The Vineyard School's Allergy Safety Policy

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Contents

1. Aims
2. Legislation and guidance
3. Roles and responsibilities
4. Identifying individuals at risk
5. Assessing risk
6. Minimising risk
7. Procedures for handling an allergic reaction
8. Adrenaline devices (ADs)
9. Serious incidents and 'near misses'
10. Allergy awareness
11. Wellbeing
12. Information sharing
13. Monitoring arrangements
14. Links to other policies

Appendix A

Appendix B

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1. Introduction and policy aims

This policy aims to:

- set out The Vineyard 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 The Vineyard School supports pupils with allergies to ensure their wellbeing and inclusion
- promote and maintain allergy awareness among The Vineyard 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:

- Children's Wellbeing and Schools Act 2026
- 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
- reviewing and approving the allergy safety policy at least annually
- taking steps to ensure the allergy safety policy is:
    - generally known within the school and to parents of pupils at the school
    - at least once a year, brought to the attention of all pupils, parents/carers, staff and volunteers
    - published on the school's website
- ensuring risks relating to pupils with allergies are included in the risk register and actively managed

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

3.2 Allergy safety lead

The headteacher has overall responsibility for allergy safety.

The nominated allergy safety leads are Paola Becciu (admin team) and Josey Barker (SENDCo).

They're responsible for:

- implementing this allergy safety policy
- contributing to the review of the allergy safety policy
- 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 (IHP)
    - 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 IHP

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 IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 The Allergy Safety Leads

The Allergy Safety Leads are responsible for:

- checking spare adrenaline auto-injectors (AAIs) are present and in date on a monthly basis
- making sure that replacement adrenaline auto-injectors (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 on time
- following the school's guidance on permitted food brought in to school/to be shared
- updating the school on any changes to their child's condition

3.7 Pupils without allergies

These pupils are responsible for:

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

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:

- Hayfever (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

See Appendix A for definitions and prohibited and permitted allergens.

4.1 Identifying pupils at risk

- For new starters, a form is sent to all parents/carers of pupils (after their place at the school has been confirmed, but before their first school year starts) to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- 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 or email if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- We ask new staff to provide details of their allergies in advance of their start date
- We ask visitors to provide details of their allergies in advance of their visit

- When staff or visitors disclose an allergy, the school will consider what reasonable steps are needed to reduce the risk of exposure to known allergens and to support them safely while on site, including where food is being served or activities involving known allergens.

4.3 Individual Healthcare plans (IHP)

Pupils should have an IHP if they:

- have an allergy, which has a functional impact on them in the school environment
- are at risk of harm as a result of their allergy; and
- require arrangements, which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP 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 IHP. 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 IHP 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 IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs 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 IHP will be shared as part of the transition.

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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.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a 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 IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Record of individuals with known allergies

The school maintains a record of all individuals who have a known allergy.
The record includes:

- known allergens and risk factors for anaphylaxis
- whether a pupil has an Individual Healthcare Plan and/or an Allergy Action Plan
- A photograph of each individual (with family consent)

The individual's record is kept in the main school office and in the individual's classroom.
A list of all individuals with known allergies is kept in key places around the school, including where food may be served or handled - main school office, halls, library, classrooms and staffroom.

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

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- 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
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

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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 caterers 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 on the packaging of all food products, 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

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
- 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
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- 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 and anaphylaxis and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency

If anaphylaxis is suspected (see image in Appendix B):

- If in doubt, treat for anaphylaxis and give adrenaline immediately

- The pupil should be laid flat with legs raised, unless this makes breathing more difficult
- Do not allow the pupil to stand or walk around; help and medication must be brought to them
- Use the pupil's prescribed adrenaline device first, if available
- If the pupil does not have a prescribed device available, or if it misfires, a spare school AAI may be used
- Call 999 immediately and state that the pupil is experiencing anaphylaxis
- If there is no improvement after 5 minutes, give a second dose of adrenaline if available
- Stay with the pupil until emergency services arrive

Mild to moderate allergic reactions, which do not involve the Airway/Breathing/Circulation, may be treated in line with the pupil's Allergy Action Plan and/or with oral antihistamine where appropriate.
The pupil must not be left unattended and should be observed in a safe place for at least 60 minutes after the reaction, as mild reactions can develop into anaphylaxis.
Parents/carers should be informed as soon as possible.

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)

We follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools.

