CEDARS

Short Stay School

Policy Title	Allergy Safety Policy
Review Committee	Pupil Support & Standards
Date Approved	TBA
Review Date	TBA
Responsible for Day-to-Day Management	SENCo
Display on CEDARS website	Yes

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Allergy Safety Policy

1. Aims

At CEDARS we are committed to ensuring equality of opportunity including providing access and opportunities for all.

Vision

Together, we will build a community where relationships, rooted in kindness and care, will change lives.

Purpose

Restoring Hope • Rebuilding Confidence • Pursuing Potential

Values

Trust • Learn • Grow

Schools are required under the DfE *Allergy Safety in Schools* statutory guidance and Section 34 of the *Children's Wellbeing and Schools Act 2026* to have an Allergy Safety Policy.

This policy sets out:

- how CEDARS will identify pupils with allergy and minimise the risks of exposure to known allergens, including managing the risk of food allergy;
- how staff will be trained in allergy awareness and emergency response;
- how individuals at risk of anaphylaxis will have access to their prescribed adrenaline devices, alongside "spare" adrenaline devices;
- how pupils with allergy will be able to participate in visits and trips;
- how Individual Healthcare Plans will capture specific arrangements (including any Allergy Action Plan and/or Asthma Plan); and
- how the wellbeing and inclusion of pupils with allergy will be promoted.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later. Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. Anaphylaxis always requires an emergency response

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

CEDARS has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

2. Legislation and Guidance

Section 34 of the *Children's Wellbeing and Schools Act 2026* requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

In line with *Benedict's Law*, CEDARS is committed to providing a safe, inclusive, and welcoming environment for all pupils, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes risk-mitigation measures and emergency response protocols.

CEDARS understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

The SENCo at CEDARS has responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

This Allergy Safety Policy will be reviewed by the Senior Leadership Team and monitored by the Governing Body at least annually. The policy will be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

The Allergy Safety Policy will be published on the school website and hard copies can be requested from the school office on request.

3. Awareness training

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils will be trained in *Allergy Awareness and Emergency Response*. In the case of supply and agency workers, written confirmation of the completion of annual allergy awareness training will be requested from the supply or agency company. The training does not replace any separate clinical governance, competency or delegation arrangements that may be needed where a pupil requires individual healthcare support beyond school-level allergy safety arrangements.

Training can be online or face-to-face, for example from the NHS Midlands Partnership Foundation Trust, the school nurse team or from other online training providers but will include:

- Giving 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, which could include a practice response and review, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack);
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a pupil's wellbeing;

- Understand the school, college or setting'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").

Where new staff start during the school year and after annual training has already taken place, online training will be given, along with school specific procedures detailed as part of the staff induction process.

CEDARS has a training adrenaline device for staff to practice administration at any point in the year.

4. Wellbeing

The risk posed by allergy and the possibility of anaphylaxis can be a significant cause of anxiety. Bullying can range from excluding peers from activities by deliberately using known allergens, to denigrating or making fun of the need to avoid allergens – and even threats to force-feed known allergens. This contributes to higher levels anxiety among young people with allergies, not least since they may already feel singled out or different as a result of the arrangements in place to support them, such as at meal times.

At CEDARS, wellbeing support for allergies can be provided through bi-weekly school nurse visits and weekly sessions with the school's North Staffs Mind counsellor. Daily support will also be available from the pupil's Home Liaison Tutor and/or the Pastoral Support Officer. This support may include:

- Regular communication with pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risk;
- Proactive engagement with new pupils with known allergies, setting out the policy and the support available;
- Inviting new pupils with allergies to tour the dinner hall, catering room and outdoor kitchen so they can meet staff and become familiar with the mealtime environment. This may reduce anxiety and helps everyone to get to know one another, which will support staff to identify pupils with allergy, intolerances and coeliac disease in the dining hall;
- An "allergy champion" to act as a point of contact for pupils and staff with allergies who will share feedback and support new or anxious pupils;
- Allergy and anaphylaxis lessons during Catering classes or in PSHE for example;
- Planning school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation;
- Involving pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management;
- Understanding that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints.

