when planning lessons, cooking, science, art, craft, music, animal contact, celebrations and visits.
- Follow food handling and cross contamination controls relevant to their role.
- Report reactions, incidents, near misses and concerns promptly.
- Never delay emergency treatment while trying to contact a parent/carer.

4.5 Parents and carers

Parents/carers should:

- Give the school accurate, current information about their child's allergy, triggers, symptoms and prescribed treatment.
- Supply current clinical documents, including Allergy Action Plans and Asthma Action Plans where available.
- Provide prescribed medication in its original packaging, clearly labelled and in date.
- Replace medication before it expires and inform the school immediately of any change.
- Work with the school to prepare and review the pupil's IHP.
- Follow school arrangements for food brought onto the premises.

4.6 Pupils

Taking account of age, maturity and individual needs, pupils will be encouraged to:

- Understand and communicate their allergy and symptoms.
- Avoid sharing or swapping food.
- Check with an adult if unsure whether something is safe.
- Carry their medication where this is appropriate and recorded in their IHP.
- Tell an adult immediately if they feel unwell or think they have been exposed to an allergen.

5. Identification and records

The school will request allergy and medical information on admission and at least annually. Information may also be obtained from parents/carers, pupils, previous settings and healthcare professionals.

The school will maintain a secure allergy register covering pupils with known allergies and other medical information, this will also include if a parent/carer has given permission for any other appropriate medication such as paracetamol. Relevant arrangements will also identify staff and regular visitors with allergies where information has been provided and it is necessary for safety.

The designated first-aid/medical room is located in the **First Floor Bathroom Area**, in accordance with the First Aid and Medication Policy. The allergy register and emergency medication must remain rapidly accessible and must not be locked away where this would delay treatment. Exact emergency-medication locations are recorded below and communicated to staff through induction and training.

The pupil register will record, as appropriate:

- Pupil Name.
- Known allergens and likely routes of exposure.
- Typical symptoms and the pupil's prescribed response.
- Whether the pupil has an IHP, Allergy Action Plan or Asthma Action Plan.
- Medication, device type and dose.
- Where prescribed medication is kept and whether the pupil carries it.
- Emergency contacts and relevant consent records.

Information will be shared only with people who need it to keep the pupil safe and in accordance with the school's data protection arrangements.

6. Individual Healthcare Plans

An IHP will be prepared where a pupil's allergy:

- Has a functional impact in school;
- Places the pupil at risk of harm; and
- Requires arrangements additional to or different from those made generally.

The IHP will be developed with the pupil and parents/carers, taking account of advice from healthcare professionals. It will include the pupil's triggers, symptoms, daily arrangements, reasonable adjustments, medication, emergency response, responsibilities and arrangements for lessons, meals, transport, clubs and visits.

Any healthcare-professional-issued Allergy Action Plan or Asthma Action Plan will be attached or clearly referenced. The IHP will be reviewed at least annually, whenever treatment or circumstances change, after an incident or near miss, and during transition to a new setting or phase.

7. Training

All staff present when pupils are on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply and agency staff, peripatetic staff, catering staff, relevant volunteers.

New staff will receive training during induction. The school will ensure that supply and cover staff receive essential allergy and emergency information before taking responsibility for pupils.

Training will cover:

- Common allergic conditions and the difference between allergy, food intolerance and coeliac disease.
- Known triggers and ways exposure can occur.
- The signs of mild or moderate reactions and anaphylaxis.
- Immediate emergency action, including calling 999 and administering adrenaline.
- The location and use of prescribed and spare adrenaline devices.
- Allergy and Asthma Action Plans.
- Prevention, food safety and cross-contamination.
- Inclusion, wellbeing and the impact of allergy-related anxiety.
- Reporting incidents and near misses.

Training will be recorded. Any individual clinical procedure requiring additional competency or delegation will be arranged separately with appropriate healthcare professionals.

Anaphylaxis training will form part of the school's training matrix alongside First Aid at Work, Emergency First Aid at Work, Paediatric First Aid, asthma training and medication administration training. Training and competency records will be monitored to ensure they remain current.

8. Reducing exposure to allergens

The school will use individual and activity specific risk assessments proportionate to the pupil's needs. Measures may include:

- Checking ingredients and retaining clear allergen information.
- Preventing cross contamination during storage, preparation, serving and cleaning.
- Suitable handwashing and cleaning arrangements.
- Managing food brought from home, celebrations, rewards and fundraising activities.
- Considering allergens in classroom materials, cooking, science, art, craft, music, gardening and animal activities.
- Managing airborne and contact allergens where a pupil is known to be at risk.
- Seating or supervision arrangements that support safety without unnecessary isolation.
- Briefing relevant staff, volunteers, visitors and external providers.

No blanket rule will replace an individual risk assessment or a robust emergency response.

