



ALLERGY POLICY

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Statutory Basis:	This policy fully follows Section 100 of the Children and Families Act 2014, as amended by Section 34 of the Children’s Wellbeing and Schools Act 2026. It strictly adheres to the July 2026 statutory guidance on Allergy safety in schools, alongside the statutory guidance on supporting children with medical conditions. It complies with the Equality Act 2010, the Health and Safety at Work Act 1974, the Children Act 1989, the Education Act 2002, and Keeping Children Safe in Education.		
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1. Our main goals and the Law

This policy explains how our academies look after people who have allergies. Outwood Grange Academies Trust wants to keep all students and staff safe and healthy. The law says schools must have a clear plan to support pupils with medical conditions and allergies. The Equality Act 2010 says that severe allergies count as a disability. This means schools must make changes to make sure allergic students are not left out or put in danger.

We cannot promise that our schools will be 100% free of things that cause allergies. However we do everything we can to lower the risks, help people understand allergies, teach students how to be responsible and know exactly how to help in an emergency. Our academies do not allow students to share food, drinks or cutlery. This policy protects every pupil, staff member, supply teacher and visitor in our school.

2. Important Words Explained

An **allergy** is when the body's immune system overreacts to something that is normally harmless, like a type of food.

An **allergen** is the specific thing that triggers an allergic reaction.

Anaphylaxis is a very sudden and severe allergic reaction that affects a person's airway, breathing or blood circulation. It is a dangerous medical emergency that can be life-threatening. An Adrenaline Auto-Injector, which people often call an AAI, is a special pen device used to give a life-saving dose of medicine during anaphylaxis. Brand names include EpiPen and Jext.

An Individual Healthcare Plan, or IHCP, is a document written by the school that explains a student's medical needs, how to lower their risks and what to do if they have an allergic reaction. A minimised risk environment is a safe school space where staff have checked for dangers and lowered the chance of anyone touching or eating an allergen.

3. Who is Responsible for What

3.1. The Named Senior Leader and Named Academy Governor

Every school has a named senior leader and school governor who are in charge of this allergy policy. These people make sure the school follows the rules and manages allergy risks safely. They must check the allergy records regularly and make sure this policy is reviewed every year, or straight away if a dangerous mistake or near miss happens. They cannot pass this important responsibility over to the kitchen team or outside companies.

These people make sure the school follows the rules and manages risks safely, including ensuring that risks relating to students with allergies are included on the academy's risk register and actively managed.

Named Senior Leader: Lorraine Leonard

Named Governor: Sonia Wilson

3.2. The Principal

The Principal makes sure the school runs safely every day and that staff are organised properly to protect students with allergies.

3.3. Parents and Carers of Students with Allergies

Parents and carers must tell the school all the details about their child's allergies before the school year starts, or as soon as they receive a diagnosis of a new allergy. This includes telling the school what triggers the allergy, what happens during a reaction, what medicine the child needs and how to contact the parents or carers in an emergency.

3.4. All Staff Members

Every member of staff must know this policy and understand the medical needs of the students they look after. Staff must keep classrooms clean, know the warning signs of a severe reaction and know exactly where to find and how to use a student's medicine.

If staff take students on a school trip or an after-school event, they must take the student's personal medicine and the school's emergency backup devices with them. No staff member can be forced by law to give out medicine, but all staff have a duty to do their absolute best to help save a child's life in an emergency.

3.5. Supply and Temporary Teachers

Temporary supply teachers and cover staff must be briefed on any students with severe allergies in their classes as soon as they arrive. They will be made aware of the location of the academy's own EpiPens and how to call for assistance in an emergency situation.

Our service level agreements with supply agencies require confirmation that any candidate put forward for cover at our school has completed a compliant Allergy Awareness and Anaphylaxis Training module within the last 12 months.

3.6. Students with Allergies (Transporting Devices)

Students will be helped to understand their own allergy symptoms and must tell an adult immediately if they think they are having an allergic reaction. Students who are old enough and feel confident will be encouraged to carry their own auto adrenaline (AAI) pens with them at all times.