5. Minimising Risk and Exposure to Allergens, including Food Allergies

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and CEDARS will only eliminate a food following a risk assessment supported by medical advice when necessary. Where an activity would involve most pupils using a material which might contain an allergen known to affect one of the group for example, alternatives will be found for the whole group which do not exclude individuals. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

CEDARS seeks to minimise the risks of exposure to known allergens, including food allergens through:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the pupil who has the allergy;
- When shopping for ingredients and products, check labels for allergens, even if the parent/carer have said they usually purchase that brand/product;
- Recheck labels directly before use, especially if different brands are used for pupils with allergies and those without;
- Where necessary prepare food for pupils with allergies first and clearly label to avoid food being mixed up. In Catering, dishes are discussed with pupils prior to the activity to identify any allergens and products substituted or the dish changed for all pupils where necessary;
- Ensure food is prepared in a clean area using separate utensils to minimise cross-contamination. Clean tables and surfaces thoroughly before and after use;
- Encourage pupils and staff to wash hands thoroughly before and after preparing and eating food;
- Avoid sharing food, drinks, utensils, or lunchboxes, particularly food prepared at home and brought into school;
- Conducting risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips;
- Labelling and storage of lunch boxes/bags clearly with the pupil name. Storing the lunch boxes/bags of pupils with known allergens separately from other lunch boxes and food/drink;
- Identifying measures to manage the risks of exposure to a food allergen through food provided by the school including sourcing written information from the caterers regarding allergens in the lunches provided;
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens. Advice will be sought from the school nurse and the allocated specialist children's nurse. Written parental consent is required before information about specific pupils can be shared from the nursing team;
- Consider the risks of allergens in curriculum activities such as cooking, science experiments, art projects, and sensory play for example glue (may contain milk, wheat or soya), play dough (may contain wheat), bird and other animal feed (may contain nuts and sesame).
- Old food boxes may contain traces of allergens, even after thorough washing and should not be shared;
- When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food;
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, areas used by animals such as the school dogs, chickens and rabbit require enhanced cleaning and where a pupil has an allergy to a specific animal, limiting these pets to specific areas during the school day. Pupils and staff in contact with the animals will be encouraged to wash hands thoroughly;
- Catering staff will work with the catering provider to ensure food allergen information is provided and these will be shared with parents and pupils with allergies. Where changes to the menu have been made, details of food allergens should still be provided. Non-prepacked food served in the canteen must have information provided about the presence of the 14 regulated allergens. This information must be clear, accurate and easily accessible to pupils and their parents or carers;
- Provide individual pupil allergen information to the caterers in a timely manner to ensure that pupils can eat safely;
- Information regarding pupils and their specific food allergies will be kept and/or displayed in the kitchen and other areas where food is prepared but in areas accessible to staff only;
- Encourage healthy, allergy-aware food choices for celebrations and fundraisers.

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

CEDARS will ensure that allergies are included in all relevant school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

CEDARS will ensure that the risk of exposure is minimised by

- All school staff completing allergy training every year;

- Communicating with all visitors, temporary staff and supply staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response;
- Working closely with parents/carers and healthcare professionals to understand the pupil's allergy;
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors;
- Monitoring this policy to ensure that the agreed practices are implemented.

6. Identification of Individuals with Allergies

Information on allergies and any required medication is obtained from pupils and parents during the initial face-to-face intake meeting and from pre-intake paperwork from the previous school where recorded, such as the permanent exclusion notification form. Copies of Individual Health Care Plans from the previous school and Asthma/Allergy Action Plans from other healthcare professionals are sought prior to or within two weeks of the pupil starting, in accordance with data sharing policies. The parent/carer and pupil should be involved in decisions about sharing health information. Information regarding specific allergens and treatment for staff will be requested as part of the induction programme and stored within their HR record.

A record of all individuals with allergies is kept on the school's Management Information System, SIMS. Individual Health Care Plans for pupils will also be stored and accessible to all staff. A review will be completed annually and any updates amended.

Information regarding pupils and their specific food allergies will be kept and/or displayed in the kitchen and other areas where food is prepared but in areas accessible to staff only.

Where visitors will be served food, they will be asked about any food allergies that the school needs to be aware of on arrival.

7. Individual Healthcare Plans

Pupils should have an Individual Healthcare Plan (IHP) if:
- they have an allergy which has a functional impact on them in school;
- they are at risk of harm as a result of their allergy; and
- they require arrangements which are additional to or different from those made generally.

CEDARS will ensure that:
- pupils with an Allergy Action Plan and/or an Asthma Plan have an Individual Healthcare Plan (IHP);
- pupils without an Allergy Action Plan or Asthma Plan but have an allergy that needs active management over and above what other pupils need will have an Individual Healthcare Plan;
- Individual Healthcare Plans are created whilst pupils are waiting for a diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place in the school for supporting the pupil with their medical condition or allergy, including in emergency situations.

