Allergy Management Policy



Approved by Governing Body on:

Signed by Chair of Governors:

Head Teacher: R Kelly

Date of Review: October 2027

Vision Statement

We aim to create a safe, happy and nurturing environment for all our children!

Mission Statement

The Orchard School strives to provide the best quality teaching and learning with an inclusive and personalised curriculum, where all achievements are celebrated.

Contents

This policy should be read alongside the school's Medical Conditions Policy, Administration of Medication Policy, Safeguarding and Child Protection Policy, First Aid Policy, Health and Safety Policy, Educational Visits Policy, Food Safety procedures, Intimate Care Policy, Behaviour Policy, SEND Policy and Data Protection Policy.

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1. Introduction, Purpose and Specialist SEND Context

1.1 Introduction

The Orchard School is committed to providing a safe, inclusive and supportive learning environment in which pupils with allergies can participate fully in school life. Allergy management is part of the school's wider safeguarding, equality, health and safety, medical needs and wellbeing arrangements.

For some pupils, exposure to an allergen can cause anaphylaxis, a rapidly progressing and potentially life-threatening emergency requiring immediate recognition and treatment. The school therefore adopts a proactive approach to prevention, individual planning, staff preparedness and emergency response.

1.2 Purpose

- reduce avoidable exposure to known allergens;
- identify pupils, staff and relevant visitors with allergies and understand their support needs;
- ensure appropriate Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs) are in place;
- ensure emergency medication is available, accessible and used promptly when indicated;
- provide allergy awareness and emergency response training for staff;
- support safe and inclusive participation in learning, therapy, visits, transport and wider school life;
- record and learn from serious incidents and near misses; and
- provide clear governance, audit and annual review arrangements.

1.3 Specialist SEND Context

The Orchard is a specialist SEND school. Many pupils may be unable to recognise, describe or communicate symptoms using speech and may communicate through behaviour, facial expression, body language, eye gaze, AAC or other individual communication systems. Others have complex medical, feeding, sensory, physical or cognitive needs.

- possible behavioural or physiological indicators of an allergic reaction must not automatically be attributed to a pupil's SEND;
- pica, mouthing and sensory-seeking behaviours must be considered in individual risk assessments;
- dysphagia, modified diets, oral aversion and enteral feeding (including PEG/button/jejunostomy) must be considered where relevant;
- communication passports/AAC strategies must remain usable during an emergency;
- therapy, personal care, sensory and curriculum resources must be checked for relevant allergens; and
- staffing and supervision must reflect the pupil's individual medical and communication needs.

1.4 Equality and Inclusion

The school will make reasonable adjustments where required and will not unnecessarily exclude pupils from learning, trips, therapy, social activities, community access, work experience or residential provision because of an allergy. Risk management will be proportionate and person-centered.

2. Legislation, Statutory Guidance and Definitions

2.1 Legal and Policy Framework

This policy has been developed with regard to the Children and Families Act 2014, the Children's Wellbeing and Schools Act 2026, Equality Act 2010, relevant food safety and allergen requirements, Keeping Children Safe in Education 2026, the SEND Code of Practice and the Department for Education's Allergy Safety in Schools statutory guidance published 6 July 2026.

Section 34 of the Children's Wellbeing and Schools Act 2026 introduces a statutory requirement for relevant schools to have an allergy safety policy, review it at least annually, publicise and publish it, and have regard to statutory allergy guidance. The DfE guidance applies to England and expressly includes maintained special schools. □cite□turn0search0□turn0search2□

2.2 Key Definitions

Term	Meaning
Allergy	An immune response to a substance that is harmless to most people.
Allergen	A substance capable of triggering an allergic reaction.
Anaphylaxis	A severe, rapidly progressing, potentially life-threatening allergic reaction requiring immediate emergency treatment.
IHP	A person-centered plan describing how the school will support an individual pupil's medical/allergy needs.
AAP	A clinical emergency plan completed by an appropriate healthcare professional and attached to the IHP where applicable.
AAI	Adrenaline auto-injector used as emergency treatment for anaphylaxis.
Spare AAI	School-held emergency adrenaline device managed in accordance with current law and guidance.
Reasonable adjustment	A change to arrangements, practice or environment enabling safe and equitable participation.

