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Royal Greenwich Trust School

Allergy Safety Policy
September 2026

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0. Document Control

The table below contains the changes made between the different final editions of this document set for approval. This is to help provide information to those reviewing and approving the document of the changes being made.

Document Edition	Section	Details of change
September 2026	All	New policy

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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in the event of an allergic reaction
- Make clear how our school supports students 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 guidance on allergies in schools and supporting students 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. Strategic Objectives

- Establish an effective whole-school allergy policy and clear lines of accountability.
- Ensure every student with relevant needs has an up-to-date Individual Healthcare Plan and emergency arrangements.
- Train all staff to recognise symptoms and respond quickly, including use of adrenaline auto-injectors where appropriate.
- Maintain appropriate emergency medication, recording systems, communication pathways and review mechanisms.
- Embed allergy safety into culture, curriculum, visits, catering, procurement and safeguarding practice.

4. Roles and Responsibilities

We take a whole-school approach to allergy awareness. This policy applies to all staff, volunteers, governors, agency workers and contractors working on behalf of the school. It covers learning time, break and lunch periods, wraparound provision, clubs, trips, transport and off-site activities. It applies to all students with diagnosed allergies and should also support emergency response where an allergic reaction occurs in a student with no previous diagnosis.

4.1. Governors / Trust Board

- Provide strategic oversight and ensure statutory duties are understood and resourced.
- Receive assurance reports on implementation, incidents, training and risk.

4.2. Head of School

- Ensure resources are allocated to support adherence to the policy by all stakeholders.
- Ensure accountability for compliance, incident response and policy publication.

4.3. Allergy Lead

The nominated allergy lead is Justice Asafo Adjei Jnr – Assistant Headteacher for Safeguarding (DSL) and Attendance.

The Allergy Lead is responsible for:

- Coordinating policy reviews, staff training, care plans, medication checks, incident review and audit.
- Liaising with parents, health professionals and governors.
- Promoting and maintaining allergy awareness across our school community.
- Ensuring the accurate and up-to-date recording and collating of allergy and special dietary information for all relevant students.
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff.
    - All students with allergies have an allergy action plan completed by a medical professional.
    - All staff receive an appropriate level of allergy 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.
- Keeping stock of the school's adrenaline auto-injectors (AAIs).
- Regularly reviewing and updating the allergy policy.

4.4. SENDCo / Inclusion Lead

- Support reasonable adjustments, student inclusion, transitions and oversight for vulnerable students.

4.5. Student Services Manager

The student services manager is responsible for:

- Co-ordinating the paperwork and information from families.
- Co-ordinating medication with families.
- Checking spare AAIs are in date and accessible to members of staff.
- Keeping an up-to-date Individual Health Plan (IHP) for relevant students and making it accessible to members of staff.
- Any other appropriate tasks delegated by the allergy lead.

4.6. Teaching and Support Staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students.
- Maintaining awareness of our allergy policy and procedures.
- Being able to recognise the signs of severe allergic reactions and anaphylaxis.
- Attending or completing appropriate allergy training.
- Being aware of specific students with allergies in their care.
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of students with allergies.

4.7. Catering, Lunchtime and Premises Staff

- Follow safe food handling, allergen control, cleaning and communication procedures.
- Ensure a prompt response if symptoms are identified during meals or events.

4.8. Parents/Carers

Parents/carers are responsible for:

- Being aware of our school's allergy 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 two in-date adrenaline auto-injectors and any other medication, including inhalers and antihistamines etc., and making sure these are replaced in a timely manner.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included.
- Following the school's guidance on food brought in to be shared.
- Updating the school on any changes to their child's condition.
- Working in partnership with the school to review care plans and risk controls.

4.9. Students with Allergies

These students are responsible for:

- Being aware of their allergens and the risks they pose.
- Understanding how and when to use their adrenaline auto-injector.
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose.

4.10. Students without Allergies

These students are responsible for:

- Being aware of allergens and the risk they pose to their peers.
- Older students might also be expected to support their peers and staff in the case of an emergency.

5. Assessing Risk

The school will conduct a risk assessment for any student 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 student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Managing Risk

6.1. Hygiene Procedures

- Students are reminded to wash their hands before and after eating.
- Students are made aware of the dangers associated with the sharing of food.

6.2. Catering

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

- Catering staff receive appropriate training and are able to identify students with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of students
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students 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)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3. Food Restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage students and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a student brings these foods into school, they may be asked to eat them away from others to minimise the risk.

6.4. Insect Bites / Stings

When outdoors:

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

6.5. Animals

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

6.6. Support for Mental Health

Students with allergies will have additional support through:

- Pastoral care

6.7. Events and School Trips

For events, including ones that take place outside of the school, and school trips, no students with allergies will be excluded from taking part

The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of students' allergies and to have received adequate training

Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips.

7. Procedures for Handling an Allergic Reaction

7.1. Register of students with AAIs

The school maintains a register of students who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis.
- Whether a student has been prescribed AAI(s) (and if so, what type and dose).
- Where a student has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the student.
- A photograph of each student to allow a visual check to be made .
- The register can be checked quickly by any member of staff as part of initiating an emergency response.
- Students with personal AAIs will be allowed to keep them to allow for faster and easier administration where needed.

7.2. Allergic Reaction Procedures

Refer to Appendices A and B.

