ALLERGY SAFETY POLICY

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General Statement of Policy:

This Allergy Safety Policy aims to reduce the risk of allergic reactions at school or during any school-related activity. It ensures that staff can recognise allergic reactions promptly and respond effectively, including managing anaphylaxis.

1. **Introduction**

The German School and Sudbrook School are committed to a safe, inclusive environment for all children, young people, staff, and visitors with allergies, in line with UK law. Because anaphylaxis can be life-threatening, the policy sets out clear risk-reduction measures and emergency procedures.

Allergy covers a range of conditions triggered when a susceptible person encounters an allergen. Common allergic conditions include asthma, food allergy, eczema, and hay fever.

Anaphylaxis usually develops within minutes of exposure such as eating a trigger food or being stung by an insect, though delayed reactions can occur. It causes breathing difficulties and can affect heart rhythm, sometimes leading to a severe drop in blood pressure and collapse.

Anaphylaxis progresses rapidly. Evidence shows a 20 to 30 minute window in which adrenaline can prevent fatal outcomes, making immediate administration and calling 999 essential. Anaphylaxis always requires emergency treatment.

Anaphylaxis may occur without visible symptoms like rash. Any person with a known food allergy who suddenly develops breathing difficulty should be treated as potentially having an anaphylactic reaction. Administering adrenaline in this situation is safe and potentially lifesaving.

Overview of Common Allergens

The most frequent triggers of systemic allergic reactions, including anaphylaxis, are:

- foods (e.g., peanuts, tree nuts, milk, egg, wheat, fish/shellfish, sesame)
- insect stings (bee, wasp)
- medications (e.g., antibiotics, ibuprofen)
- latex (e.g., gloves, balloons, swimming caps)

Most food-related anaphylaxis occurs after ingestion, although mild reactions can occur through skin or other contact. Severe reactions from skin contact alone are very rare. Students with skin reactions must be monitored for at least one hour.

The school follows a whole-school awareness approach so that staff and students understand allergies, avoid known allergens, recognise symptoms, and follow procedures that minimise exposure.

Other Conditions

Coeliac disease and food intolerance may resemble food allergy but do not cause anaphylaxis and are therefore outside the scope of this policy. They must be managed through dietary avoidance.

Asthma, eczema, and allergies often coexist. These conditions must be well managed, and asthma training is required for all staff. Individual asthma plans must be included in a student's school action plan. These conditions are not covered by this allergy safety policy. Seasonal rhinitis (e.g., hay fever) is not considered a disability unless it worsens another health condition.

Severe allergies are recognised under the Equality Act 2010, which defines disability as a long-term physical or mental impairment that substantially affects daily activities.

2. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the **ABC** symptoms and can include:

- **AIRWAY**: swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING**: sudden onset of wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION**- dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale, clammy skin, loss of consciousness.

The term for this **more serious reaction is anaphylaxis**. In extreme cases, there could be a dramatic fall in blood pressure. The person may become weak and floppy, with a sense that something terrible is happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED,** they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be injected into the muscle in the outer thigh or nasally into the nostril. Specific instructions vary by brand. Always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer a second adrenaline device if no signs of life, commence CPR.
- Call the parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. They may sit up but do not let them stand even if they are feeling better. This could lower their blood pressure dramatically, potentially causing their heart to stop.

All individuals **must** go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can recur after treatment.

3. Minimising Risk and Exposure to Allergens

The German School and Sudbrook School are ***nut-aware*** environments and strongly advise the community not to bring nuts onto the premises. Although 14 major food allergens account for most reactions, **any food** can trigger an allergy.

A whole-school allergy risk assessment is carried out to reduce exposure to known allergens. This includes:

- Identifying foods used in lessons or activities and adjusting plans to eliminate allergens that could endanger the group.
- Conducting individual risk assessments for trips and external visits.
- Managing risks from food brought in by others (parents, students, staff).
- Managing risks from food supplied by the school.
- Implementing reasonable measures for students with airborne or contact allergies.
- Recognising non-food allergens in the environment and minimising exposure (e.g., enhanced cleaning and restricted areas for therapy dogs).

