Federation of
Westminster Special Schools
& Bi-Borough Inclusion Service

Allergy safety policy

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Contents

1. Aims 2
2. Legislation and guidance 2
3. Roles and responsibilities 2
4. Identifying individuals at risk 5
5. Assessing risk 8
6. Minimising risk 8
7. Procedures for handling an allergic reaction 10
8. Adrenaline devices (ADs) 10
9. Serious incidents and 'near misses' 14
10. Allergy awareness 15
11. Wellbeing 16
12. Information sharing 17
13. Monitoring arrangements 17
14. Links to other policies 17
Appendix 1 School catering Arrangements 16
Appendix 2 Guide Dog Risk Assessment 18

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1. Aims

This policy aims to:

- Set out our Federation and individual school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our Federation supports learners with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting learners with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to learners with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is

College Park: Ricardo Clarke

Queen Elizabeth II Jubilee School: Marcin Lubanski

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All learners who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All learners with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Named volunteers among school staff have specific responsibilities:

College Park: Ricardo Clarke, Charlotte Peare, Sue McGraph

QEII: Marcin Lubanski, Teresa Souza, Liz Garcia

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Being aware of the specific details relating to Learner's allergies and updating the relevant individuals of any changes identified in communication from parents/carers or professionals
- Promoting and maintaining allergy awareness among learners in ways appropriately adapted to their SEND strengths and needs
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific learners with allergies in their care
- Reducing the risk to learners with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of learners with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child/young person's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child/young person with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child/young person's condition

3.7 Learners with allergies

If age and developmentally appropriate, these learners are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

Recognising the additional support needed in the context of learners with complex SEND (both those with allergies and their peers)

3.8 Learners without allergies

As age and developmentally appropriate these learners are responsible for:

- Being aware of allergens and the risk they pose to their peers

Recognising the additional support needed in the context of learners with complex SEND (both those with allergies and their peers)

Older learners might also be supported to be able to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mold
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying learners at risk

We will:

- For new starters, send a form to all parent/carers of learners after their place at the school has been confirmed, but before their admission, to confirm any allergy the learner has and whether they have proscribed medication/carry medication. Where a learner has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks of the learner starting.
- Send a reminder to parents/carers at the start of each year asking them to update their child/young person’s medical information as necessary
- We ask that parents/carers proactively inform us by either phone call to the school or an email to if their child/young person’s medical needs change during the school year.

Contact details:

College Park: Bayswater: 0207 221 354

Pimlico: 0208 189 5751

Hallfield: 0207 221 3454

St Johns Wood: 0204 616 0190

admin@qe2cp.westminster.sch.uk

QEII: 020 7641 5825

parentsandcarers@qe2cp.westminster.sch.uk

At QEII parents/carers may also talk to the school-based community nursing team who will support communication with the school's allergy lead.

4.2 Identifying staff and visitors at risk

- Staff will be asked to provide details of their all their allergies in advance of their start date as part of the pre-employment health questionnaire
- Current staff will be asked to provide details of their allergies in the autumn term of 2026, when this policy comes into force and are expected to inform the school of any changes in their allergies when they occur
- This information will be stored securely on the Federation management information system.
- Processes for supporting any member of staff who has a known allergy will be discussed and agreed with the individual at risk.
- On arrival, visitors will be to provide details of their allergies
    - In some cases, it may be possible to collect this in advance of their visit
    - This information will only be kept for the duration of their visit

4.3 Individual healthcare plans (IHP)

Learners should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a learner to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child/young person shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for learners who are new to our school.

Not all children/young people with an allergy will require an IHP. Some allergies will have little or no impact on the learner while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a learner requires would be available to any learner as part of normal policies, an IHP may not be required
- If the learner only needs non-prescription medication and school's medical conditions policy and the learner's skill level would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a learner moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All learners who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All learners who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of learners with known allergies

Linking to our 'supporting learners with medical conditions' policy.

- The schools maintains a register of learners who have a known allergy. The register includes:
  - Known allergens and risk factors for anaphylaxis
  - Whether a learner has been prescribed ADs (and if so, what type and dose)
  - Where a learner has been prescribed an AD, whether parental consent has been given to administer emergency medication
  - A photograph of each learner to allow a visual check to be made (this requires parental consent)

The register is kept on our MIS (Arbor) and in a variety of specified location at each school/site so it is accessible to staff. This will include, but may not be exclusively areas where food is served or handled and the classroom for each learner with a known allergy.