IHPs will be co-created by school, parents/carers and pupils and include any advice received from healthcare professionals, including a copy of their Allergy Action Plan and/or Asthma Action Plan. If there is no advice or plan from healthcare professionals, information and support will be requested from the school nurse. IHPs will be brought to the attention of supply staff and will also be shared during transition to a new school in line with data sharing policies.

IHPs will be reviewed annually and must be reviewed if an incident or near miss occurs. IHPs will be reviewed following any healthcare professional review of the pupil's Allergy or Asthma Care Plan or any change in medication.

8. Prescribed Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes when travelling to and from school.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. **An adrenaline device needs to be administered within 5 minutes**.

At CEDARS, ADs are stored in the school office in the first aid supplies cupboard where they are accessible to all staff at all times. Staff are briefed on the location of the ADs regularly, including at induction for new staff.

ADs for individual pupils are stored in clearly labelled boxes, together with any asthma reliever/inhaler, spacer and a copy of the Individual Healthcare Plan (IHP). In case of emergency and an ambulance is called, the box, including any used pens and the IHP, will be given to the paramedics.

ADs should be taken directly to the pupil or adult immediately and at most within 5 minutes of an event or suspected event of anaphylaxis. Anaphylaxis always requires an emergency response so always administer adrenaline immediately and call 999, stating Anaphylaxis.

The casualty should remain where they are with an adult and not be brought to the office to get the AD, and must not be left unattended at any time. Reactions to allergens can start off less severe but then develop into anaphylaxis. The casualty should be monitored for at least 60 minutes in case the reaction gets worse.

Adrenaline devices must be stored at room temperature in line with manufacturer's guidelines and not exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

9. "Spare" Adrenaline Devices

The *Human Medicines (Amendment) Regulations 2017* permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy. The *Human Medicines (Amendment) Regulations 2017* do not require consent to have been obtained for "spare" adrenaline devices to be used. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Emergency asthma inhalers can and will only be used for a pupil who has been prescribed a reliever inhaler where their own prescribed inhaler is not available, and only when written consent from the parent/carer has been gained.

CEDARS holds two spare adrenaline devices for use in emergency situations, for example, if directed for use during a 999 call or if anaphylaxis is suspected. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

CEDARS holds one pair of "spare" Jext 300mg for emergency use. These are located in the first aid supplies cupboard in school office, which is unlocked and accessible to staff at all times. The "spare" ADs are stored as a pair and clearly labelled to avoid any confusion with adrenaline devices prescribed to a named person.

The SENCo/Allergy Lead is responsible for checking that all adrenaline devices, both spare and for individual pupils, are in date and remain clear and not cloudy on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be given to the paramedic or taken to the nearest pharmacy for disposal. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. When named individual pupil ADs are due to expire, the SENCo will contact the parent to organise replacements. The old ADs will be sent home or collected by the parent for disposal.

Any medication administered at CEDARS, including prescribed adrenaline, is recorded on SIMS, including a record of the time, dosage and contact with parents.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline;
- The pupil or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or “spare” ADs);
- If the pupil or individual has their own prescribed adrenaline devices, these should be used in the first instance;
- If the pupil or individual does not have prescribed adrenaline devices, “spare” adrenaline devices can be used;
- If the pupil or individual’s prescribed adrenaline devices are not available or misfire, “spare” adrenaline devices can be used;
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

10. Visits and Trips

When pupils go offsite for trips or visits, the lead staff member responsible for the trip will collect the pupil’s named Anaphylaxis Kit from the school office and return it immediately at the end of the trip. The named Anaphylaxis Kit includes the two ADs, asthma inhaler/spacer and the IHP, detailing the emergency response and contact details. This ensures that medication and emergency response and contact details are with the pupil at all times on the trip.

11. Serious Incidents and "Near Misses"

CEDARS approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

CEDARS is aware when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

CEDARS uses the accident book to record allergic reactions (i.e. where medical advice is sought, either from first aiders or emergency response) and incident sheets to record near misses (e.g., accidental exposure without reaction, or labelling errors). The incident or near miss will be reviewed and a report written. The report will include:

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

CEDARS will share the report with the pupil’s parents/carers, the pupil and/or the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. CEDARS will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil’s IHP will be updated if necessary. Information, including reviews and lessons learned, may be shared with the PRU Management Committee.

12. Information sharing

A pupil's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for pupils who may not want to be singled out.

Information about pupils with an allergy will be shared in accordance with the school's Data Sharing Policy.