- All school risk assessments must include allergy safety considerations and appropriate control measures. To reduce exposure, the school will:
- Provide annual allergy training for all staff.
- Remind staff, students, club providers, volunteers, and the Parent Committee of allergy expectations.
- Ensure temporary staff and external providers are aware of which students have allergies and are trained in emergency response.
- Work closely with parents, carers, and health professionals to understand each student's allergy.
- Monitor the implementation of this policy.
- Maintain high standards of hygiene for staff, students, and visitors.

Food Provision and Catering

The German School and Sudbrook School handle food allergy risks by ensuring:

- The catering contract follows Food Standards Agency allergen rules.
- Caterers give clear allergen information for students and staff to check.
- Student allergen details are shared quickly with caterers.
- Parents and carers can talk directly to the caterer or school chef.
- Students with allergies are marked at service using school-issued allergy cards; caterers also keep a photo list of students with allergies.
- All foods containing any of the 14 major allergens are labelled properly, as unlabelled foods are more risky than packaged foods with "may contain" labels.
- Food used during lessons or activities (like baking) is checked to make sure no student in the group is allergic to the ingredients.
- Students are taught not to share food, utensils, or containers, and why.
- Staff involved in food service get extra training on reading allergen labels and avoiding cross-contamination.
- Food brought from home for celebrations or treats needs prior parent or carer approval to promote safety and inclusion.

These rules also apply to all after-school activities. Third-party providers must read the policy, do allergy training, and follow these steps.

Events organised by the Friends of Douglas House or the Parent Committee should follow FSA food labelling best practices and ensure volunteers are aware of allergens, cross-contamination risks, and emergency protocols.

4. Emergency Use of Adrenaline Devices (ADs)

Students at risk of anaphylaxis are prescribed **two adrenaline devices**, which must be with them at all times, including:

- travelling to and from school
- classrooms
- lunch areas
- playgrounds
- sports fields
- trips and external visits

Because anaphylaxis is time-critical, adrenaline must be accessible within **five minutes**. If a student cannot safely carry their devices, they must be stored in an **unlocked, central location** that is always accessible, including during breaks and after-school activities.

Adrenaline devices must be kept at **room temperature**, away from heat, sunlight, and refrigeration.

Spare Adrenaline Devices

Under the Human Medicines (Amendment) Regulations 2017, schools may hold **"spare" adrenaline devices** for emergency use, including first-time reactions or undiagnosed allergies. These do **not** replace a student's own prescribed devices.

Spare devices are located as follows:

School	Under 6 years (150 mcg)	Over 6 years (300 mcg)
Sudbrook School	One pair in the office	n/a
Kinderhaus	One in Kinderhaus office One in DH Sick Room	n/a
Primary & Secondary	n/a	One in the Primary School Staff Room One pair in the MB Dining Hall One in Douglas House Sick Room

The Allergy Lead checks spare devices monthly to ensure they are in date and the adrenaline remains clear. Replacements are secured one month before expiry. Used devices are handed to paramedics; expired or degraded devices are disposed of at a pharmacy.

Emergency Use of Adrenaline

- Administer adrenaline **immediately**, within five minutes of symptom onset.

- The individual must **not be moved**; devices must be brought to them.
- Use the student's **own prescribed devices first**.
- If the student has no prescribed devices, or if their device is unavailable or misfires, use a **spare** device.
- If the student has both serious allergy and asthma and symptoms are unclear, **give adrenaline first**.
- Consent is **not required** for using spare devices in an emergency. Obtaining advance consent from parents/carers is good practice but not legally required.

Student Self-Management

Students will be supported in carrying and managing their own two adrenaline devices, depending on their age and competence. Older students should take responsibility for their emergency kit, with parental guidance. Because anaphylaxis can develop suddenly, staff must always be prepared to administer medication if the student cannot.

5. Staff Training and Emergency Response

All staff, including teachers, support staff, catering teams, lunchtime supervisors, club providers, and after-school staff, receive annual training in allergy awareness and emergency response. The school ensures that supply, cover, coaching, and peripatetic staff also complete allergy training.

Training covers:

- Understanding allergy, how reactions occur, and associated conditions (asthma, eczema, hay fever).
- The difference between food allergy, intolerance, and coeliac disease.
- Awareness that students may be allergic to ***any*** food, not only the top 14 allergens.
- Recognising mild, moderate, and severe allergic symptoms.
- Identifying anaphylaxis and knowing how to respond.
- Locating and administering adrenaline devices and asthma inhalers.
- Practising with all types of adrenaline trainers, as students may use different brands.
- Reporting procedures for:
    - mild/moderate reactions
    - anaphylaxis
    - near misses or incidents
- Staff responsibilities in reducing risk and preventing exposure to allergens.
- Understanding the impact of allergy on student wellbeing.
- Using the school's allergy safety policy, allergy register, and asthma/allergy action plans.
- Emergency preparedness procedures.