College Park:

- On medical tracker
- In health care folders in each classroom (and their IHP in the classroom of the learners with a known allergy)
- In the school kitchen at Bayswater
- In the reception area of school with the defibrillator
- In the staff room at Bayswater & Pimlico
- Senior leaders' office at SJW
- Senior leaders' office at Hallfield

QEII:

- In red health care folders in each classroom (and their IHP in the classroom of the learners with a known allergy)
- In the school kitchen, on display in the food serving areas for each leaner
- In the reception area of school with the defibrillator
- In the drawer with the spare ADs and spare Asthma pump
- In the Headteachers and Senior Leaders Office
- In the nurse's office

This allows them to be checked quickly by any member of staff as part of initiating an emergency response

Allowing all learners to keep their ADs with them will reduce delays and allows for confirmation of consent without the need to check the register however this may not be appropriate for all learners.

5. Assessing risk

The school will conduct a risk assessment for any learner at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Sensory play and exploration activities
- Science experiments involving foods
- Crafts or any activity using food packaging
- Off-site events and school trip
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any learner at risk of an allergic reaction will also be carried out where a visitor or staff member requires a guide dog. The

We recognise that some pupils, students, staff and visitors may have allergies or sensitivities to animals, including dogs (known or unknown) and we welcome staff and visitors who may use guide or assistance dogs.

Where a guide dog, assistance dog or other authorised animal is present on the school site, the school will take reasonable steps to identify and minimise any risk to individuals with known allergies or sensitivities. This may include:

- identifying relevant allergies through admission, healthcare and visitor information;
- undertaking a risk assessment where necessary;
- informing relevant staff of any identified risks;
- implementing appropriate control measures, including supervision, handwashing and cleaning arrangements;
- making reasonable adjustments for those affected by animal allergens; and
- reflecting any significant risks and agreed control measures within an Individual Healthcare Plan (IHP) where appropriate.

The school will seek to balance the needs of individuals who rely on assistance dogs with the needs of those who have allergies, asthma or other medical conditions affected by animal allergens.

A risk assessment that can be provided to schools by Federation staff who use a guide dog is attached in Appendix 2.

6. Minimising risk

Recognising the complex needs of our learners these approaches will be supported by staff to reduce risks

6.1 Hygiene procedures

- Learners are taught, supported, reminded and encouraged to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is discouraged and staff will be vigilant to the risks of this occurring
- Where appropriate, learners have their own named water bottles, and lunch boxes provided to learners with food allergies will be clearly labelled with the name of the child/young person for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance
- As our learners may not be able to follow all these hygiene procedures our staff ratios will be an additional protective factor

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of learners with allergies.

- Catering staff receive appropriate training and are able to identify learners with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and learners to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of learners
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing learners and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

- Learners will be encouraged and supported to wear shoes/footwear and staff will be vigilant to the risks if learners are unable to do this consistently and our staffing ratio will be an additional protective factor
- Food and drink should be kept covered if outdoors, as far as practical

6.4 Animals

- All learners will always wash hands after interacting with animals to avoid putting learners with allergies at risk through later contact

- Learners with animal allergies will not interact with animals

6.5 Visits and trips

- No learners with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of learners' allergies and to have received appropriate training
- The risks associated for any learner at risk of anaphylaxis taking part in a school trip will be assessed as part of the off-site procedures for every trip.
- Learners at risk of anaphylaxis should have their own ADs with them or this should be kept by the staff member allocated to work with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the learner has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The learner does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

College Park: as part of any emergency response, but without delaying the administration of adrenaline, a first aider will be called and senior leader informed

QEII: as part of any emergency response, but without delaying the administration of adrenaline, the school-based nursing team and members of the leadership team should be alerted to any incident in school via the panic alarm system.

8. Adrenaline devices (ADs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools:

8.1 Prescribed ADs

Learners who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips, this may not be possible due to the learners SEND needs and suitable alternative arrangements will be agreed/detailed.

For learners who travel to school on local authority commissioned transport the AD use is assessed as part of their transport care plan (TCP).

It is recommended that two devices are carried at all times. Learners with prescribed ADs should take them home with them at the end of each school day, unless other arrangements have been put in place and are documented as part of their IHP, and parents are responsible for ensuring that they are in date.