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

Staff are trained in the administration of AAIs to minimise delays in students receiving adrenaline in an emergency

If a student has an allergic reaction, the staff member will initiate the school's emergency response plan, following the student's allergy action plan

- If an AAI needs to be administered, a member of staff will use the student's own AAI, or if it is not available, a school one
- A school AAI device will be used instead of the student's own AAI device if:
    - The student's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).
- If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored and the parents/carers informed.

If the student has no allergy action plan, staff will follow the school's procedures on responding to allergic reactions and, if needed, the school's normal emergency procedures – Appendix A and B, supplemented by the NHS advice on treatment of anaphylaxis and Anaphylaxis UK's advice on what to do in an emergency.

8. Adrenaline Auto-Injectors (AAIs)

8.1. Purchasing of Spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored to ensure the following:

- At the relevant temperature
- Secured and easily accessible to members of staff

8.2. Storage (of both spare and prescribed AAIs)

Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) ***is that anyone prescribed an AAI should carry two of the devices at all times.***

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with the manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children.
- **Not** locked away, but accessible and available for use at all times .
- **Not** located more than 5 minutes away from where they may be needed .
- Spare AAIs will be kept separate from any student's own prescribed AAI and clearly labelled to avoid confusion.

8.3. Maintenance (of spare AAIs)

The Student Services Manager and the Executive Assistant & Office Manager are responsible for checking monthly that:

- The AAIs are present and in date.
- Replacement AAIs are obtained when the expiry date is near.
- Records are kept of the use of any AAI(s) in line with the following:
    - the name of the student to whom the AAI was administered.
    - the time it was administered and the location.
    - informing parents or carers that their child has been administered an AAI, and whether this was the school's spare AAI or the student's own device.

8.4. Disposal

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

8.5. Use of AAIs Off School Premises

Students at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events.

The school's First Aid kit for use outside school will have a spare AAI for use.

8.6. Emergency Anaphylaxis Kit

The school will have emergency anaphylaxis boxes at key locations around the school. This will include the following:

- One spare AAI
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded

- A list of students to whom the AAI can be administered
- A record of when AAIs have been administered

8.7. Management of AAI Use

The Student Services Manager will hold a central record to support the effective use of AAIs as follows:

- List of all AAIs, indicating whether they are students' own AAIs or spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A list of students to whom the AAI can be administered
- A record of when AAIs have been administered

9. Training

The school is committed to training all staff in allergy response. This includes:

- How to spot the signs of allergic reactions (including anaphylaxis)
- How to reduce and prevent the risk of allergic reactions
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Staff will engage with training as and when directed.

10. Links to Other Policies and Procedures

This policy links to the following policies and procedures:

- Child with Health Needs Policy
- First Aid in Schools Policy
- Supporting Students with Medical Conditions Policy
- Risk Assessment Policy

11. Monitoring and Review

This policy will be reviewed annually by the Assistant Headteacher for Safeguarding & Attendance.

Any changes made to this policy will be communicated to all relevant stakeholders.

12. Key Members of Staff

Head of School	Asma Khan
Allergy Lead	Justice Asafo Adjei Jnr
SENDCo	Pamela Adodo
Student Services Manager	Harvinder Jheeta
Executive Assistant & Office Manager	Scott Gardner

13. Approval Signature

Signature of Head of School _____

Print Name _____

Date _____

Signature of Chair of Governors _____

Print Name _____

Date _____

14. Appendix A – Anaphylaxis – Symptoms and Treatments

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)



2. **Use Adrenaline autoinjector*** **without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

15. Appendix B – How to use an EpiPen (AAI)

https://www.epipen.co.uk/en-gb/patients/your-epipen/how-to-use-your-epipen



- ***ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.***
- Practical points:
    - Try to ensure that a person suffering an allergic reaction **remains as still as possible and does not get up or rush around**.
    - **Bring the AAI to the pupil**, not the other way round.
    - When dialling 999
        - say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS")
        - If the pupil's condition **does not improve 5 to 10 minutes after the initial injection you should administer a second dose**. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
        - Send someone outside to direct the ambulance paramedics when they arrive.
        - Arrange to phone parents/carer.
        - In a young pregnant person, the advice is to lie the person on their left side.
        - If the child is known to have an allergy
            - what might have caused this reaction e.g. recent food;
            - the time the AAI was given.

16. Appendix C – Suggested Evidence File

Schools should retain evidence such as signed policies, website screenshots, training records, care plans, medication check logs, visit risk assessments, incident forms, parent communication, drill notes and governor minutes.

Evidence should be organised so that leaders can demonstrate both implementation and impact.

17. Appendix D – School Readiness Checklist

The school will use the following checklist to support the efficient implementation of the Allergy Safety Policy.

1. An in-date standalone Allergy Policy is in use, and accessible to the school community
2. All students with relevant allergies have an up-to-date Individual Healthcare Plan / Allergy Action Plan.
3. A central allergy register is current and shared appropriately with staff who need it.
4. Spare adrenaline auto-injectors are available, in date, stored correctly and checked routinely.
5. All staff have completed allergy awareness and emergency response training.
6. New staff, agency staff and volunteers receive induction information before working unsupervised.
7. Catering, lunch, wraparound, trips and transport arrangements include allergy risk controls.
8. Emergency procedures are displayed and understood by staff.
9. Incident, near-miss and lessons learned arrangements are in place and used consistently.
10. Governors / trustees receive regular assurance and challenge on implementation.