Ongoing Preparedness

Throughout the year, staff are regularly reminded of key procedures, including:

- How to check which students have allergies.
- Where spare adrenaline devices are stored.
- Ensuring students' adrenaline devices are taken to drills, fire evacuations, trips, and off-site activities.

6. Roles and Responsibilities:

Allergy lead, Health and Safety Officer and Senior Leadership Team

The SLT ensures the policy sets out clear arrangements to reduce allergen exposure and defines the emergency response for anaphylaxis. Allergy safety is a standing item at Health & Safety Committee meetings.

- The German School and Sudbrook School:Appoint a designated senior Allergy leader responsible for allergy safety, identify and record allergy-related risks in risk registers and action plans. For the German School the Head of Reception and for Sudbrook the Lead of Sudbrook Kinderhaus.

- Have a named Health & Safety Officer who works closely with the Allergy Lead, oversees policy implementation and review, and reports to the committee. (The Facilities Manager)

Allergy Lead

The Allergy Lead is responsible for:

- Collecting allergy information during enrolment and sharing it promptly with staff and catering (within two weeks of the student starting).
- Maintaining a register of students with allergies, including adrenaline requirements and action plans.
- Working with the Health & Safety Officer and catering team to ensure robust identification systems at lunchtime.
- Communicating:
    - the policy
    - the allergy register
    - the importance of reporting incidents and near misses
    - with parents/carers to support School Action Plans and request Medical Allergy Action Plans from GPs when needed

Health & Safety Officer

The Health & Safety Officer is responsible for:

- Communicating the policy and providing updates to the Health & Safety Committee.
- Ensuring allergy safety remains part of safeguarding and school leadership responsibilities.
- Liaising with external agencies (e.g., HSE) when RIDDOR reporting is required.
- Working with caterers to ensure safe food procedures and safe meals for students with allergies.
- Acquiring, checking, and replacing spare adrenaline devices before expiry.
- Ensuring action plans are created, updated, and communicated.
- Ensuring allergy training is included in annual training and staff induction, including short-term staff.

All staff are responsible for:

- Understanding and implementing the allergy safety policy.
- Recognising allergic reactions and responding quickly in an emergency.
- Supporting the creation and implementation of student action plans.
- Adapting curriculum, activities, and trips to minimise allergen risks.
- Completing risk assessments for any activity involving food, trips, visits, or sports events.
- Building proactive relationships with parents/carers.
- Reporting incidents and near misses.
- Teaching students about allergy awareness through assemblies, workshops, and participation in awareness events.

Parents/carers are responsible for:

- Following the allergy safety policy.
- Providing accurate information needed for action plans.
- Updating the school about reactions outside school or changes in allergy management.
- Ensuring students have in-date medication with them at school at all times.

Identification of Individuals with Allergies

Admissions Data Collection

The school collects detailed medical information about allergies, dietary restrictions, and treatment history **before** admission.

Information Sharing

UK GDPR allows sharing relevant health information when needed. The school securely compiles and shares allergy information with teaching staff, support staff, supply staff, Third-Party providers, and catering teams. (SharePoint)

Staff:
HR provides new hires with an optional, confidential Health & Emergency Contact Form during onboarding, asking to share any health conditions, mobility considerations, or severe allergies they would like first aiders or managers to be aware of in the event of an emergency or to request reasonable workplace adjustments.

Visitors:
Student visitors are explicitly asked to disclose any information about allergies and are told that they may not stay to lunch.

7. Medical Allergy action plan/ School Action Plan

Medical Allergy action plans

Medical Allergy action plans are clinical documents completed by a GP, allergy nurse, or allergy clinic. They:

- detail the student's information and prescribed medication
- include parent/carer contact details
- must be signed by the parent/carer to authorise medication administration, including spare adrenaline devices

Medical Action Plans are updated by medical professionals following a review of the student's allergy management (typically annually or every five years). Parents/carers or the school must update the student's photograph each year to ensure the student remains easily identifiable.