9. Food provision

The school and its catering provider will comply with current allergen information requirements. The catering provider will:

- Keep accurate ingredient and allergen information for food supplied.
- Check labels and supplier information, including after product or menu substitutions.
- Communicate relevant information to authorised school staff.
- Use documented procedures to prevent cross-contamination.
- Ensure staff handling or serving food receive appropriate allergen and food-hygiene training.
- Provide safe, inclusive alternatives where required by an IHP or agreed dietary arrangement.

Food brought into school to be shared must be shop bought, sealed and carry a clear ingredients and allergen label. It must be handed to staff and must not be distributed without checking relevant allergy information.

10. Prescribed and spare adrenaline devices

Pupils who have been prescribed adrenaline auto-injectors (AAIs) must have rapid access to their prescribed devices at all times, including during lessons, meals, breaks, physical activity, clubs, educational visits and off-site activities.

The arrangements for each pupil's prescribed AAIs, including where they are kept, whether the pupil carries them and arrangements for off-site activities, will be recorded in the pupil's Individual Healthcare Plan (IHP) and/or Allergy Action Plan.

Parents/carers are responsible for supplying the school with the pupil's prescribed AAIs in accordance with the arrangements agreed with the school and for replacing them when used, damaged, expired or otherwise unsuitable for use.

Where a pupil is able to carry and use their own AAIs, this will be supported where appropriate to their age, understanding and individual needs and recorded in their IHP. Where staff hold a pupil's AAIs, they must remain readily accessible and must not be locked away in a location that could delay emergency treatment.

10.1 School spare adrenaline auto-injectors

The school will maintain a supply of spare AAIs for emergency use in accordance with current legislation and Department of Health and Social Care guidance.

The school's current spare stock is:

Device/dose	Quantity	Location
EpiPen auto-injector 300 micrograms	1	First aid room – clearly labelled emergency medication storage

The suitability of the dose(s) and quantity of spare AAIs held by the school will be reviewed against the needs of pupils on the allergy register and current guidance.

Spare AAIs will be:

- Clearly identified as school emergency stock and kept separate from medication prescribed to individual pupils.
- Stored securely but not locked away where this could delay access in an emergency.
- Readily accessible to staff who may need to respond to anaphylaxis.
- Stored in accordance with the manufacturer's instructions.
- Checked every six weeks by the designated allergy lead for expiry date, damage, condition and completeness.
- Replaced promptly following use, damage or expiry.
- Disposed of safely following use in accordance with the school's medicines and sharps procedures.

The location of spare AAIs will be communicated to relevant staff through induction, training and emergency procedures.

10.2 Use of a spare AAI

A pupil's own prescribed AAI should be used first where it is immediately available and suitable for use.

A school spare AAI may be used only in accordance with the legal requirements and current government guidance governing emergency AAIs in schools, including applicable medical authorisation and parental/carer consent requirements.

The school's allergy register will identify pupils for whom use of a spare AAI has been authorised and relevant consent recorded.

In an emergency, staff must not delay the administration of adrenaline while attempting to contact a parent/carer. Where a pupil meets the requirements for use of the school's spare AAI and anaphylaxis is suspected, staff will follow the pupil's Allergy Action Plan/IHP and the school's emergency anaphylaxis procedure.

Following administration of an AAI:

1. **Call 999 and state "anaphylaxis".**
2. Record the time, device and dose administered.
3. Follow the emergency procedure set out in Section 11 of this policy.
4. Inform the pupil's parent/carer once emergency action is underway.

5. Record the administration in the school's first-aid/accident and medication records, as applicable.
6. Replace any school spare AAI that has been used as soon as practicable.

The school's spare AAI provision does not replace the requirement for pupils who have been prescribed AAIs to have access to their own prescribed medication.

11. Recognising and responding to allergic reactions

11.1 Mild or moderate reaction

Possible symptoms include swollen lips, face or eyes; an itchy or tingling mouth; hives or an itchy rash; abdominal pain or vomiting; or a sudden change in behaviour.

Staff will:

1. Follow the pupil's IHP or Allergy Action Plan and give prescribed treatment where indicated.
2. Keep the pupil under continuous adult supervision and monitor for worsening symptoms.
3. Contact the parent/carer or emergency contact.
4. Keep the pupil under appropriate observation in accordance with their Allergy Action Plan/IHP. Continue to monitor for any worsening or new symptoms and treat immediately as anaphylaxis if Airway, Breathing or Circulation symptoms develop or staff are in doubt.

11.2 Anaphylaxis

Possible signs include:

- **Airway:** throat or tongue swelling, throat tightness, hoarse voice or difficulty swallowing.
- **Breathing:** sudden wheeze, breathing difficulty, persistent cough or noisy breathing.
- **Circulation:** dizziness, faintness, sudden sleepiness, confusion, pale or clammy skin, collapse or loss of consciousness.

Anaphylaxis may occur without a rash. If in doubt, treat for anaphylaxis.