If a learner cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored in the following ways:

College Park:

Staff will carry each individual learners' emergency medication with them when they move around the school or out of the building on trips

- Spare medication is kept in medical box in an appropriate room on each site.
- This location is at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- On arrival at school, if the AD travels with the learner each day it is signed over to reception who then store in a secure designated space for the day
- At the end of the day the AD is signed out and returned to the parent or transport PA
- Learners of parents/carers to take individually prescribed ADs home (for example, at the end of the day for the journey home) and for checking that they remain in date if they are collecting their child/young person. These will be signed in and out to parents/carers via reception. Transport assistants will sign them in and out where a learner is on transport.
- Records will be kept of which learners have been provided with prescribed adrenaline (and an allergy action plan) on the school MIS and medical tracker, in the IHP and in the class health care folders.
- On trips; class staff will take the learners' AD with them in a visible red backpack and ensure it is locked away in the class upon arrival at the end of the trip
- The arrangements and details of the AD as well as for travelling to and from school are set out in each IHP.

QEII:

- At the main reception in a clearly labelled, unlocked drawer, which is an appropriate central location that is unlocked and accessible at all times
- This location is no more than 5 minutes away from all areas in the school where they may be needed
- This location is at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- On arrival at school, if the AD travels with the learner each day it is signed over to a member of school or nursing staff who then signs it into the drawer where it is kept.
- At the end of the day the AD is signed out and returned to the parent or transport PA, who signs to acknowledge receipt.

- Learners of parents/carers to take individually prescribed ADs home (for example, at the end of the day for the journey home) and for checking that they remain in date if they are collecting their child/young person. These will be signed in and out to parents/carers.
- Records will be kept of which learners have been provided with prescribed adrenaline (and an allergy action plan) on the school MIS, in the IHP and in the class health care folders.
- On trips the allocated staff member on the trip signs the AD out of reception and signs it back in at the end of the trip
- The arrangements for travelling to and from school are set out in each IHP.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance.

College Park:

- Spare ADs will be sourced from a local pharmacy
- 2 at Bayswater, 2 at SJW, 2 at Pimlico and 1 at Hallfield

Brands:

St John's Wood

- x2 Epi Pen Auto Injectors - 0.3mg dosage - For Children 6 -12 years and All Adults

Pimlico

- x1 Epi Pen Auto Injector - 0.3mg dosage - For Children 6 -12 years and All Adults
- x1EpiPenJR Auto Injector - 0.15mg dosage - For children under 6 years

Hallfield

- x1EpiPenJR Auto Injector - 0.15mg dosage - For children under 6 years

Bayswater

- x1 Epi Pen Auto Injector - 0.3mg dosage - For Children 6 -12 years and All Adults
- x1EpiPenJR Auto Injector - 0.15mg dosage - For children under 6 years

- based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Spare ADs will be stored:

[Bayswater; medical room, grey cabinet]

[Pimlico; Medical room, white cabinet]

[SJW; SLT office, lock box]

[Hallfield; SLT office, lock box]

- They should be:
- In an appropriate central location that is always unlocked and accessible to staff only
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- In pairs, in case a second one is necessary
- Separate from any learners' prescribed ADs and clearly labelled to avoid confusion

Ricardo Clarke, Charlotte Peare, Sue McGraph is responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near

QEII:

Sourcing spare ADs:

- Spare ADs will be sourced from a local supplier/pharmacist
- 4 AD are required:
    - 2 EpiPenJR 0.15mg dosage for children under 6 years
    - 2 EpiPen 0.3mg dosage for children/young people over 12 years
- based on Resuscitation Council UK's age-based criteria, see the AAI guidance

Spare ADs will be stored:

- At the main reception in a clearly labelled, unlocked drawer, accessible to **staff only** at all times (appropriate central location that is unlocked and accessible at all times)
- This location is no more than 5 minutes away from all areas in the school
- This location is at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- In pairs, in case a second one is necessary
- Separate from any learners' prescribed ADs and clearly labelled to avoid confusion (in clearly labelled separate bags)

Marcin Lubanski, Teresa Souza, Liz Garcia are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date

- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council by the school's nursing teams or with the advice of a local pharmacy.

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or learners for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Learners at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events.

