Allergy Safety Policy

Approved by:	Paula Tucker	Date: 1/9/26
Review by:	15/9/27	

Contents

1. Purpose and scope

ReFocus is committed to enabling pupils with allergies to participate fully and safely in education. This policy sets out arrangements to reduce avoidable exposure to allergens, recognise allergic reactions and provide prompt emergency treatment. It applies during the school day, transport arranged by the school, educational visits, work-related learning, enrichment and other school-organised activities.

No school can guarantee an allergen-free environment. ReFocus will therefore use proportionate, individualised controls and a whole-school culture in which allergy is taken seriously without unnecessarily excluding pupils or restricting their education.

2. Status and legal framework

The Department for Education's Allergy safety in schools guidance, published in July 2026, is statutory for maintained schools, academies and pupil referral units. It is not currently statutory for independent schools, although the Government has stated its intention to introduce equivalent requirements through the Independent School Standards. ReFocus adopts the guidance as its standard of good practice.

This policy also supports the Education (Independent School Standards) Regulations 2014, the Equality Act 2010, relevant food-information and health-and-safety law, the school's duty of care, Keeping Children Safe in Education 2026 and the Supporting Pupils with Medical Conditions Policy.

3. Roles and responsibilities

The proprietor is ultimately accountable for ensuring that appropriate allergy arrangements are in place and effectively implemented. The proprietor will approve this policy and monitor compliance.

The Headteacher is the named senior allergy lead unless another senior leader is formally designated. The allergy lead will:

- maintain an overview of pupils with allergies and ensure individual arrangements are completed and reviewed
- ensure staff training, emergency equipment, risk assessments and communication arrangements are in place
- coordinate with pupils, parents/carers, healthcare professionals, commissioners, transport providers, caterers and visit leaders as appropriate
- review allergic reactions, medication errors and near misses, and report material concerns to the proprietor.

All staff must know how to summon help, recognise possible anaphylaxis, locate emergency medication and follow this policy and the pupil's plan. Staff must not rely on a pupil to manage an emergency alone.

Parents/carers should provide accurate and current information, prescribed medication and replacement devices before expiry; notify the school of changes; and participate in planning. Pupils will be involved according to age, understanding and competence and should report symptoms or suspected exposure immediately.

4. Identifying pupils and planning support

On admission and at least annually, ReFocus will ask parents/carers about allergies and emergency medication. Information may also arise through transition, healthcare advice or a new diagnosis. Support and interim risk controls will not be delayed while formal evidence or a completed plan is awaited.

Every pupil at risk of anaphylaxis will have an individual Allergy Action Plan, normally using a nationally recognised template completed with healthcare advice. It will operate alongside, or form part of, the pupil's IHP and will record:

- the allergen, known triggers, symptoms and usual pattern of reaction
- the exact medication, dose and instructions, including the order and timing of adrenaline auto-injectors
- where medication is kept and whether the pupil is assessed as competent to carry or self-administer it
- emergency contacts, ambulance instructions and arrangements for visits, transport and activities
- reasonable adjustments, dietary controls, communication needs and the staff who require the information.

Plans will be reviewed at least annually and promptly after a reaction, near miss, change in medication, transition or change in need. Information will be shared only on a need-to-know basis but must be immediately available to those responding to an emergency.

5. Preventing exposure to allergens

An individual allergy risk assessment will identify proportionate controls for classrooms, food preparation and eating areas, practical activities, rewards, celebrations, trips, transport and work-related learning. Controls may include handwashing, cleaning, supervision, seating, ingredient checks and alternatives. Blanket bans will be used only where a risk assessment demonstrates that they are necessary and workable.

Where food is supplied or handled, the school will obtain accurate allergen information, prevent cross-contact as far as reasonably practicable and ensure relevant staff understand how to check ingredients and respond to queries. Food must not be shared with a pupil who has an allergy unless it has been confirmed as safe under the pupil's plan. Food labels and supplier information will be rechecked because recipes and ingredients can change.

Bullying, teasing, coercion or deliberate exposure involving allergy will be addressed immediately under the Behaviour and Safeguarding and Child Protection Policies. A concern that medication or essential care is repeatedly withheld or unavailable may also require referral to the DSL.

6. Medication and emergency equipment

Pupils prescribed adrenaline auto-injectors should have two in-date devices available to them at school, unless a healthcare professional has expressly advised otherwise. Devices must be stored at the correct temperature, clearly identified, protected from damage and immediately accessible; they must not be locked away. A pupil may carry their own devices only following an individual assessment of competence and risk. A second accessible set may be required for particular sites, transport or activities.