3. Leadership, Roles and Responsibilities

Role	Core responsibilities
Governing Board	Approve/review policy; ensure publication; monitor implementation, resources, training and learning from incidents/near misses; receive assurance reports.
Headteacher	Overall operational accountability; ensure staffing, resources, implementation, risk management, incident investigation and reporting.
Named Allergy Lead – A Shepherd	Coordinate allergy arrangements, allergy register oversight, IHP/AAP monitoring, training,

	audits, drills, incidents, liaison and annual reporting.
Named Governor – H Grindulis	Provide governor oversight and challenge on allergy safety and implementation.
School Nurses/Healthcare Professionals	Provide clinical advice and support development/review of IHPs/AAPs; clinical decisions remain with healthcare professionals.
Teachers/Practitioners/HCAs	Know relevant pupil plans, implement controls, maintain medication access, recognise atypical symptoms and act promptly in emergencies.
Catering Staff	Maintain allergen information, prevent cross-contamination, communicate changes and follow individual dietary arrangements and verification procedures.
Therapy Staff	Check products/resources, know relevant allergy arrangements and emergency procedures.
Supply/Agency/Visitors/Contractors	Receive proportionate information relevant to their role and follow school procedures.
Parents/Carers	Provide accurate information, current AAP/medical documentation where required, prescribed medication and updates to treatment or diagnosis.
Pupils	Where appropriate, participate in planning, develop understanding/self-management and seek help; support is adapted for SEND needs.

4. Identification, Notification and Individual Healthcare Planning

4.1 Identification and Admission

Allergy information will be sought through admission information, previous settings, EHC plans, parents/carers, healthcare professionals, school nursing and transition processes. For new pupils, arrangements should be in place for the start of the relevant term wherever practicable; mid-year transitions will be prioritised so that appropriate arrangements are established promptly.

4.2 Information Recorded

- known allergens and routes of exposure;
- diagnosis and relevant history of reactions;
- photograph where appropriate;
- emergency contacts;
- prescribed medication and device type/dose where relevant;
- whether an AAP is available and attached;
- co-existing asthma or other relevant conditions;
- communication, sensory, behavioural and SEND considerations;
- dietary/feeding requirements;
- transport, therapy, personal care and visit arrangements; and
- review dates and responsible staff.

4.2a Identification and Recording of Allergies

The school will maintain a live central Allergy Register, overseen by the Named Allergy Lead and reviewed at least termly.

The register will identify pupils with diagnosed allergies and allergic conditions, record known allergens, emergency medication requirements, and indicate whether an Individual Healthcare Plan (IHP) and Allergy Action Plan are in place.

The register will be updated promptly following admission, diagnosis, changes to medical information, incidents, or annual reviews.

4.3 Individual Healthcare Plans

An IHP will be developed where the pupil's allergy requires specific school arrangements. This will normally include pupils prescribed adrenaline, those with previous anaphylaxis, multiple/severe allergies, allergy with asthma, significant environmental risks, complex SEND or inability to recognise/communicate symptoms. Plans are person-centred and should not simply be copied from another pupil.

The IHP describes school arrangements; it is not a clinical document. The clinical AAP, completed by an appropriate healthcare professional, will be attached where available/required. The DfE's current guidance specifically identifies the IHP as a key mechanism for capturing individual allergy arrangements.

4.4 Asthma and Allergy

Where a pupil has both asthma and allergy, the school will maintain relevant asthma information/action planning. Sudden breathing difficulty in a pupil with known allergy must not automatically be assumed to be asthma; anaphylaxis must be considered and adrenaline must not be delayed when indicated.

4.5 Review and Transition

IHPs and associated allergy information will be reviewed at least annually and sooner after significant medical changes, allergic reactions, hospital admission, near misses, class/site transition or other changes affecting risk. Parents/carers will be involved. Allergy information will transfer appropriately during transitions to new classes, sites, post-16 provision or other settings.

