



THE
**WALDESLADE
& GREENACRE**
SCHOOLS PARTNERSHIP

Allergen Policy

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Statement of Equality

We have carefully considered and analysed the impact of this policy on equality and the possible implications for students with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Aims

The aims of this policy are to:

- Ensure all students with allergies are appropriately supported.
- Minimise the risk of allergen exposure within school.
- Ensure staff understand their roles in preventing and responding to allergic reactions.
- Support students to manage their allergies safely and confidently.
- Establish safe, consistent procedures for medication use, storage, and emergency response.

Roles and Responsibilities

Parents and Carers

Parent's/carer's must:

- Provide the school with full, up-to-date medical information regarding their child/ward's allergy.
- Supply prescribed medication (e.g., antihistamines, inhalers, adrenaline auto-injectors) in-date and correctly labelled.
- Work with the Lead First Aider and Student Hub to develop and review the student's Health Care Plan (HCP).
- Inform the school immediately of changes in diagnosis, medication or allergy severity.

Students

Students will, where appropriate:

- Take responsibility for self-management of inhalers/medication as agreed in their HCP.
- Follow safety instructions and alert staff if they feel unwell.

School Staff

All staff must:

- Be aware of students with allergies in their classes and understand their needs.
- Follow the student's Health Care Plan (HCP) and Allergy Action Plan (AAP) and respond swiftly in an emergency.



- Avoid using allergenic materials (e.g., nuts, latex) in teaching activities unless approved in advance.

Lead First Aider and Designated Safeguarding Lead

To ensure that:

- Individual Healthcare Plans for students with severe allergies are created.
- HCPs and AAPs are accessible and shared with relevant staff.
- Staff receive appropriate annual training (e.g., EpiPen use, allergy awareness).
- Records are maintained securely and updated regularly.
- Store student spare/emergency medication securely yet accessibly.
- Maintain spare, in-date adrenaline auto-injectors and inhalers. Storage must be accessible within 5-minutes of anywhere on the school site.
- Monitor medication expiry dates and liaise with parents.
- Record administration of any medication.
- Annual audits of students with allergies in terms of incidents are undertaken.
- Review Individual Healthcare Plans.

Identification of Students with Allergies

- All allergies must be declared on student admission forms and updated annually or when changes occur.
- Where required, a Allergy Action Plan will be created with input from parents/carers, healthcare professionals, and the school and stored alongside the student's HCP.
- Students with diagnosed anaphylaxis will be flagged on the school system for staff awareness.

Health Care Plans (HCPs)

Each HCP includes:

- Student details.
- Medical diagnosis or conditions.
- Medication.
- Emergency contact details.
- Clinic/ GP details.
- Daily care requirements.
- Activities that would constitute a danger, either in school or on a school trip.

Additionally, where an allergy is disclosed, a separate **Allergy Action Plan** (Appendix 1) will be completed to:

- Identify allergens and level of severity.
- Outline medication requirements and emergency protocol.
- Provide permission for self-administration where appropriate.
- Analyse risks and potential triggers in lessons, trips and other school activities.



- Provide signs and symptoms of mild, moderate and severe reactions.

HCPs and AAPs are reviewed annually or sooner if the student's condition changes.

Medication Management

Storage

- Adrenaline auto-injectors and inhalers must be accessible at all times.
- Two spare Epi-pens will be held in Attendance and checked regularly for expiry.
- Two spare Epi-pens will be held in Reception (main First Aid box) and checked regularly for expiry.
- Two spare Epi-pens will be held in the A Side Sports hall and checked regularly for expiry.
- Two spare Epi-pens will be held in the Science Block Technicians Office and checked regularly for expiry.
- A spare Inhaler will be held in Reception and checked regularly for expiry.
- Students may keep emergency kits on them if appropriate.

Administration

- Students should self-administer where possible. Trained staff will administer in emergency situations where the student is not able to administer themselves (e.g., anaphylaxis).
- All medication must be supplied in its original packaging with pharmacy labelling.
- Administration will be recorded in the school medication log.

Expiry and Disposal

- The Lead First Aider tracks expiry dates and contacts parents ahead of replacement deadlines.
- Expired medication will be returned to families or disposed of safely via the local pharmacy.

Minimising Allergen Exposure

Whole-School Approach

WGSP promotes an allergy-aware environment. While we cannot guarantee an allergen-free site, we commit to reducing risk through:

- Clear communication to parents about avoiding high-risk foods in packed lunches where needed.
- Allergen practices followed in Food Technology classes. Separate allergen free kitchens are identified and provided during those lessons.
- Allergen policies adhered to by the contract catering company, with clear signage and food labelling in the canteen and other food outlet areas.