Trained allocated staff members will be responsible for carrying the AD for any learner at risk of anaphylaxis who has their own AD.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book and on CPOMS, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and learners responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a learner should be notified of the incident or 'near miss' as soon as possible. For learners aged 16 and over a best interest decision to inform parents will be taken as appropriate.

The school will share the report with the learner''s parents, the learner or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the learner is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the school's allergy lead, designated safeguarding lead and designated leader for medication conditions.

College Park: Allergy safety and Pastoral Lead; Ricardo Clarke

QEII: Allergy safety lead: Marcin Lubanski

Designated safeguarding lead and lead for medical conditions: Pamela Murphy

The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a learner has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]

- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when learners are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee learners at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

At College Park and QEII staff training is delivered on line and via the school nurse. The school nursing team have training pens that they use as part of their training. For the BIS team training is delivered on line.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')
- New Staff receive induction training and need to complete the online training.
- Daily supply staff are given knowledge by the class team on medical information. Daily supply staff are never alone with learners and will have a class team member with them.

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Learners will be taught about allergies as part of their personalised health and well-being curriculum, as appropriate – find useful resources from Allergy School

11. Wellbeing

Learners with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher and trusted adults.

- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or ‘near miss’

The school recognizes that an incident or a ‘near miss’ is a serious event with a potential impact not only on the learner but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or ‘near miss’.

See section 9 of the policy for more detail on incidents and ‘near misses’.

12. Information sharing

Information about an individual’s health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting learners with medical conditions policy
- Data protection policy
- Behavior and Belonging policy

Appendix 1: School Catering Arrangements

Lunchtime Company and catering staff

Lunchtime Company remains responsible for the safe operation of its catering service and for maintaining effective allergen management within the kitchen, service area and food-distribution process. T

he school and Lunchtime Company will work together to ensure that learners with allergies can access school food safely and with dignity.

Allergen information must be current, accurate and available to those who need it. Catering staff must not rely solely on memory, informal verbal advice or previous products when confirming allergen content.

Where there is doubt about the safety or allergen status of food, the food must not be served to the learner until the position has been verified.

The catering provider will:

- provide accurate, current and accessible allergen information for food served;
- maintain approved recipes, product specifications and allergen matrices;
- ensure that substitutions, supplier changes and menu amendments are assessed before use, including their impact on learners with allergies;
- maintain effective procedures to prevent allergen cross-contact during storage, preparation, cooking, transport and service;
- ensure that catering staff receive suitable allergen awareness and food-safety training;
- maintain a current list of learners requiring special dietary meals, subject to secure information-sharing arrangements agreed with the school;
- ensure that special dietary meals are clearly identified, checked and handed over through a robust controlled process;
- ensure that any uncertainty regarding a learner's meal is escalated before service and that no food is served on the basis of assumption;
- provide named contacts for operational and escalation purposes;
- report allergen incidents, food-quality concerns and near misses to the school immediately;
- cooperate with the school in investigation, corrective action and review.

The catering provider must not make a menu substitution, product substitution or recipe amendment that affects a learner's agreed dietary provision without checking the impact on relevant learners and following its agreed allergen-control process.

Confidentiality and information sharing

Allergy information is personal medical information and will be handled securely and in accordance with the school's data-protection procedures by Federation and catering staff.

Information will be shared with staff and the catering provider only where necessary to protect the learner and enable safe support. Relevant information may include the pupil's name, photograph, allergens, emergency arrangements and food-service requirements.

Staff must not discuss a pupil's medical information inappropriately or share it beyond those who need to know.

Special dietary meals

Special dietary meals must be managed through an agreed written process. This will include:

- confirmation of the pupil's individual dietary needs;
- confirmation that the proposed menu and recipe are suitable;
- clear identification of the meal during preparation and service;
- an agreed checking process before the meal leaves the kitchen;
- an agreed handover process between the catering team and school staff;
- a procedure for dealing with a missing, substituted or uncertain meal.

The school and catering provider will agree whether special dietary meals are:

- collected by a named member of staff;
- delivered directly to a named learner or class;
- served through a controlled meal-identification process;
- supported by a photograph, meal ticket, allergen label or another agreed identifier.

The process must avoid reliance on a learner identifying their own special meal without appropriate staff supervision.

Menu changes and substitutions

Lunchtime Company must ensure that any menu change, product substitution or recipe amendment is assessed against the needs of learners with allergies before the food is used.