5. Individual Risk Assessment and Risk Reduction

5.1 Individual Allergy Risk Assessment

An Individual Allergy Risk Assessment will normally be completed where a pupil has a diagnosed allergy requiring specific management, prescribed adrenaline, previous anaphylaxis, multiple allergies, allergy with asthma, significant environmental risk, complex SEND, specialist feeding needs, pica or mouthing/sensory-seeking behaviours.

5.2 Risk Assessment Approach

1. Identify the allergen/hazard and route of exposure.
2. Identify who may be harmed, including pupils, staff, visitors and contractors.

3. Assess likelihood and potential severity.
4. Record existing controls and additional measures required.
5. Ensure controls support safe inclusion and are proportionate.
6. Review following incidents, near misses, medical changes or significant environmental/activity changes.

5.3 SEND-Specific Risk Factors

- communication and AAC needs;
- behaviour as communication;
- pica, mouthing and sensory seeking;
- dysphagia and modified diets;
- PEG/button/jejunostomy feeds and equipment;
- oral aversion and medication acceptance;
- sensory materials and therapy products;
- manual handling and positioning in an emergency; and
- staffing levels required for safe supervision.

5.4 Curriculum, Therapy and Personal Care

Risk assessments will consider food technology, cooking, art/science, sensory activities, therapy, hydrotherapy, rebound, reflexology, personal/intimate care, cleaning products, latex, creams/oils, adhesives and other materials. Safer alternatives should be used wherever reasonably practicable.

6. Allergen Management, Catering and Prevention

6.1 General Prevention

- known allergens will be identified through IHPs/AAPs and school records;
- staff will understand relevant routes of exposure and control measures;
- food sharing will be discouraged where appropriate;
- hand hygiene and cleaning will be promoted around food and relevant activities;
- resources/products will be checked before use where they may contain known allergens;
- blanket allergen bans will not be used as a substitute for individual risk management unless specifically justified; and
- visitors, contractors and activity providers will be given relevant information where necessary.

6.2 Catering and Meal Verification

The school and its catering provider will comply with applicable food safety and allergen requirements, maintain accurate allergen information, minimise cross-contamination and communicate ingredient/menu changes.

For pupils identified through data collection and risk assessment as requiring enhanced protection, including pupils with severe allergies, complex dietary needs or inability to independently verify food choices, the school will use a proportionate meal verification process before a meal is served. This will include catering staff checking electronic systems for meal provision requirements, dishing up, covering and labelling individually prepared specific meals in a separate space to main meal serving

areas and individual handover to staff members supervising mealtime. Any discrepancy must be resolved before the meal is provided.

6.3 Food Technology, Celebrations and Sensory Activities

Recipes and ingredients will be checked before practical food activities. Alternatives will be considered to maintain inclusion. Celebrations, fundraising and cultural events will be planned with allergy arrangements in mind. Sensory resources such as flour, pasta, cereals, dried beans, play dough, shaving foam, lotions, massage oils and scented products will be assessed for relevant allergens.

6.4 Environmental and Non-Food Allergens

Risk management will also consider latex, medicines, insects, animals, pollen, mold, fragrances, cleaning products and other environmental/contact allergens where relevant. Procurement should consider product information, known allergens and safer alternatives.

7. Medication Management

7.1 Prescribed Medication

Parents/carers will provide prescribed emergency medication in accordance with school medication procedures. Medication must be identifiable, in date and accompanied by appropriate clinical information where required.

7.2 Adrenaline Auto-Injectors

Where prescribed, the pupil's AAI(s) must be readily accessible and accompany the pupil during activities, visits, residentials, transport and other situations where emergency treatment may be required. Arrangements and locations will be recorded in the IHP.

7.3 School-Held Spare Adrenaline Devices

The Orchard will maintain school-held spare adrenaline devices in accordance with current statutory and DHSC guidance. The school will maintain appropriate systems for storage, accessibility, expiry monitoring, use and replacement. The current DfE framework specifically includes school-held spare adrenaline devices as part of strengthened allergy safety arrangements. School-held spare AAIs **do not** replace pupils' prescribed medication and are an emergency backup arrangement.

