



Allergy Safety and Allergies Policy

Date last reviewed	1 September 2026
Committee Responsible	Governing Body
Designated member of staff	Anna Hurley
Date of next review:	1 September 2027

1. LEGAL FRAMEWORK

This policy has been developed with regard to the legislation, statutory guidance and other relevant guidance applicable to schools in England, including the following, as amended, replaced or updated from time to time:

- Children's Wellbeing and Schools Act 2026,
- Children and Families Act 2014,
- Equality Act 2010,
- Human Medicines Regulations 2012, (Amendment) Regulations 2017,
- Food Information Regulations 2014,
- Applicable food safety, hygiene and environmental health legislation
- Department for Education, Allergy safety in schools (published 6 July 2026).
- Department for Education, Supporting pupils with medical conditions at school,
- Department for Education, Special educational needs and disability: SEND Code of Practice: 0 to 25 years,
- Department of Health and Social Care / MHRA guidance
- Using emergency adrenaline auto-injectors in schools
- Adrenaline Auto-Injectors (AAIs) –
- FSA: Allergen guidance - Including Natasha's Law
- FSA: Labelling guidance for prepacked for direct sale (PPDS) food Other relevant guidance
- Department for Education: Health and safety in schools.
- Department for Education: First aid in schools, early years and colleges.

Status of guidance

Where a document identified above is statutory guidance, the school will follow it unless there is a compelling reason not to and any departure will be appropriately documented.

Where guidance is non-statutory, the school will consider it as appropriate to the circumstances and use it to inform good practice.

This list will be reviewed whenever relevant legislation, statutory guidance or authoritative clinical or food-safety guidance is amended or replaced.

2. KEY EMERGENCY CONTACTS

Emergency services: 999

School main number: 020 8948 1173

Headteacher: Mr C Rhodes (crhodes@greycourt.org.uk)

Assistant Headteacher i/c Medical Room : Mrs A Hurley (ahurley@greycourt.org.uk)

Allergy Lead: Ms E Garland (egarland@greycourt.org.uk)

First Aid Lead: Ms E Garland (egarland@greycourt.org.uk)

School Nurse / Health Team: Rhian Betty (rhian.betty@nhs.net)

3. STATEMENT OF INTENT

Grey Court School is committed to providing a safe, inclusive and supportive environment for all students, staff and visitors affected by allergy.

The school recognises that allergic reactions can occur rapidly and that anaphylaxis is a medical emergency which can be fatal. The school will therefore take proactive and proportionate steps to reduce the risk of exposure to known allergens, ensure that students with allergies are properly supported and included, and ensure that staff are able to recognise and respond promptly to an allergic reaction.

The school will comply with the Department for Education's statutory guidance **Allergy safety in schools**, which applies in England from September 2026, and will have regard to all relevant statutory guidance and legislation.

This policy should be read alongside each student's Individual Healthcare Plan (IHP), Allergy Action Plan and, where applicable, Asthma Plan. An IHP will set out the individual arrangements required for a particular student and will take precedence where individual clinical advice differs from general arrangements in this policy.

The school will seek to ensure that students with allergies can participate fully in education, including lessons, practical activities, examinations, sport, clubs, trips, residential visits, social activities and other aspects of school life.

4. SCOPE

This policy applies to:

- all students;
- all teaching and support staff;
- supply, agency and temporary staff;
- catering and cleaning staff;
- volunteers and contractors where relevant;
- visitors and visiting professionals;
- breakfast clubs, after-school clubs and other activities operated by or on behalf of the school;
- educational visits, trips, sporting fixtures and residential activities.

The policy covers food allergies and other allergies, including allergies caused by insect stings, medicines, latex, contact allergens and airborne allergens.

The school recognises the distinction between food allergy, food intolerance and coeliac disease. All may require appropriate support, but the risks, medical management and emergency response may differ.

5. ROLES AND RESPONSIBILITIES

5.1 Governing Body

The Governing Body

- ensure that the school has a dedicated allergy safety policy;
- appoint a named governor/trustee with oversight of allergy safety;
- ensure that the policy is reviewed at least annually and following any serious incident or significant near miss;
- ensure that sufficient resources are available to implement the policy;
- monitor the effectiveness of allergy safety arrangements;
- ensure that the school has arrangements for staff training, emergency medication and incident reporting.

From September 2026, school governance guidance confirms that schools must comply with new allergy safety duties, including having an allergy safety policy that is reviewed regularly, publicised to staff and students and published on the school website.