8.1 Prescribed ADs

The school expects pupils with prescribed ADs to have two in-date available in school at all times. These devices are kept in school, and parents are responsible for ensuring that they remain in date.
Pupils who have been prescribed ADs, or their parents, are encouraged to ensure that an AD is carried when travelling to and from school. When a pupil with prescribed AD attends a school trip, a designated member of staff is responsible for ensuring that the devices are available and accessible and safely carried throughout the trip.

The school ensures that prescribed ADs are stored in the pupil's classroom:

- In an appropriate central location that is unlocked and accessible at all times
- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

A copy of the pupil's allergy action plan is kept alongside their medication, and it includes instructions on how it should be used in an emergency.

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.
The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

The school will stock spare adrenaline auto-injectors (AAIs) in pairs and in the correct dosages for the age range of pupils on roll. As a primary school, this will normally include:

- one pair of 150 microgram AAIs, and
- one pair of 300 microgram AAIs

Spare ADs will be stored:

- In an appropriate central location that is unlocked and accessible at all times (the main school office)
- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

- in pairs, in case a second one is necessary
- separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

The allergy safety leads are responsible for:

- checking monthly that spare ADs and the emergency asthma reliever inhaler are present and in date
- obtaining replacement ADs when the expiry date is near

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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. Out of date ADs will be taken to the pharmacy for disposal.

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

Staff will take prescribed ADs and spare ADs with them on school trips and off-site events.
The number of spare ADs depends on the number of children on the trip.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Concerns or complaints relating to allergy safety arrangements, including following a serious incident or 'near miss', may be raised through the school's complaints procedure.

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.

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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, the pupil 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 the allergy safety leads. The allergy safety leads will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. 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. The school will need to complete a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) report
- To the local authority: any allergen-related food safety incidents. The school will report a food safety issue
- 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. New starters will complete this training as part of their induction.
This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety awareness training with staff annually. This will include how staff should respond to a case of anaphylaxis.

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')

New staff to The Vineyard will complete allergy and anaphylaxis training as part of their induction.

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and made available in hard copy on request.

It will be brought to the attention of staff, parents/carers and pupils at least annually.

All staff will be made aware of and understand the policy through annual allergy awareness training.

A whole school assembly will be held each year to teach pupils about allergies (using resources from Allergy School).

11. Wellbeing

The Vineyard School is aware that pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- pastoral care
- regular check-ins with a familiar adult in school
- 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 and our information sharing duty.

13. Monitoring arrangements

The arrangements set out in this policy will be monitored by the allergy safety lead.

The governing board will review and approve this policy annually, or more frequently if government guidance is updated or if a serious incident or 'near miss' identifies an area for improvement. The school will involve pupils, parents/carers and staff with an allergy, where appropriate, in developing and reviewing this policy and related arrangements.

The governing board will receive periodic reports on serious incidents and 'near misses' relating to allergy safety, so that it can monitor patterns, consider lessons learned and oversee any necessary policy or practice changes.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety
- Supporting pupils with medical conditions
- School food
- Data protection
- Behaviour
- Accessibility plan
- Complaints
- Public sector equality duty and objectives
- First aid
- Health and safety
- Keeping Children Safe
- SEND

Appendix A

Key Definitions

An *allergy* is a medically diagnosed, mild to life-threatening immune response requiring potential medication.

An *intolerance* is a difficulty digesting or processing a food

A *food preference* is a personal choice.

Prohibited and Permitted Allergens

The Vineyard School operates an **allergy-aware approach** to reduce the risk of exposure to known allergens.

The school strongly discourages pupils, staff and visitors from bringing in nut products, including peanuts and tree nuts, because of the risk they may pose to members of the school community.

However, the school does not rely on a "nut-free" label alone and recognises that effective allergy safety depends on awareness, risk reduction, clear allergen information, robust hygiene measures and effective emergency response arrangements.

Foods containing nuts (peanuts, almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts, pistachios, macadamia nuts), should not be brought into school unless specifically agreed in advance by the school for a controlled purpose and subject to risk assessment.

All other major allergens from the 14 common allergens are permitted:

- celery
- cereals containing gluten (wheat, rye, barley, oats)
- crustaceans (prawns, crabs, lobsters)
- eggs
- fish
- Lupin
- milk
- molluscs (mussels, oysters, squid)
- mustard
- sesame
- soya
- sulphur dioxide and sulphites

Seeds, pine nuts, and coconut are permitted due to their nutritional value.

Appendix B

Recognise the signs of anaphylaxis

A AIRWAYS
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C CIRCULATION
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: Don't delay

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



2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)



After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**