7.4 Storage and Accessibility

Emergency medication will be stored securely but immediately accessible. It must not be locked away where this would delay treatment. Devices will be protected from unsuitable environmental conditions and their locations will be known to relevant staff. The location of spare AAIs is next to Nurses office in a locked wall mounted cabinet with easy key access.

7.5 Medication During School Activities

Where require, emergency medication will accompany pupils during lessons, therapy, outdoor learning, Forest School, hydrotherapy, rebound, sport, educational visits, residential visits and transport

7.6 Administration

Staff administering emergency medication must have appropriate training/competence. In an emergency, staff will follow the pupil's AAP/IHP, administer adrenaline promptly when indicated, call 999, monitor the pupil and administer further adrenaline in accordance with current clinical guidance and the emergency plan.

7.7 Record Keeping and Expiry Monitoring

Administration, replacement, expiry and disposal will be recorded in accordance with the school's medication procedures. Used or expired devices will be managed safely.

7.8 SEND Considerations

Medication arrangements will reflect communication, capacity, oral aversion, dysphagia, physical disability, manual handling and other individual needs. A pupil's inability to verbally consent or communicate must not delay emergency treatment where anaphylaxis is suspected.

7.9 Audit

Medication availability, accessibility, expiry dates, spare devices and grab bags will be checked through routine medication audits.

7.10 Disposal

Expired or used medication will be disposed of safely in accordance with applicable pharmaceutical waste arrangements. Used adrenaline auto-injectors containing needles will be placed in an appropriate sharps container or handed to ambulance crew where appropriate.

8. Emergency Response to Allergic Reactions and Anaphylaxis

8.1 Recognition

Symptoms may include itching, rash/hives, swelling, vomiting, abdominal pain, coughing, wheezing, difficulty swallowing, hoarse voice, breathing difficulty, dizziness, collapse or reduced consciousness. Severity can be unpredictable.

For pupils with SEND, sudden distress, agitation, withdrawal, unusual vocalisation, altered alertness, colour change, change in muscle tone, refusal of food/drink or other unexplained behavioural/physiological change may be significant. Staff must not assume such changes are solely behavioural.

8.2 Immediate Response

7. Stay with the pupil and send for help.
8. Administer adrenaline immediately when anaphylaxis is suspected, in accordance with the AAP/emergency guidance.
9. Call 999 and state that anaphylaxis is suspected.
10. Follow the pupil's AAP/IHP and emergency instructions.
11. Keep the pupil appropriately positioned and continuously monitor airway, breathing and circulation.

12. Administer a further adrenaline dose when indicated by the emergency plan/current clinical guidance, including where symptoms persist or worsen.
13. Inform parents/carers as soon as practicable.
14. Ensure the pupil receives appropriate hospital assessment following adrenaline administration.

8.3 Emergency Communication

The 999 call should provide the school's address, exact location, pupil's age, suspected anaphylaxis, medication already given and current condition. Emergency medication and relevant plans must remain immediately available.

8.4 After the Emergency

The school will record the event, inform parents/carers, replenish medication, review the IHP and risk assessment, debrief relevant staff and identify lessons learned. Serious incidents and near misses will be used to strengthen future practice. The DfE guidance explicitly requires schools to record and learn from serious incidents and near misses.

9. Staff Training, Awareness and Competency

9.1 Whole-School Training

All staff will receive appropriate allergy awareness training relevant to their role. This will include recognition of allergic reactions/anaphylaxis, emergency response, prevention, medication arrangements and the use of adrenaline devices. Training will also include the specialist SEND context of The Orchard. Staff will be trained to recognise and respond to allergic reactions and anaphylaxis, including situations where a pupil has no previous allergy diagnosis. Staff should not delay emergency treatment while seeking confirmation of a diagnosis and should follow the school's emergency procedures where anaphylaxis is suspected.