Departments with Higher Risk

Food Technology

- The Food Technology kitchen has a strict 'no nuts, no seafood and no raw meat' policy for KS3 lessons. This is communicated to students at the start of each term. This applies to sushi or steak tartare type dishes.
- For KS4 (including NEA) raw meat may be used sparingly where appropriate. Nuts and seafood are not permitted. This is strictly controlled through close supervision and thorough cleaning and sanitising after the lesson. These items are not used in a classroom with a relevant allergy.
- The Lead First Aider informs the Food Technology teacher of students with allergies to support lesson planning and risk reduction. This information is also clearly displayed and pinned to the student's profile within Arbor.
- Separate allergen-free kitchen workspaces are identified and used solely as allergen-free spaces. One section is dairy-free and one section is gluten-free, with separate equipment for each. Due to limited space, this arrangement is reviewed and managed carefully to minimise cross-contamination risks, dependent on need.
- Deep cleaning takes place routinely, with additional deep cleaning in the allergen area.
- Pupils are taught from Year 7 about the importance of correct cleaning and hygiene to reduce the risk of cross-contamination. Allergy awareness is taught in the curriculum: basic awareness in Years 7–8 and more in-depth content in Year 9, including food labelling requirements and relevant legislation (including *Natasha's Law*).
- Students with allergies are not permitted to taste other pupils' food. Where food is shared, pupils are instructed to check for allergies before offering food to others.
- Where a pupil has an airborne allergy and the risk is increased (e.g., during baking activities involving airborne flour), the school will make alternative supervised arrangements to reduce exposure, in agreement with parents/carers.
- Pupils may adapt recipes to suit individual dietary, allergen, or ethical needs as agreed with the teacher.
- A dedicated microwave is available for allergen-area use; and only used once the recipe has been agreed with the teacher and confirmed to be free of all allergens.

First Aid

- Check materials (e.g., latex, powdered gloves, plasters). Avoid high allergen materials where possible and provide alternatives where needed.
- Check with student regarding allergens before providing any first aid materials for self-administration (e.g., plasters).

Science and Art

- Check materials (e.g., latex, powdered gloves, paints containing allergenic compounds).
- Alternatives should be provided where needed.



Trips and Visits

- Students on trip with allergens are highlighted and individual HCPs and AAPs provided to the trip leader.
- Allergies are communicated to parents for consideration with packed lunches and snacks whilst travelling.
- Risk assessments consider allergens.
- Trip staff must carry all medication and ensure it is accessible.

Fundraising

- The school adheres to *Natasha's Law* by ensuring that, during all fundraising events where food is sold, full ingredient and allergen information is clearly listed and available for all consumers to check

Recognising an Allergic Reaction

Mild to Moderate Symptoms

- Itchy skin, rash or hives.
- Swelling of lips or face.
- Mild stomach discomfort.
- Sneezing/watery eyes.

Worsening or Multiple Symptoms

- Increasing swelling.
- Worsening rash or vomiting.
- Cough, mild breathing difficulty.
- "Something doesn't feel right".
- Exposure to a *known high-risk allergen*, even without symptoms.

Severe Symptoms (Anaphylaxis)

- Difficulty breathing.
- Tight chest, wheeze or persistent cough.
- Rapid swelling of tongue or throat.
- Feeling faint or collapsing.
- Sudden anxiety or sense of doom.

Emergency Response Procedure

If a student shows signs of anaphylaxis:

1. Call for help immediately and alert Reception/First Aid.
2. Administer adrenaline auto-injector without delay (into the outer thigh).
3. Call 999 and state "anaphylaxis."



4. Lay the student flat with legs raised (unless breathing is difficult—allow to sit upright).
5. If no improvement after 5 minutes, administer second device if available.
6. Keep monitoring breathing and stay with the student until emergency services arrive.
7. Contact parent/carer.
8. Record the incident on the medical log and CPOMS where appropriate.

Staff Training

- Annual whole-staff EpiPen training.
- Location of Epi-Pens distributed to all personnel.
- First Aiders receive enhanced, accredited training.
- Updates provided when students' needs change.

Record Keeping and Information Sharing

- All medical information is stored securely
- HCPs and AAPs are made available to staff on school trips.
- Medical and Pastoral logs are identified on the school MIS for all staff to access.
- Records of medication administered, emergency responses and HCP/AAP is maintained by the Lead First Aider/ Reception.

Safeguarding Considerations

- Allergy-related concerns (e.g., bullying about allergens, misuse of allergenic foods) will be treated as safeguarding matters in line with the school's Child Protection Policy.
- Repeated failure to provide medication or follow medical advice will be escalated to the DSL if it poses a risk to the child.