5.2 Headteacher

The Headteacher will:

- have overall operational responsibility for implementation of this policy;
- ensure that appropriate systems are in place to identify and support students and staff with allergies;
- ensure that staff receive appropriate allergy awareness and emergency-response training;
- ensure that spare adrenaline devices are obtained, stored, monitored and replaced;
- ensure that allergy incidents and near misses are appropriately recorded, investigated and acted upon;
- ensure that appropriate arrangements are in place for educational visits and activities;
- ensure that catering arrangements comply with food-allergen legislation.

5.3 Named Allergy Lead

The Allergy Lead will:

- coordinate implementation of this policy;
- maintain the school's allergy register;
- coordinate IHPs and Allergy Action Plans;
- ensure relevant staff have access to appropriate information;
- coordinate annual allergy awareness training;
- oversee the school's spare adrenaline devices;
- coordinate reviews following incidents and near misses;
- liaise with parents/carers, students, healthcare professionals, catering providers and other relevant organisations;

- monitor compliance and report significant issues to the Headteacher and Governing Body / Trust Board.

5.4 School staff

All staff have a responsibility to:

- familiarise themselves with this policy;
- complete required allergy awareness training;
- know how to recognise the signs and symptoms of an allergic reaction and anaphylaxis;
- know how to access emergency medication;
- follow students' IHPs and Allergy Action Plans;
- take reasonable steps to prevent allergen exposure;
- never make assumptions about a student's allergy or dietary requirements;
- report allergy incidents and near misses promptly.

No member of staff should delay emergency treatment because they are uncertain whether a reaction is sufficiently serious.

5.5 Catering staff

The school's catering provider and catering staff must:

- comply with applicable food safety and allergen legislation;
- maintain accurate ingredient and allergen information;
- ensure that allergen information supplied by manufacturers and suppliers is current;
- implement effective procedures to prevent allergen cross-contact;
- ensure staff are appropriately trained;
- provide clear allergen information to students and staff;
- ensure PPDS food is correctly labelled where applicable;
- immediately inform the school of any change in ingredients, recipes, suppliers or allergen status that could affect an allergic student.

5.6 Students

Students with allergies will be encouraged, according to their age and individual circumstances, to:

- understand their allergy and how to reduce risk;
- carry their prescribed adrenaline device(s) where appropriate;
- tell a trusted adult if they feel unwell or believe they have been exposed to an allergen;
- follow their agreed allergy-management arrangements;
- participate in age-appropriate allergy awareness education.

Students will not be expected to manage their allergy independently where this would be unsafe or inconsistent with their IHP.

5.7 Parents/carers

Parents/carers should:

- inform the school promptly of any allergy diagnosis or suspected allergy;
- provide up-to-date medical information and relevant clinical advice;
- provide prescribed medication and replacement medication before expiry;
- work with the school to develop and review the student's IHP;
- inform the school of changes in medication, symptoms, treatment or emergency arrangements;
- ensure that the school is informed before relevant changes to the student's dietary requirements.

6. IDENTIFICATION AND REGISTRATION OF ALLERGIES

The school will establish and maintain an up-to-date register of students known to have allergies.

Information should include, as appropriate:

- student name and photograph;
- allergy/allergies and known triggers;
- severity/risk of reaction;
- symptoms and signs of an allergic reaction;
- prescribed adrenaline device(s);
- location of medication;
- emergency treatment instructions;
- Allergy Action Plan;
- relevant asthma information;
- parent/carer contact details;
- relevant healthcare professional information;
- any specific environmental, dietary or activity-related precautions.

Information will be shared with staff on a need-to-know basis while respecting confidentiality and data protection requirements.

The school will not wait for a formal diagnosis before taking reasonable steps to support a student where there is a credible concern about allergy and the student may be at risk.

7. INDIVIDUAL HEALTH CARE PLANS

An IHP will be developed where the school's assessment indicates that a student requires an individual plan to manage their allergy safely in school.

The IHP should be developed with appropriate involvement from:

- the student, where appropriate;
- parents/carers;
- relevant healthcare professionals;
- school staff with responsibility for the student;
- the Allergy Lead.

The IHP will be reviewed:

- at least annually;
- whenever the student's medical circumstances change;
- following a significant allergic reaction;
- following a serious incident or near miss;
- when there is a significant change in school arrangements.

