Watercliffe Meadow

Policy Name	**Allergy Awareness Policy**
Date of policy:	**1st September 2026**
Member of staff responsible:	**Ian Read, Headteacher**
Next Review date:	**See Governor Hub**
Governors Present:	**Lee Hilton-Brammer** **Rebecca Molson** **Margaret Anderson** **Jason Hutson**

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1. Aims

This policy aims to:

- Set out our school’s approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)’s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care’s guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Rachel Stone.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published.
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (HCP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's HCP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an HCP is required to specify arrangements that reflect the pupil's circumstances

3.4

Rachel Stone and Laura Evans are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

When every new child joins the school, parents/carers complete an admission form, which asks for details of medical issues or allergies. A member of school staff will notify the School Manager who will discuss this with the parent/carer and take appropriate action. Medical evidence and guidance will be requested.

Class lists are given to teachers at the start of the academic year, highlighting medical needs or allergies.

Before the start of an academic year, year group staff meet to do a medical handover. Every child with an allergy has a poster, highlighting their allergy and action plan. This is displayed for staff in the classroom store cupboard.

All staff can access a Health Care Plan (HCP) record, which gives details of the medical need/allergy and whether medication is stored in school. All children with an allergy have a HCP.

- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us by either phone call to the school 0114 232 6603 or an email to office@watercliffe.sheffield.sch.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- New staff are asked via a Staff Contact Form to provide details of their allergies in advance of their start date
- If food is going to be provided for visitors, they will be asked about any allergies in advance of their visit.

4.3 Individual healthcare plans (HCP)

Pupils should have an HCP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally
- Medical evidence / a medical professional's letter will be required by the school to evidence the allergy.

The HCP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an HCP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an HCP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an HCP may not be required

HCPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their HCP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

Parents will be asked to give consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's HCP. Whenever the allergy action plan is updated, the pupil's HCP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy named Health Care Plan record via the Google Drive. The register includes:
    - Known allergens and risk factors for anaphylaxis

- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (this will require parental consent, add to HCP that parents sign)

- The register is kept in the Google Drive. Emergency response posters are on classroom stockroom doors, the kitchen and are enclosed in the child's 'Grab Bag' and can be checked quickly by any member of staff as part of initiating an emergency response.

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

We 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:

- Accurate labelling: The Catering Manager will display clear allergen information for all menu items in line with food regulations.
- Cross contamination control: Kitchen and serving staff use separate areas to clean and sanitise surfaces thoroughly and follow strict protocols to prevent allergen transfer.
- Medical diets are put in place for children with an allergy by the Catering Manager. Upon a draft menu being prepared, a meeting will take place with the parent/carer to discuss and approve. A copy of the medical diet is given to class teachers
- The school's MIS system will identify children with an allergy and this will be highlighted on daily catering reports.
- All catering staff are trained to a minimum of Food Safety in Catering Level 2 and complete Allergen training prior to starting work in the kitchen.
- Serving process: All children with a food allergy are served on a different colour plate/dish and are served before other children and staff. Permanent staff with extended knowledge of medical diet children to serve them, namely: Sarah Carr; Sarah Woods; Trisha Burn.

Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).

- Where food is being brought into school by others, for example for fairs, celebrations etc, adults will be asked to label foods with ingredients, however visitors will be advised no guarantees can be given.

- In a classroom setting, staff should be highly vigilant of cases where birthday cakes and similar items are brought into school. Only pre-packaged food with a full ingredients list will be served to children with allergies.

• Where children have a known allergy to airborne or contact allergens, a specific risk assessment would be carried out.

- Teaching staff carry out risk assessments when planning activities and consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals. (NEED to look at RA)

• Specific risk assessments are completed to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips. Children with medical needs are named on the risk assessment with appropriate actions.

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before eating. Hand sanitiser is available in various locations around school.
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies.
- The school will engage with the Catering Manager to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the ‘top 14’ allergens is displayed in the café notice board allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination:

Food Preparation

- Preparation using dedicated purple ‘free from’ equipment
- Thorough cleaning by washing and sanitising all shared work surfaces, counters and kitchen equipment/machinery before switching tasks.