Medical Action plans are issued for students with **IgE-mediated food allergies** and often for venom allergies, as these can lead to anaphylaxis. They are **not** issued for non-IgE allergies, which do not cause anaphylaxis.

School Action Plans

School Action Plans are school-owned documents co-created by the school, parents/carers, and the student. They:

- outline the arrangements needed to ensure the student is fully included in school life
- specify the exact risk-mitigation measures required
- incorporate advice from health professionals when available
- include any allergy action plan and/or asthma plan

School Action Plans should be reviewed annually, when staff change, or immediately after an incident or near miss. They must be shared with cover staff and passed on during transitions to new schools.

The German School and Sudbrook School ensure that:

- students with an allergy action plan and/or asthma plan have a School Action Plan
- students without a Medical Action Plan but with allergies requiring additional management also have a School Action Plan
- School Action Plans are created for students awaiting diagnosis

8. School Trips and External Visits

The German School and Sudbrook School ensure that students with allergies are fully included in all trips, sporting fixtures, and extracurricular activities. Each activity must have a **risk assessment** that addresses:

- potential allergen exposure
- emergency medication access
- transport arrangements
- proximity to emergency medical care
- any alternative activities needed to ensure safe inclusion

The teacher leading the activity is responsible for completing the risk assessment and identifying appropriate control measures. Adrenaline devices must be stored safely and remain accessible throughout the trip.

Medication Requirements for Trips

Trip leaders must:

- carry all relevant emergency supplies
- check that every student has their required medication, including adrenaline devices, **before departure**
- exclude students from the trip if they cannot produce their required medication

In consultation with the Allergy Lead, the trip leader will determine whether **to take spare adrenaline devices**. Additional spare devices will be provided when the risk assessment indicates they are needed, ensuring that students remaining in school still have access to spares.

Sporting Fixtures

When arranging sporting fixtures, the school will notify the host school if a participating student has an allergy. The host school must be informed of the student's needs, and appropriate food must be provided when refreshments are offered.

9. Serious Incidents and "Near Misses":

The German School and Sudbrook School handle serious incidents and near misses in a **no-blame, learning-focused** manner. The aim is to understand what happened, prevent recurrence, and strengthen safety measures.

When an incident occurs, the school recognises that materials such as food residues, handled items, or fluid samples may be important evidence. These must be secured and retained if needed.

An Incident Form is available on the SharePoint website and the Sudbrook office. Staff must record all major incidents immediately, including:

- allergic reactions
- anaphylaxis
- near misses (e.g., accidental exposure without reaction, labelling errors)

Each incident or near miss is reviewed, and a written report is produced. The report is shared with:

- the student
- parents/carers
- the staff member or individual involved (e.g., caterer, teacher)

All parties are given the opportunity to discuss the incident and contribute to the lessons-learned review. The school will confirm what actions will be taken as a result.

If needed, the student's School Action Plan will be updated following the review.

10. Wellbeing and Support

At the German School and Sudbrook School, allergy safety is embedded into the school culture to ensure students feel included, supported, and protected. The school recognises that students with

allergies may experience anxiety due to the risk of exposure, especially when allergies coexist with asthma or eczema.

The BQ Support Team and wider school community:

- Maintain regular communication with students, parents, and staff to promote ongoing allergy awareness.
- Include allergy and anaphylaxis education in assemblies, lessons, and parent evenings.
- Involve students and staff with allergies in developing allergy-management procedures.
- Treat allergy-related bullying or stigmatisation as a serious safeguarding concern, actively monitoring and addressing any incidents.
- Promote "allergy champion" roles for staff and students across the school, providing points of contact for advice, feedback, and support.
- Invite new students with allergies to tour the kitchen and canteen, meet catering staff, and familiarise themselves with the mealtime environment to reduce anxiety and build confidence.

Safeguarding:

The German School and Sudbrook School recognise that a safeguarding referral may be needed if an incident highlights concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

The German School and Sudbrook School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

- preventing children from accessing and administering their medication.
- assuming all with the same condition need identical support
- ignoring the views of children, parents, or healthcare professionals
- penalizing children for absences related to their health.
- sending unwell children to Douglas House sick room without proper supervision
- requiring parents to administer medication
- creating barriers to participation in activities or trips

Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education
Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies
Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools
Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

Food:
Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools