

GSMCEP Allergy safety policy

This policy will be reviewed annually.

In line with our school vision this policy supports pupils and staff in being the best they can be by looking after their health needs regarding any allergies they may have. By knowing that they are in a safe space pupils and staff can be confident that they will be supported should the need arise allowing them to focus on their work and activities.

This document outlines what should be included in an allergy safety policy, in line with the [statutory 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.

A named member of the senior leadership team in each school, college or early years setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy. In Gomersal St Mary's CE Primary School this is the headteacher, Jane Barker.

Allergy safety policies should be reviewed at least annually. Policies can 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.

Governing bodies should ensure that allergy safety policies are readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

Culture

Awareness training

All staff and Governors are trained using the compliance training on <https://allergyschool.org.uk/allergy-anaphylaxis-training-for-schools/>

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers.

It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

New staff will be asked to completed the training highlighted above. Supply and cover staff will be made aware of any pupils in their class who have an allergy and the signs and symptoms to be aware of.

Allergy awareness training should ensure 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;
 - 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 child or young person'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").
- Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Wellbeing

The wellbeing of children and young people with allergies will be actively promoted by creating a safe, supportive and inclusive environment in which they feel confident and able to participate fully in school life. Staff will be trained to recognise and respond to allergic reactions, including anaphylaxis, and individual healthcare plans will be implemented and regularly reviewed in partnership with parents, carers and healthcare professionals. Pupils with allergies will be supported sensitively to reduce feelings of anxiety, exclusion or stigma, while their peers will be encouraged to develop an understanding of allergies in an age-appropriate way. During the school year, pupils will take part in a collective worship session focused on allergies, helping to raise awareness and understanding across the school community. Children will be taught how to inform a member of staff if they believe someone is having an allergic reaction or if they have concerns about allergies themselves. Pupils identified on the school allergy list will also be offered additional emotional wellbeing support from the Pastoral Lead, using resources from the ELSA Learning Platform where appropriate. Clear communication, effective risk assessments and appropriate allergen management procedures will help to minimise risks and provide reassurance to pupils and families. The school will ensure that emergency medication is readily accessible and that children and young people know who to approach if they have concerns about their allergy, helping them to feel safe, respected and supported at all times.

The potential bullying of children and young people with allergy will be addressed through worship and PSHE lessons.

Minimising risk

- The school will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens. This will include:
- Measures to manage the risks of exposure to a food allergen through food provided by the school. The school kitchen has a full awareness of the Healthcare plan of each child with an allergy and has a photograph of each child with an allergy.
- Foods brought into school by parents, carers or other visitors for occasions such as birthdays, celebrations or fundraising events will be checked for known allergens wherever possible before being shared with pupils. Staff will ensure that any food provided does not pose a risk to children and young people with identified allergies and, where necessary, alternative arrangements will be made to ensure all pupils can participate safely and inclusively.
- Where a child or young person has a known allergy to airborne or contact allergens, the school will take reasonable steps to minimise the risk of exposure. This may include carrying out individual risk assessments, implementing allergen-aware classroom practices, adapting activities where necessary, ensuring appropriate cleaning procedures are followed, and providing staff with relevant information and training. The school will work closely with parents, carers and healthcare professionals to identify potential risks and agree suitable control measures. All staff will be informed of any significant airborne or contact allergen risks and the actions required to help keep the child safe whilst enabling them to participate fully in all aspects of school life.
- There is an expectation that staff planning any activity will consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments will be put in place to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Food allergy

The school will manage the risk of food allergy and provide clear information on allergens in food provided. This is completed by the school kitchen through advice from Kirklees Catering. Any food that is available to purchase through sales will have ingredients on display.

Individual children and young people

Identification

Arrangements for identifying individuals with allergies are established through the school's medical information procedures. All parents and carers are required to complete a medical information form when their child joins the school and are asked to provide updates whenever there is a change in their child's medical needs. Completed forms are reviewed by Alison Grant and Cindy Sheard. Where an allergy is identified, a meeting is arranged with Kirsty Hemingway to discuss the child's needs and complete an Individual Healthcare Plan (IHP). The plan details the child's known allergens, symptoms, required medication, including whether they carry an adrenaline autoinjector (AAI), and the actions staff should take in the event of an allergic reaction. Children with allergies are recorded on the school allergy register, which is regularly reviewed and updated. Individual Healthcare Plans are shared with staff on a need-to-know basis or with all staff, depending on the level of risk and the permissions provided by parents or carers. Staff members are also expected to inform the school of any allergies or emergency medication requirements, and visitors are encouraged to make the school aware of any significant allergies when attending the site. This ensures that appropriate measures can be put in place to safeguard all individuals with allergies and respond effectively in an emergency.

All individuals with allergies, including whether children and young people have Individual Healthcare Plans.

A meeting with parents and carers will take place to gather all information about known allergies. Information from the previous school will come from the CTF file or information gathering from a setting such as a Nursery.

Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- 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.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Children and young people with allergies who require specific support arrangements will have their needs documented through an Individual Healthcare Plan. Following notification of an allergy and a meeting with parents or carers, Kirsty Hemingway will work with the family and, where appropriate, healthcare professionals to develop an Individual Healthcare Plan tailored to the child's needs. The IHP will clearly identify the child's allergens, signs and symptoms of an allergic reaction, emergency procedures, prescribed medication, including any adrenaline autoinjector devices, storage arrangements for medication, and the roles and responsibilities of staff. The plan will also outline any reasonable adjustments, risk reduction measures and support required to enable the child to participate safely and fully in all aspects of school life, including educational visits, clubs and special events. Individual Healthcare Plans will be reviewed at least annually, or sooner if there is a change in the child's medical needs, and will be shared with relevant staff in accordance with parental consent and the level of support required. This includes children and young people whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an **Allergy Action Plan** and/or **Asthma Action Plan** issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed adrenaline

All devices are kept in the child's classroom. Spare devices are kept in the school office. If the child is on a trip their device will be kept with them or with their group leader.