Monitoring and Review

- The policy will be reviewed annually or sooner after any allergy-related incident.
- Feedback from staff, students, governors, and parents will inform future updates.
- The Governing Body retains oversight of health and safety and safeguarding compliance.

Links to Other Policies

This policy links to the following policies:

- First Aid Policy.
- Supporting Students with Medical Conditions Policy.
- Health and Safety Policy.



Appendix A

Allergy Action Plan

Student Details

Student Name:	
Address:	
Date of Birth:	

Student Diagnosed Allergies:

Foods (e.g., Nuts, kiwi etc)	
Non-Food (e.g., latex, insect stings)	
Medication (e.g., Penicillin)	

Known Triggers / Allergen Avoidance Measures

Triggers	
Classroom precautions	
Trip/ school visit precautions	

Provided Medication

Medication	Dose	Location in School	Expiry Date
Adrenaline Auto-Injector #1			
Adrenaline Auto-Injector #2			
Antihistamine			
Inhaler (if applicable)			
Other			

Can the student self-administer their own medication?	YES / NO
Do you consent to First Aid trained staff administer medication in an emergency (e.g., anaphylaxis)?	YES / NO

Individual Notes

(Any additional information such as asthma, past reactions, emotional needs, masking behaviours, sensory issues, co-existing conditions.)

Parent/Carer Signature:

Date:

Next review due:

(max 12 months; sooner if condition or medication changes)



Appendix B

Allergy Incident Report Form

Student Details

Student Name:	
Year Group:	

Incident Details

Time of Incident:	
Allergy Type:	
Symptoms Presented:	
Treatment Given:	

Parent/Guardian Contacted

Contact Method:	Phone / Email / Arbor Message
Time Contacted:	

Further information

Was any further treatment required?	YES / NO. If YES, please detail further treatment given.
Was hospital treatment required?	YES / NO. If YES, please detail.
Is this the first incident?	YES / NO. If NO, please detail dates of previous incidents

Lead First Aider Signature:	Date:
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GREEN – Mild/Moderate Symptoms

Signs may include:

- Itchy skin, rash or hives
- Swelling of lips or face
- Mild stomach discomfort
- Sneezing/watery eyes

Action

- ✓ Stay with student and reassure them
- ✓ Give **antihistamine** (if prescribed)
- ✓ Monitor closely for 10–15 minutes
- ✓ Inform Parent/Carer
- ✓ If symptoms progress → follow AMBER/RED sections

AMBER – Worsening Symptoms

Signs may include:

- Increasing swelling
- Worsening rash or vomiting
- Cough, mild breathing difficulty
- “Something doesn’t feel right”
- Exposure to a *known high-risk allergen*, even without symptoms

Action

- ✓ **Call Reception / First Aider immediately**
- ✓ Begin close monitoring
- ✓ Prepare **adrenaline auto-injector**
- ✓ If the student deteriorates → follow RED section
- ✓ Inform Parent/Carer ASAP

RED – Severe Symptoms (Anaphylaxis)

Any ONE of the following = anaphylaxis:

- Difficulty breathing, noisy breathing, persistent cough
- Swelling of tongue or throat
- Hoarse voice, difficulty speaking
- Feeling faint, dizzy, collapse
- Pale/floppy (especially in younger children)
- Sudden anxiety or sense of “doom”

EMERGENCY ACTION – DO NOT DELAY

1. **Administer Adrenaline Auto-Injector immediately**
 - Into outer thigh, hold for **5 seconds** (*check EpiPen instructions as could be longer*)
2. **Call 999** – say: “Anaphylaxis – adrenaline given”
3. **Lie student flat**
 - If breathing is difficult: allow to sit up
 - *Do NOT allow them to stand or walk*
4. **Send a runner** to bring second AAI and inform Reception/SLT
5. **If no improvement after 5 minutes, give second AAI**
6. Contact Parent/Carer
7. Stay with student until ambulance arrives

Equality Impact Assessment

Who is the policy or process intended for?	Students	Employees	Govs/ Trustees	Volunteers	Visitors		
	☒	☒	☒	☒	☒		
Status of the policy or process:	New policy or process			Existing policy or process			
	☐			☒			
Analysis							
Protected Characteristic	Impact analysis			Explanation of impact analysis			
	Positive	Neutral	Negative				
Age:	☐	☒	☐				
Disability:	☒	☐	☐				
Sex:	☐	☒	☐				
Gender reassignment:	☐	☒	☐				
Race:	☐	☒	☐				
Religion or belief:	☐	☒	☐				
Sexual orientation:	☐	☒	☐				
Marriage or civil partnership:	☐	☒	☐				
Pregnancy and maternity:	☐	☒	☐				
Student groups (PP/SEN/CLA):	☒	☐	☐				
Evaluation and decision making							
Summary of action taken:							
Final decision:							