Where an item is unavailable or its allergen status is uncertain, the catering provider must use a safe approved alternative or contact the school's designated allergy lead before service.

The school will ensure that relevant parents and carers are informed where a change materially affects a pupil's agreed dietary provision.

Required catering-provider assurance information

Lunchtime Company should provide the school with the following information and keep it current:

- Current allergen management policy and procedures.
- Current menus, recipes, product specifications and allergen matrices.
- Procedures for supplier changes, product substitutions and emergency menu changes.
- Procedures for special dietary meal preparation, identification, checking and service.
- Procedures to prevent allergen cross-contact.
- Catering staff allergen-training records.
- Named operational, management and escalation contacts.
- Procedures for reporting food-related incidents and near misses.
- Evidence of routine internal monitoring or audit of allergen controls.
- Confirmation of arrangements for food prepared for school trips or off-site activities.

Appendix 2: Guide Dog Risk Assessment (provided for schools on request/as required)

Guide Dogs Risk Assessment

Guide Dogs in school environments

Contents

Section 1 - Review and update record 20
Section 2 - Assessment details 21
Section 3 - Description of activities covered 21
Section 4 - Hazards identified 21
Section 5 - Those at risk 21
Section 6 - Current control measures 21
Section 7 - Evaluation of risk 22
Section 8 - Related health and safety documentation 22

Section 1 - Review and update record

This table consists of 4 columns and 5 rows. The first row contains column titles, and the subsequent rows contain data.

Date of review	Reviewer	Version	Overview of changes/updates
24.10.23	Sally Allen	2.1	Annual review and update formatting
04.04.2022	Sarah Newton	2	Removal of specific COVID hazard and controls - new overarching COVID RA in place

Section 2 - Assessment details

Location: National

Department: Operations

Date of original assessment: June 2021

Name of assessor: Health and Safety Team in conjunction with Operations Management Team

Section 3 - Description of activities covered

Guide Dog stock being present in school environments with young persons.

Section 4 - Hazards identified

- Guide Dog being over boisterous/excited which would include mouthing, jumping up/knocking over/pulling/lunging and relief accidents etc. resulting in moderate injury
- Contact with (dog) internal or external parasites causing illness, irritation or allergic reactions
- Contact with secretions from dog/puppy e.g. vomit, urine, faeces, blood, etc. with infectious/Zoonotic disease causing illness i.e. Salmonella, Campylobacter, Ringworm
- Dog or lead location causing a trip or fall or persons standing on dog resulting in a moderate injury
- Child/young person mishandling the dog causing injury to the dog or the child/young person

Section 5 - Those at risk

- Teachers
- Young persons and children
- Parents
- Volunteers
- Guide Dog owners
- Guide Dog stock
- Visitors at the school
- Employees

Section 6 - Current control measures

- There are Operations standards for this service
- School is provided with the guidance documents - Guide Dogs within school environment, General hygiene and control of infection and advised to read and follow any procedures, information and training that is provided, so far as is reasonably practicable
- Schools are required to do their own risk assessment to cover the dog in the school environment
- All children who touch the dog are advised to wash their hands afterwards.
- Persons involved in spending the dog are advised on the correct procedures for disposal of waste
- Dogs are relieved at regular intervals on a consistent basis and in appropriate environments
- All relief accidents are cleared up immediately and appropriately
- Guide Dogs are subjected to regular use of routine preventative internal and external parasite treatments
- To reduce allergy issues all persons who could come into contact with the dog are advised of the dog's location

- Consideration is given to the position of the dog in the classroom/school grounds to persons effected by dog hair and dander and the type of dog used (i.e. type of coat hair)
- Advice/guidance is given on the dog's behaviour and activities undertaken on the school premises
- Appropriate training on control is given to those responsible for the dog whilst it is on the premises
- The dog handler will ensure that the dog and its lead are not positioned where they can be trip hazards
- The dog is kept under control by the handler at all times and in the event that the dog is showing signs of stress or is too excited it will be removed from the area
- Guide Dogs are groomed on a regular basis to help control loose hair and dander
- Guide Dogs are never left alone with children/young persons, a responsible handler is always present

Section 7 - Evaluation of risk

Severity: Medium (2)

Likelihood: Medium (2)

Risk rating: Medium (4)

Section 8 - Related health and safety documentation

- Guide Dogs within school environment
- General hygiene and control of infection