GARSTANG ST THOMAS CHURCH OF ENGLAND SCHOOL

POLICY: ALLERGY SAFETY POLICY

Links with other policies: Supporting Pupils with Medical Conditions; First Aid and Medicines; Safeguarding and Child Protection; Educational Visits; Equality; Accessibility; SEND; Behaviour/Anti-bullying; Health and Safety.

Statutory basis: Children's Wellbeing and Schools Act 2026; Department for Education statutory guidance 'Allergy safety in schools' (July 2026); Children and Families Act 2014; Equality Act 2010; Human Medicines Regulations 2012 (as amended); Food Information Regulations 2014; relevant EYFS requirements.

1. Policy statement

Garstang St Thomas Church of England School is committed to ensuring that children with allergies are safe, included and able to participate fully in education, visits, clubs and the wider life of the school. The school will take reasonable steps to identify and minimise allergy-related risks while recognising that no school can guarantee an allergen-free environment.

This is the school's dedicated allergy safety policy. It is published and reviewed at least annually. It will also be reviewed following a serious allergy incident or near miss where learning indicates that arrangements should change.

2. Leadership and responsibilities

- The Governing Body has oversight of the school's statutory duties and will receive appropriate information about serious allergy incidents and near misses and the learning arising from them.
- The Headteacher is the designated senior leader responsible for allergy safety, implementation of this policy, staff awareness and ensuring appropriate systems are in place.
- The School Office Manager supports day-to-day coordination, maintains relevant records, checks school-held emergency medication and ensures information is communicated to staff.
- All staff are responsible for following this policy, knowing how to summon emergency help, knowing where emergency adrenaline is located and taking reasonable steps to minimise exposure to known allergens.
- Parents/carers must inform school promptly of known or suspected allergies, provide current medical information and prescribed medication, and notify school of changes.
- Pupils will be supported, according to age and understanding, to recognise symptoms, avoid known allergens, communicate concerns and manage their medication safely.

3. Identifying and sharing allergy information

On admission, and whenever information changes, the school will seek relevant information about allergies, asthma, prescribed medication and any previous serious reactions. Information may be obtained from parents/carers, the previous setting and healthcare professionals.

Relevant information will be shared with staff who need it, including class staff, supply staff, catering staff, breakfast/after-school club staff, trip leaders and regular volunteers, while respecting confidentiality and data-protection requirements. A current photograph may be used where this supports safe identification.

4. Individual Healthcare Plans and Allergy Action Plans

A pupil should have an Individual Healthcare Plan (IHP) where their allergy has a functional impact in school, places them at risk of harm and requires arrangements additional to or different from those made generally. The IHP will describe what the school will do, when and by whom, including emergency arrangements.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, this will be attached to and inform the IHP. Plans will be developed with the pupil (where appropriate), parents/carers and relevant healthcare professionals, and reviewed when needs or clinical advice change and at least annually where appropriate.

5. Allergy awareness and staff training

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff working in breakfast or after-school provision. New staff will receive appropriate information and training as part of induction.

- common allergic conditions, triggers and the difference between allergy, intolerance and coeliac disease;
- recognition of mild/moderate reactions and anaphylaxis, including Airway, Breathing and Circulation (ABC) symptoms;
- how to locate and administer emergency medication, including adrenaline devices and emergency asthma inhalers where applicable;
- calling 999 and informing parents/carers;
- risk reduction, food allergy and cross-contamination controls;
- how to follow IHPs and Allergy/Asthma Action Plans; and
- recording and reporting allergic reactions, serious incidents and near misses.

6. Emergency response to anaphylaxis

Anaphylaxis is a medical emergency. If anaphylaxis is suspected, staff must act immediately. If in doubt, treat as anaphylaxis and give adrenaline.

- Keep the pupil where they are and summon help. Do not leave them alone.
- Lay the pupil flat with legs raised. If breathing is difficult, they may be allowed to sit up gently; do not allow them to stand or walk.
- Administer the pupil's prescribed adrenaline device immediately if available. If it is unavailable, has misfired, or the pupil has no prescribed device, use the school's appropriate spare adrenaline auto-injector (AAI).
- Do not delay adrenaline while waiting to speak to emergency services. Adrenaline should be given as soon as possible and, in practice, within five minutes.
- Call 999 immediately after administering adrenaline and state 'anaphylaxis'.
- Follow the device instructions and the pupil's Allergy Action Plan where available. If symptoms persist or recur, give a second dose after the interval specified in the action plan/device guidance (commonly five minutes).
- Commence CPR if there are no signs of life.
- Contact parents/carers as soon as possible after emergency help has been summoned.
- A pupil who has experienced anaphylaxis must be assessed by emergency healthcare professionals; school staff will follow ambulance/clinical advice.

7. Prescribed adrenaline and other emergency medication

Pupils at risk of anaphylaxis should have access at all times to both prescribed adrenaline devices. Depending on age, maturity and competence, pupils may carry their own medication. For younger pupils, medication will be stored so that it is safe, readily accessible and can be brought to the pupil without delay. Adrenaline devices will not be locked away.