The allergy safety policy should set out:

- Arrangements for children, young people and parents to take individually prescribed adrenaline devices home (for example at the end of the day for the journey home) and for checking that they remain in date;
- How records will be kept of which children and young people have been provided with prescribed adrenaline devices (and an Allergy Action Plan).

Arrangements for prescribed adrenaline autoinjectors (AAIs) will be agreed with parents and carers as part of the Individual Healthcare Plan process. Where pupils are required to carry their own prescribed adrenaline devices, they may take these home at the end of the school day for use on their journey to and from school. Parents and carers are responsible for ensuring that devices taken home are returned to school each day and remain in date. Within school, Cindy Sheard regularly monitors and checks the expiry dates of all medication held on site and will notify parents or carers when replacement medication is required. The school holds two spare adrenaline autoinjectors for emergency use in accordance with national guidance and school policy.

Records of pupils who have been prescribed adrenaline autoinjectors, together with their Allergy Action Plans and Individual Healthcare Plans, are maintained on the school allergy register. The register identifies pupils with allergies, their known allergens, the location of their medication and any emergency procedures that need to be followed. The register is reviewed and updated regularly to ensure that information remains accurate and that all staff have access to the information required to keep pupils safe

School-wide policies

“Spare” adrenaline devices

Set out how “spare” adrenaline devices will be used and managed, including:

- “Spare” adrenaline devices should be used when they are nearer than the child’s own, if the child does not have theirs, there is an unexpected anaphylactic reaction, their pen is out of date
 - “Spare” adrenaline devices are located in the school office
 - How “spare” adrenaline devices will be stored (see above):
 - “Spare” adrenaline devices and salbutamol inhalers will be checked to confirm that they are in date regularly
 - “Spare” adrenaline devices are dropped off at the chemist for disposal and replacements are ordered online.
- Schools should ensure that no child or young person is more than five minutes from adrenaline devices. Adrenaline devices should always be stocked and stored in pairs. Schools with large sites should consider having two pairs of “spare” devices, so that a pair of “spare” adrenaline devices are available within five minutes of wherever they may be needed. Where schools operate across more than one site, they should ensure there are spare adrenaline devices of the appropriate dosage on each site as required.

When storing “spare” adrenaline devices:

- “Spare” adrenaline devices must be readily accessible and not locked away
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes.
- “Spare” adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- “Spare” adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.

Visits and trips

All children with allergy are able to participate in **visits and trips**, and do so safely, including access to adrenaline where required.

A risk assessment will be conducted for any child at risk of anaphylaxis taking part in a trip off the premises. This will be added to the Evolve risk assessment.

Children at risk of anaphylaxis should have their own adrenaline device with them, or with their group leader, and there should be staff trained to administer adrenaline in an emergency.

Serious incidents and “near misses”

Near misses involving allergy safety will be recorded, reported and responded to on CPOMS under the category ALLERGY INCIDENT.

The school recognises that, in some cases, the effects of exposure to an allergen may not become apparent until a child or young person has returned home. Parents, carers, pupils and healthcare professionals are therefore encouraged to report any suspected allergy-related incidents, reactions or near misses that may have occurred during the school day. Reports should be made to the school office or a member of the Senior Leadership Team as soon as possible so that the incident can be investigated and recorded appropriately.

All reported incidents will be reviewed to identify any potential allergens, assess the effectiveness of existing control measures and determine whether any changes are required to the child's Individual Healthcare Plan, Allergy Action Plan, risk assessment or wider school procedures. Records of incidents will be recorded on CPOMS. The school will work closely with parents, carers and relevant healthcare professionals to ensure that lessons are learned from any incident and that appropriate steps are taken to reduce the risk of recurrence and support the ongoing safety and wellbeing of the child or young person.

Information sharing

Parents/carers will be consulted with before we share information about children and young people with an allergy.

A child or young person'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 children and young people who may not want to be singled out.

Awareness of the allergy safety policy

Awareness of the policy. The allergy safety policy be published on the school website. All staff should be aware of and understand the policy, as part of annual allergy awareness training.

The school will promote awareness of allergy safety through age-appropriate education and regular opportunities to develop pupils' understanding of allergies and the importance of keeping others safe. During the school year, pupils will participate in a collective worship session focused on allergies, helping to raise awareness of common allergens, the impact allergies can have on individuals, and the importance of seeking help quickly if someone appears unwell. Pupils will be taught how to inform a member of staff if they believe a child is experiencing an allergic reaction and will be encouraged to act responsibly and supportively towards their peers.

Where appropriate and with the agreement of the child or young person and their parents or carers, close friends and classmates of pupils who have severe allergies may be provided with basic information about the individual's allergy and how to seek adult assistance in an emergency. This will focus on recognising that help is needed and knowing how to alert a member of staff immediately. Any awareness-raising activities will be planned sensitively to promote inclusion, reduce anxiety and avoid singling out individuals unnecessarily. Such awareness sessions are intended to complement, and not replace, staff training and established emergency response procedures. Pupils identified on the school allergy register may also be offered additional wellbeing support from the Pastoral Lead using resources from the ELSA Learning Platform where appropriate.