- Personal hygiene by washing hands thoroughly and changing apron (if required) before allergen safe meal preparation
- Cook and Serve First: Prepare and seal allergen-free dishes before handling other foods. Use the distinct purple plates and labelling of foil cover to identify safe meals during service

Food Storage

- Designated purple allergen crockery makes them easily identifiable
- All loose or open allergenic foods are storage in airtight, lidded containers
- Storage containers are labelled clearly with the exact product name, batch details and allergen warnings
- Allergen ingredients are placed on lower shelves in fridges/freezers and pantries to prevent accidental spills or drips into other foods.

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part

- Risk assessments will include any child at risk of anaphylaxis taking part in a visit or residential off the premises. The child at risk of anaphylaxis should have their own adrenaline device (or spare) with the adult in their group, and there will be staff trained to administer adrenaline in an emergency.

- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

The school will ensure that children who are prescribed adrenaline devices have rapid access to their devices at all times, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch areas, playground and sports fields or when on visits or residentials.

• The school request that wherever possible, that two autoinjectors are kept in school at all times.

They are checked that they remain in date.

- Every child with their own autoinjector has a 'Grab Bag', which is kept in the office and accessible at all times. The Grab Bag also will have additional medications, such as antihistamine or inhalers. A copy of the Allergy Action plan or HCP is also enclosed.
- All staff are aware and are regularly reminded of the location of grab bags.

• All staff access to the Health Care Plan record. Catering staff have a poster in the kitchen, which includes a photo and details of the child's allergy and appropriate action.

- Changes to HCPs are shared with appropriate staff and the HCP record updated if required. Posters are also updated if required.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

'Spare' adrenaline devices are kept in the office in a 'KITT' storage unit. The school subscribes to their service for spare autoinjectors.

• 'Spare' adrenaline devices will be used if a child or adult needs it and they do not have access to their own, or their own is out of date.

• 'Spare adrenaline devices are kept in a carry box on the wall in the office, to the left as you walk in.

• The KITT carry box needs an access key is needed to release the set. This is hung up at the side of the unit.

• Half termly checks are carried out on adrenaline devices and spare salbutamol inhalers to check they are in date. Action will be taken to address those due to expire.

• KITT medical routinely replace inhalers as they approach being out of date.

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

- Risk assessments will include any child at risk of anaphylaxis taking part in a visit or residential off the premises. The child at risk of anaphylaxis should have their own adrenaline device (or spare) with the adult in their group, and there will be staff trained to administer adrenaline in an emergency.

9. Serious incidents and 'near misses'

Serious Incidents and 'Near Misses'

The school will record, report and respond to serious incidents or 'near misses' involving allergy safety. Discussions will take place with Senior Leaders and Governors and actioned as appropriate.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

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

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Rachel Stone. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's HCP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [
- To the local authority: any allergen-related food safety incidents.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually via the KITT subscription. New starters will complete this training as part of their induction.

This includes permanent and temporary staff.

Allergy awareness training will ensure that 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/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school'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')

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

11. Wellbeing

Watercliffe Meadow's Mental Health Leads are Claire Bradley, Jayne Senior and Jen Steele.

At Watercliffe Meadow we have a proactive approach to supporting pupils with their mental health:

We are a Trauma Informed School – all staff are TISUK trained and 4 members of staff have been awarded the TISUK Diploma (gained after 10 days of training). As a staff we ensure that we are emotionally available to our children and that every child has a trusted adult that they can talk to.

We are vigilant in recognising pupils who may be suffering with mental health problems. Problems can be identified through:

- Discussion with pupils
- Identifying changes in behaviour
- Discussions with parents

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher or a trusted adult
- Use of Feelings Scores twice a day
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or ‘near miss’

The school recognises that an incident or a ‘near miss’ is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or ‘near miss’.

See section 9 of the policy for more detail on incidents and ‘near misses’.

12. Information sharing

Information about an individual’s health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Data protection policy