Medication will be clearly labelled and stored in accordance with manufacturer instructions, at room temperature and away from extremes of heat and direct sunlight. Parents/carers remain responsible for supplying prescribed medication and replacing it when used or expired; school will operate checks and reminders as an additional safeguard.

8. School spare adrenaline auto-injectors

The school will stock spare AAIs of appropriate doses for its pupils. Spare AAIs will be held in pairs, clearly labelled and stored in a safe, central, unlocked and readily accessible location. The current location is the school office. Arrangements will ensure that adrenaline can be brought to a person experiencing anaphylaxis within five minutes.

The School Office Manager will check spare AAIs at least monthly and arrange replacement before expiry and following use. Used or expired AAIs will be disposed of safely in accordance with manufacturer and medicines-disposal guidance.

The school will normally seek advance parental consent for use of a spare AAI. However, prior consent is not legally required where emergency use is necessary to save a life. Spare AAIs may be used where a prescribed device is unavailable or fails, and may also be used for a person presenting with anaphylaxis for the first time.

At present, non-injectable/nasal adrenaline may be prescribed to an individual but cannot be purchased by a school as a spare device. A school spare AAI may be used in an emergency if appropriate.

9. Food allergy and catering

- The school will provide clear, accurate and accessible information about regulated allergens in food it provides.
- Food that is prepacked for direct sale (PPDS) will be labelled with the name of the food, a full ingredients list and the 14 regulated allergens emphasised, in accordance with allergen-labelling law ('Natasha's Law').
- For non-prepacked food, information about the presence of the 14 regulated allergens will be clear, accurate and easily accessible.
- The School Office Manager will ensure relevant allergy information is communicated to catering staff. Parents/carers may meet catering staff to discuss individual needs.
- Staff involved in food preparation, serving, curriculum cooking, celebrations or other food activities will take reasonable steps to avoid allergen exposure and cross-contamination.
- Food will not be given to a food-allergic primary-aged pupil outside agreed arrangements without appropriate parental engagement/permission.

10. Minimising risk and allergy-aware culture

The school will promote allergy awareness rather than claim to be 'allergen free'. Blanket bans cannot guarantee the absence of an allergen and may create false reassurance. Where an individual risk assessment identifies that restrictions on a particular food or activity are a reasonable and proportionate control, the school may introduce them.

Pupils with allergies must not be isolated, stigmatised or bullied because of their condition. Allergy-related teasing, deliberate exposure or interference with medication will be treated seriously under the school's behaviour and safeguarding arrangements.

11. Educational visits, sport and extracurricular activities

Pupils with allergies will be supported to participate fully and safely. Individual risk assessments and reasonable adjustments will be made where required. Trip leaders must ensure prescribed emergency medication is available throughout the visit and that staff know the pupil's plan and how to respond.

A pupil will not normally be excluded from a visit simply because of an allergy or because a parent/carer is unable to accompany them. If essential prescribed emergency medication is unavailable at departure, the trip leader will seek to resolve this urgently with the parent/carer and senior leader, taking account of the pupil's safety and entitlement to participate.

The school will consider taking an appropriate pair of spare AAIs on off-site visits where this is necessary and practicable, while ensuring suitable spare provision remains available on the school site.

12. Serious incidents and near misses

A serious incident includes an event in which a person with an allergy is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services are required. A near miss is an event that did not cause harm but had clear potential to do so.

- Record the incident or near miss as soon as feasible in the school's accident/incident recording system, including what happened, when and where, the response and outcome.
- Inform parents/carers as soon as possible and share the report with them, giving them an opportunity to contribute to the review.
- Report the matter to the designated senior leader for allergy safety and, for serious incidents/near misses, ensure appropriate governing-body oversight.
- Make any statutory or external reports required, including RIDDOR where the legal reporting threshold is met and food-safety reporting where applicable.
- Notify the relevant healthcare professional where the event related to delivery of a clinical care/action plan.
- Review the IHP, action plan, risk assessment, training, communication and policy arrangements and share learning with relevant staff.

13. Monitoring, complaints and review

The Headteacher will monitor implementation of this policy. Concerns should be raised promptly with the school. Formal complaints will be managed under the school's Complaints Procedure.

This policy will be reviewed at least annually and sooner where legislation, statutory guidance, a pupil's needs, or learning from a serious incident or near miss requires change.

14. Key guidance

- Department for Education: Allergy safety in schools – statutory guidance (published July 2026).
- Department for Education: Supporting pupils at school with medical conditions – statutory guidance (current guidance remains in force pending revision).
- Department of Health and Social Care: Using emergency adrenaline auto-injectors in schools.

- Food Standards Agency: allergen labelling and PPDS ('Natasha's Law') guidance for schools, colleges and nurseries.
- BSACI Allergy Action Plans; Anaphylaxis UK; Allergy UK.