The IHP will specify, where relevant:

- allergens and risk factors;
- prevention measures;
- symptoms;
- emergency treatment;
- location and accessibility of prescribed adrenaline;
- arrangements for spare adrenaline devices;
- supervision requirements;
- catering arrangements;
- practical lessons;
- physical education and sport;
- educational visits;
- examinations;
- clubs and extracurricular activities;
- transport;
- emergency contacts.

8. REDUCING THE RISK IF ALLERGEN EXPOSURE

Whilst the school will make it clear that nuts should not be brought onsite, it will adopt a risk-based approach to allergen management.

The school will not generally claim to be an entirely “allergen-free” environment because this cannot be guaranteed and may create a false sense of security.

Instead, the school will:

- identify known allergens and circumstances in which exposure could occur;
- undertake appropriate risk assessments;
- implement proportionate controls to reduce the likelihood of exposure;
- maintain appropriate hygiene and cleaning procedures;
- consider allergen risks in classrooms, laboratories, workshops, food technology areas, dining areas, sports facilities and other relevant areas;
- consider cross-contact through food, utensils, surfaces and shared equipment;
- communicate relevant information to staff;

- ensure appropriate arrangements during school events and celebrations;
- consider allergy risks when students change classrooms or activities.

Particular attention will be given to situations in which food is shared, students bring food from home, practical food preparation takes place, or students may be exposed to allergens unexpectedly.

The school will avoid unnecessary blanket bans where these do not materially reduce risk, but may introduce restrictions where a specific risk assessment demonstrates that they are necessary and proportionate.

9. CATERING AND ALLERGEN MANAGEMENT

The school's catering provider is responsible for maintaining appropriate food-allergen management procedures within its catering operation and for complying with applicable legislation and guidance. The school will obtain and review the provider's food allergy policy and ensure that effective arrangements are in place for communicating pupil allergy information to the provider and for managing the risks associated with food provided to pupils.

A member of the school's Senior Leadership Team oversees the catering provision and ensures that allergen management is compliant.

10. EMERGENCY RESPONSE TO SUSPECTED ANAPHYLAXIS

If anaphylaxis is suspected, adrenaline must be administered without delay.

The school will follow the student's individual emergency plan and current national clinical guidance.

The general emergency sequence is:

1. **Recognise the possibility of anaphylaxis.**
2. **Administer the student's adrenaline device immediately** if available.
3. **Call 999 and request an ambulance**, stating that anaphylaxis is suspected.
4. Tell the emergency operator that adrenaline has been administered.
5. If appropriate and available, administer a second adrenaline dose after 5 minutes if symptoms have not improved or are worsening, in accordance with the device instructions and emergency guidance.
6. Do not allow the student to stand or walk unnecessarily.
7. Stay with the student and monitor airway, breathing and circulation.
8. If the student becomes unconscious and is not breathing normally, begin CPR and follow the emergency operator's instructions.
9. Ensure that the student's parents/carers are contacted as soon as practicable without delaying emergency treatment.
10. Ensure that the used device(s) are retained or recorded as required for the emergency services and incident investigation.

Adrenaline should be administered promptly when anaphylaxis is suspected; current MHRA advice states that it should be used without delay and followed by calling 999.

Antihistamines are not a substitute for adrenaline in anaphylaxis.

Staff should not delay adrenaline while waiting for a parent/carer, first aider, school nurse or other healthcare professional to arrive.

11. EMERGENCY ARRANGEMENTS

The school will ensure that:

- emergency medication can be accessed rapidly;
- Spare epi-pens will be kept in the medical room, catering areas, PE department , cooking room, 6th form and Newman House.
- staff know where spare adrenaline devices are located;
- emergency contact arrangements are maintained;
- the school's full address and emergency access arrangements are known to staff;
- staff know how to summon emergency assistance;
- relevant information is available to ambulance personnel;
- arrangements are made for appropriate supervision of the student following an emergency;
- an incident record is completed following a significant allergic reaction.

12. EDUCATIONAL VISITS AND ACTIVITIES

Students with allergies will not routinely be excluded from educational visits or activities because of their allergy.

Before a visit, the responsible member of staff will consider:

- the student's IHP and Allergy Action Plan;
- known allergens and exposure risks;
- catering arrangements;
- access to prescribed and spare adrenaline;
- emergency medical arrangements;
- staff training and competence;
- transport arrangements;
- accommodation arrangements for residential visits;
- proximity to emergency medical services;
- communication arrangements.

At least one appropriately trained member of staff must have responsibility for the student's allergy management during the visit.

Emergency medication must accompany the student and be readily accessible.