All children and young people prescribed adrenaline devices (even in primary academies) are encouraged to keep their devices in their school bags to ensure they have access to them while travelling to and from school. The academy will agree clear arrangements with parents for taking individually prescribed devices on and off site and discuss regular checks to ensure these devices remain in date. This will be documented in the IHCP.

4. Mandatory Training and Safety Drills

To make our schools safe, every single staff member must receive allergy training at least once a year. This training teaches staff about different types of allergies, how food allergies differ from food intolerances, how to spot an allergic reaction and how to use different brands of AAI pens. A general first aid certificate is not enough to support students with serious medical conditions.

Our schools will also practice regular, scripted allergy drills, which are just like fire drills. Staff will practice exactly what to do in a simulated anaphylaxis emergency so they can act quickly and calmly if a real emergency happens.

5. Individual Healthcare Plans (IHCP)

The school must create a formal Individual Healthcare Plan for any student if they have an allergy which has a functional impact on them in school, if they are at risk of harm as a result of their allergy, or if they require arrangements which are additional to or different from those made generally.

If a student has been issued an official Allergy Action Plan or an Asthma Action Plan by a healthcare professional, these specific clinical documents must be directly attached to their Individual Healthcare Plan.

This plan is made with help from the parents, the student and medical professionals like doctors or nurses. The plan lists the student's allergy triggers, how the school will keep them safe, what help they need, what medicine they take and what to do in an emergency.

These plans are saved securely on an electronic system called Medical Tracker so that staff who look after that student can see them. Not every mild allergy will need a plan. Every child with a serious medical need will have an Individual Healthcare Plan that explains the exact help they require. It is vital that all staff know how to view these plans so they can keep children and young people safe.

To ensure immediate access while protecting student privacy, a master registry of children and young people with severe medical needs, including up-to-date photographs and explicit allergen triggers, is maintained securely in areas accessible to staff only.

It is the responsibility of Lorraine Leonard or designated senior leader to ensure that supply and temporary teachers are briefed on the medical needs of their assigned classes immediately upon arrival. Every supply teacher will be provided with a paper welcome pack before entering the classroom. This briefing will highlight any students in the room with severe allergies, detail their specific warning signs,

give clear instructions on how to call for emergency assistance and identify the location of the student's personal medicine and the academy's emergency back up devices.

6. Managing Risks Everyday

Our school does not use nut free bans because they do not stop accidental exposure and they give people a false sense of security. Instead we operate as allergy aware schools. This means staff must look for allergy risks in all parts of school life, not just the lunch hall.

6.1. Lesson Risk Controls

Staff must carefully check all the materials they use in their lessons to ensure they are safe for everyone. Teachers must actively look for hidden risks in everyday classroom items. For example schools should use wheat-free flour instead of normal playdough for students with coeliac disease and they must check glues or paints for ingredients like milk or soya.

Furthermore science experiments, music lessons, art classes and any activities involving animals or bird feed must be carefully assessed to ensure they do not contain allergens like nuts or sesame seeds.

If a lesson involves an item that could cause an allergic reaction the teacher must find a safe alternative for the entire class so that no student is ever excluded or made to feel different. Staff must also remember that empty food boxes used for crafts can still carry harmful traces of allergens.

6.2. Keeping School Clean

All dining tables, food areas and classroom desks used for cooking must be cleaned thoroughly with safe cleaning sprays to wash away any traces of allergens.

6.3. Breakfast and After-School Clubs

Allergy safety protocols remain strictly in force during all extra-curricular activities, including before and after school clubs and breakfast clubs.

For internal clubs managed by the academy, the academy ensures that all supervising staff have completed the mandatory annual allergy awareness training. Staff running these clubs have access to Medical Tracker to review relevant IHCPs and are responsible for ensuring that student prescribed medication is brought to the club environment.

Where external companies are used, the academy will securely share necessary medical alerts and emergency action plans with the provider prior to the club's start date, in line with data sharing agreements. External providers must demonstrate that their on-site staff are trained in anaphylaxis recognition and emergency response and they will be formally briefed on how to access the academy's central emergency back up devices if needed.

7. Dining Area and Food Rules

Our kitchens must follow strict food laws. They must display full lists of ingredients and highlight the major allergens on any food that is packaged on site, like sandwiches or salads. The school will provide the kitchen manager with a list of all students with food allergies.