Staff will:

1. **Administer adrenaline immediately. Do not wait to contact 999 or obtain permission.** Use the pupil's prescribed device if immediately available; otherwise use an appropriate spare device.
2. Call 999 immediately, state “anaphylaxis” and request an ambulance. Send someone to meet the ambulance and notify reception.
3. Lie the person flat with their legs raised. If breathing is difficult, allow them to sit with legs outstretched. If unconscious or pregnant, place them on their side. Do not allow them to stand or walk, even if they feel better.

4. Note the time the device was administered and give the used device to ambulance staff.
5. If symptoms do not improve after five minutes, or return, administer a second appropriate adrenaline device.
6. Stay with the person, monitor breathing and responsiveness, and begin CPR if required and trained to do so.
7. Contact the parent/carer after emergency treatment has begun.
8. Ensure the pupil is transferred to hospital by ambulance. A member of staff will accompany the pupil if a parent/carer has not arrived.

Help and emergency medication must be brought to the person; they must not be sent to the office or medical room alone.

Every administration of adrenaline will be entered in the school's first-aid/accident record and, where applicable, the Medication Administration Record. The entry will include the date, time, device and dose, reason, response, staff member, 999 contact and parent/carer notification.

12. Educational visits, transport and off site activities

Pupils with allergies will be supported to participate safely and inclusively. Before a visit or off site activity, the lead member of staff will:

- Review the pupil's IHP and complete an individual risk assessment where required.
- Check food, travel, accommodation and venue arrangements.
- Ensure the pupil's prescribed medication accompanies them and remains rapidly accessible.
- Ensure an appropriately trained member of staff is present.
- Take the portable first-aid kit held in the School Office. The minibus first-aid kit will accompany journeys using the school minibus.
- Ensure at least one trained first aider accompanies the visit where reasonably practicable, in line with the Educational Visits and First Aid and Medication policies.
- Consider whether suitable spare adrenaline devices should accompany the group.
- Brief relevant staff and providers while protecting the pupil's privacy.
- Establish emergency access, communications and hospital arrangements.

13. Wellbeing, inclusion and bullying

The school recognises that allergy and the risk of anaphylaxis may cause anxiety. Staff will listen to the pupil, agree reasonable adjustments and avoid practices that unnecessarily isolate or stigmatise them.

Bullying, teasing, threats involving allergens or deliberate exposure will be treated seriously under the Behaviour and Anti bullying Policy and safeguarding procedures. Any suspected deliberate exposure will be reported immediately to the Designated Safeguarding Lead.

14. Incidents and near misses

All allergic reactions, administration of emergency medication, serious incidents and near misses will be recorded as soon as practicable. Records will include:

- Who was affected and what happened.
- When and where it happened.
- The suspected cause or allergen.
- Symptoms, treatment and staff response.
- Whether emergency services and parents/carers were contacted.
- The outcome and follow up actions.

The Principal will review the record and ensure appropriate internal and statutory reporting, including reporting to the catering provider, healthcare professionals, HSE or food safety authority where required. The Proprietor retains legal responsibility for any required RIDDOR report; the Principal will assess incidents and submit any required report on the Proprietor's behalf, in line with the First Aid and Medication Policy.

Parents/carers and the Proprietor will be informed of serious incidents. The school will investigate incidents and near misses, identify lessons, update risk assessments, IHPs, training or procedures, and support affected pupils and staff.

15. Information sharing and confidentiality

Health information is special category personal data. The school will process and share it only where there is a lawful basis and where necessary to protect health, safety and welfare.

Relevant information may be made available to staff, volunteers, caterers, transport staff or visit providers who need it to keep a pupil safe. Photographs or allergy information displayed in staff areas will be limited, discreet and inaccessible to the general public. The pupil's dignity, views and level of understanding will be considered.

16. Complaints

Concerns should initially be raised with the Principal. Formal complaints will be handled under the school's Complaints Policy. A complaint will not prevent immediate action being taken to protect a pupil.

17. Publication and review

This policy will be published on the school website and made available in hard copy on request. Staff will be made aware of it through induction and annual training.
Age-appropriate awareness will be promoted among pupils without transferring responsibility for emergency response away from adults.

The policy will be reviewed at least annually and sooner following:

- A serious incident or near miss.
- A change in statutory guidance or legislation.
- A material change in the school's provision or premises.
- Evidence that an existing arrangement is ineffective.

Appendix 1: Emergency anaphylaxis prompt

1. **Give adrenaline immediately—if in doubt, give it.**
2. **Call 999 and say "anaphylaxis".**
3. Keep the person flat with legs raised; if breathing is difficult, allow them to sit with legs outstretched. Do not let them stand or walk.
4. Give a second adrenaline device after five minutes if symptoms do not improve or return.
5. Stay with the person, monitor them and send the used device with them to hospital.
6. Contact the parent/carer after emergency action has started.

This prompt does not replace an individual's current Allergy Action Plan or the instructions supplied with the device.

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.