Where a visit involves unusual or increased allergen risks, the school will undertake a specific risk assessment and consult the parent/carer and, where appropriate, healthcare professionals.

13. PRACTICAL LESSONS, SPORT AND EXTRA-CURRICULAR ACTIVITIES

The school will consider allergy risks arising from:

- food technology;
- science practical work;
- art and design materials;
- PE and sports;
- school productions;
- clubs;
- trips and competitions;
- food-related fundraising;
- celebrations and social events.

Reasonable adjustments will be made where necessary to enable students to participate safely.

14. WELLBEING, INCLUSION AND BULLYING

The school recognises that living with allergy can affect a student's confidence, mental health, social relationships and sense of belonging.

The school will:

- promote an inclusive culture;
- avoid unnecessarily identifying or singling out students with allergies;
- address bullying, teasing, intimidation or social exclusion related to allergy;
- provide age-appropriate allergy awareness education;
- encourage students to seek help if they feel unsafe;
- consider the emotional impact of allergy when reviewing support arrangements.

Allergy must not be treated as a behavioural issue or as a reason to stigmatise a student.

15. COMMUNICATION

The school will establish reliable communication arrangements so that relevant allergy information reaches staff who need it.

This may include:

- secure electronic student records;
- staff briefings;
- information in registers or appropriate staff systems;
- IHPs;

- emergency information;
- catering information;
- educational visit documentation.

Information must be accurate, current and proportionate.

The school will ensure that changes to a student's allergy or emergency medication are communicated promptly to relevant staff.

16. INCIDENTS AND NEAR MISSES

The school will record and review serious allergic reactions and relevant near misses.

A near miss may include, for example:

- a student being given food containing a known allergen but not consuming it;
- an incorrect food being prepared or served;
- a prescribed adrenaline device being inaccessible;
- an emergency device being out of date;
- an allergy plan not being communicated to a member of staff;
- a significant failure of an agreed allergy-control measure.

The purpose of reporting is to identify weaknesses and prevent recurrence, not simply to attribute blame.

Following a serious incident or significant near miss, the school will:

- ensure the student receives appropriate medical care;
- notify parents/carers;
- record the incident;
- investigate what happened;
- identify contributing factors;
- review the relevant IHP and risk assessments;
- review staff training and communication;
- implement corrective actions;
- share lessons learned with relevant staff;
- report to the Governing Body / Trust Board where appropriate;
- review this policy where necessary.

The DfE statutory guidance specifically requires schools to record and learn lessons from serious incidents and near misses.

17. CONFIDENTIALITY AND DATA PROTECTION

Information concerning a [student's](#) allergy is confidential personal information and will be handled in accordance with the school's data protection and privacy arrangements.

Information will be shared with staff and providers where necessary to protect the student's health and safety.

The school will balance confidentiality with the need to ensure that staff who may reasonably be expected to respond to an emergency have sufficient information to do so safely.

18. RELATED POLICIES

Supporting students with Medical Conditions

First Aid; Medicines

Safeguarding and Child Protection

Educational Visits;

Food Hygiene and Catering;

Equality and Inclusion;

Behaviour

Health and Safety

19. MONITORING AND REVIEWING

The Allergy Lead will monitor implementation of this policy throughout the academic year.

The school will review:

- the allergy register;
- IHPs;
- staff training compliance;
- emergency medication availability;
- expiry dates;
- accessibility of spare adrenaline devices;
- catering arrangements;
- incident and near-miss records;
- educational visit arrangements;
- staff awareness;
- student and parent/carer feedback.

This policy will be formally reviewed **at least annually** and additionally following:

- a serious allergic reaction;
- a significant near miss;
- a significant change in national guidance or legislation;
- a significant change to school or catering arrangements;
- identification of a material weakness in the school's allergy arrangements.

APPENDIX 1 – Staff allergy emergency reminder

SUSPECT ANAPHYLAXIS → GIVE ADRENALINE WITHOUT DELAY → CALL 999

- Do not wait for symptoms to become severe.
- Use the student's prescribed adrenaline device where available.
- If the prescribed device is unavailable or unsuitable, use a spare school device in accordance with school procedures.
- Call 999.
- Tell the operator that anaphylaxis is suspected.
- If symptoms have not improved or are worsening, a further adrenaline dose may be required after 5 minutes, in accordance with current guidance and the device instructions.
- Stay with the student.
- Do not allow the student to stand or walk unnecessarily.
- Begin CPR if required.
- Inform parents/carers.
- Record and report the incident.