ReFocus will make arrangements to obtain and maintain spare adrenaline auto-injectors for emergency use in accordance with the Human Medicines Regulations and current government guidance. A spare device may

be used only for a pupil known to be at risk of anaphylaxis where the required written consent and medical authorisation are in place, or as directed by emergency services where lawful.

The allergy lead will ensure documented checks of device location, integrity and expiry dates, prompt replacement, arrangements for off-site activities and secure disposal through a pharmacy. Administration, refusal, error and disposal will be recorded. The school will not delay emergency treatment because a record has not yet been completed.

7. Responding to an allergic reaction or anaphylaxis

Anaphylaxis may occur without skin symptoms. If anaphylaxis is suspected, staff will follow the pupil's Allergy Action Plan and the emergency steps in Appendix A. Adrenaline is the first-line treatment and should be given without delay into the outer mid-thigh. Staff must not wait for a parent/carer, school nurse or ambulance before administering it.

Immediately after giving adrenaline, staff will call 999, state "anaphylaxis", give the school's precise location and follow the call-handler's instructions. If symptoms do not improve, or recur, a second device will be administered after five minutes in accordance with the action plan and current emergency guidance. The pupil must not stand or walk; positioning will reflect breathing difficulty or unconsciousness. A trained person will start CPR if required.

An appropriate adult will remain with the pupil, another adult will meet the ambulance and relevant plans, medication and administration times will be handed over. The pupil will be transferred to hospital even if symptoms improve. Parents/carers and the Headteacher will be informed as soon as possible. Used devices will be given to ambulance staff or disposed of safely.

8. Education, visits and attendance

Allergy must not create unnecessary barriers to curriculum access, meals, visits, physical activity or other school life. The school will make reasonable adjustments and plan with the pupil and family. Visit planning will identify food, travel, accommodation, communication, trained cover, emergency access and proximity to medical help. Emergency medication must remain with the pupil or responsible adult and be immediately accessible.

A pupil will not be penalised for allergy-related absence. ReFocus will support reintegration and work with the family, relevant healthcare professionals, commissioner and home local authority as appropriate. Medical evidence will be requested only where genuinely necessary. A temporary part-time timetable will be exceptional, agreed, time-limited and regularly reviewed.

9. Training, recording and review

All staff, including temporary staff, will receive induction and periodic allergy and anaphylaxis awareness training appropriate to their role. Staff expected to administer adrenaline will receive practical training and must be confident and competent. Refresher training will follow healthcare advice and take place sooner after an incident, near miss, device change or concern about competence. Training records will be maintained.

The school will record allergic reactions, adrenaline administration, medication errors and near misses. Serious incidents will be managed through safeguarding, health-and-safety, first-aid and regulatory reporting arrangements as applicable. Each incident will be reviewed promptly to identify learning and update plans, controls and training.

The Headteacher will review this policy at least annually and following relevant legal or guidance change, a significant incident or material change in need. The proprietor will approve the policy and monitor its effective implementation. The next scheduled review is September 2027.

10. Complaints and related policies

Concerns should be raised with the Headteacher and may then be pursued through the Complaints Procedure. Immediate medical or safeguarding concerns will be acted on without waiting for the complaints process. Statutory rights relating to disability discrimination and SEND are unaffected.

This policy should be read with:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy and Risk Assessment Policy
- SEND Policy and Accessibility Plan
- Attendance Policy and procedures
- Educational Visits Policy
- Behaviour Policy
- Data Protection and Records Retention Policies.

Appendix A: Emergency anaphylaxis response

If anaphylaxis is suspected:

Send for help and the pupil's two adrenaline auto-injectors; do not leave the pupil alone or send them to seek help.
Lay the pupil flat with legs raised. If breathing is difficult, allow them to sit with legs extended. If unconscious, place them in the recovery position. Do not allow them to stand or walk.
Give adrenaline immediately into the outer mid-thigh, following the device instructions and the pupil's Allergy Action Plan. Note the time.
Call 999 immediately after administering adrenaline. State "anaphylaxis" and give the precise location.
If there is no improvement, or symptoms recur, give the second device after five minutes in line with the action plan and call-handler instructions.
Start CPR if the pupil becomes unresponsive and is not breathing normally.
Contact parents/carers, meet the ambulance and provide the plan, medication details and administration times.
Ensure transfer to hospital even if the pupil appears to recover. Record and review the incident.

If in doubt, give adrenaline and call 999. Delay is more dangerous than administering adrenaline unnecessarily to a person experiencing a suspected severe allergic reaction.