Students with food allergies should not have to be separated from their friends or forced to sit at a different table at lunchtime. The school will also work with the kitchen team to provide safe and equal free school meals for students who are entitled to them.

The academy's kitchen is operated by our outside catering company name, ISS. To balance safety with social inclusion, the academy utilises a multi-layered identification system at service points without segregating students from their peers. To ensure food safety safely confirms with legislation, the academy identifies children and young people at the till point using a confidential photo board in the kitchen office and lanyards for ease of identification.

For primary settings with Early Years Foundation Stage (EYFS) children eating on site, the academy strictly enforces EYFS statutory regulations. A staff member holding a valid, full Paediatric First Aid (PFA) certificate must be physically present in the room during all meal and snack times to monitor for signs of a reaction and ensure no food trading or utensil sharing occurs.

8. School Emergency Medicine ('Spare' Stock)

The law allows our school to buy spare adrenaline pens without a prescription. These are only used as an extra safety net if a student's own pen is broken, missing or goes wrong. This legal right only applies to adrenaline injection pens and schools are not yet allowed to buy the new nasal adrenaline spray as a backup device.

As a primary/junior setting, we hold 150 microgram devices for children under six and 300 microgram devices for anyone over six.

Spare pens must be kept in pairs in an unlocked box placed so staff are never more than five minutes away from them in an emergency. These spare kits are physically located at the following points across the academy site to protect the critical response window:

- Kit 1: Principal's Office
- Kit 2: Year 6 / 3 store cupboard

The Medical Tracker system automatically warns staff when these spare pens are getting close to their expiry date so we can buy new ones, providing the notifications have been switched on and expiry dates have been added.

9. Emergency Plan for Allergic Reactions

If a student has a mild or moderate reaction, a trained member of staff must stay with them and watch them closely for at least one hour. This is because a mild reaction can quickly turn into a dangerous anaphylaxis emergency.

9.1. Emergency Steps for Anaphylaxis

If a student has any signs of severe breathing trouble, throat swelling or dizziness, staff must act immediately and follow this life-saving plan:

- **Do not move the casualty:** Never make a person experiencing a severe reaction stand up or walk around. Moving them can cause their heart to stop. Bring the medicine and help directly to the person.
- **Position the person safely:** Help the person lie flat on their back and lift their legs up in the air to keep their blood flowing safely. If they are struggling to breathe, they can sit up on the floor, but they must never stand up.
- **Give adrenaline straight away:** Use the student's personal AAI pen on their outer thigh. If their personal pen is not there or does not work, use the school's spare emergency pen immediately.
- **Call 999:** Dial 999 for an ambulance straight away and tell the operator the word 'ANAPHYLAXIS'.
- **Keep watching:** Note the exact time the medicine was given. If the person does not look better after five minutes, give them a second adrenaline pen if one is available. Start CPR chest compressions immediately if they stop breathing or show no signs of life.

A staff member will ride in the ambulance with the student and stay with them until their parents arrive at the hospital. The law states that staff are protected when they use a spare AAI pen to save a life, even if the person has never had an allergy before and does not have parental consent on file.

10. Recording and Learning from Mistakes

Every allergic reaction, emergency or near miss must be recorded on Medical Tracker as soon as the event is over. A near miss is an event where a mistake happened but nobody got hurt, like a student being given the wrong food but noticing before they ate it. Near misses are just as important as real emergencies because they warn us of weak areas in our safety systems.

The incident report will be shared with the parents, academy council and the Trust leaders to figure out what went wrong.

Reporting Food Safety Incidents:

If the kitchen team serves food containing an undeclared allergen, a legal duty to notify the local Environmental Health Office arises if the unsafe food has left the immediate control of the catering service and poses a wider risk to consumers.

If an allergen error is identified and contained before the food leaves the kitchen's immediate control or is consumed, formal external notification is unlikely to be required. However, the event must still be recorded and reviewed internally as a near miss. Where catering is outsourced, it is the responsibility of the contractor to submit any required formal reports to the competent authorities.

After any serious reaction, the school leaders will hold a meeting to review what happened, update the student's IHCP and provide support to any staff or students who feel upset or anxious after witnessing the emergency.