9.2 SEND-Specific Training

- atypical/non-verbal presentations;
- behaviour as communication;
- AAC and emergency communication;
- pica/mouthing and sensory seeking;
- dysphagia, enteral feeding and complex medical needs;
- supporting distressed pupils during emergencies; and
- the interaction between asthma and anaphylaxis.

9.3 Pupil-Specific Briefing and Competency

Staff directly supporting pupils will know relevant IHP/AAP arrangements, allergens, symptoms, medication locations and emergency responsibilities. Staff expected to administer emergency medication will receive appropriate practical training and competency assessment.

9.4 Induction and Refreshers

New, temporary and agency staff will receive proportionate allergy information before working with pupils. Refresher training will be provided at least annually and sooner where guidance, procedures, incidents or identified needs require it.

9.5 Records and Drills

Training, competency and emergency drill records will be maintained and audited. Drills will test access to medication, communication, roles, response times and learning within a realistic specialist SEND context.

10. Educational Visits, Residentials, Off-Site Activities and Transport

10.1 Planning

All visits will consider relevant IHPs/AAPs, individual risk assessments, medication, catering, emergency healthcare access, staffing, communication, travel and environmental risks. Existing assessments should be reviewed rather than unnecessarily duplicated.

10.2 Educational and Residential Visits

Emergency medication must remain accessible throughout the visit. Residential planning will additionally consider overnight supervision, accommodation, meals, food preparation, storage, local emergency services and hospital access.

10.3 Inclusion

Allergy should not automatically prevent participation. Proportionate controls and reasonable adjustments will be used wherever safe inclusion can be achieved.

10.4 SEND and Transport

Planning will consider communication, manual handling, medical complexity, behaviour, sensory needs, staffing and the pupil's ability to access medication. School and contracted transport arrangements must ensure medication accompanies the pupil where required and that relevant escorts understand emergency procedures.

10.5 Review

Any allergic reaction, near miss, unexpected allergen exposure or medication issue during a visit will trigger appropriate reporting and review before similar activities are repeated.

11. Records, Incidents, Near Misses and Information Sharing

11.1 Records

The school will maintain accurate, secure records relating to allergy identification, IHPs/AAPs, risk assessments, medication, training, incidents, near misses and reviews.

11.2 Incident Reporting

Allergy-related incidents include suspected reactions, anaphylaxis, medication administration/errors, accidental exposure, failures to follow plans and delayed access to medication. Records will be factual and timely and will include actions, medication, emergency service involvement and outcome.

11.3 Near Misses

Near misses will be recorded even where no reaction occurs, for example an incorrect meal identified before service, an allergen exposure prevented, expired medication identified before use, or emergency medication temporarily unavailable.

11.4 Learning and External Reporting

Serious incidents and significant near misses will be reviewed to identify contributing factors, corrective actions and training needs. External reporting will occur where required by law or relevant regulatory arrangements.

11.5 Confidentiality

Allergy information is personal medical information and will be handled under UK GDPR, the Data Protection Act 2018 and school data protection procedures. Information will be shared on a need-to-know basis, but confidentiality must never prevent access to information required to protect a pupil's life or safety.

12. Equality, Wellbeing, Safeguarding and Specialist SEND Inclusion

12.1 Equality and Reasonable Adjustments

The school will comply with equality duties and make reasonable adjustments where required. Allergy management will be integrated with SEND planning and will seek to remove unnecessary barriers to participation.

12.2 Safeguarding

Allergy safety forms part of safeguarding. Failure to identify known risks, provide access to emergency medication, implement agreed plans or respond appropriately may expose a pupil to significant harm and will be managed through appropriate safeguarding and management processes.

12.3 Wellbeing and Independence

The school will support pupils' emotional wellbeing and, where appropriate, independence through visual supports, social stories, adapted communication, predictable routines and age/developmentally appropriate self-management opportunities.

12.4 Bullying and Deliberate Exposure

Food-related bullying, deliberate contamination, threats involving allergens or deliberate exposure will be managed under the Behaviour, Anti-Bullying and Safeguarding Policies and may constitute a safeguarding concern.

12.5 Specialist SEND Provision

The school will integrate allergy management with communication passports, AAC, feeding plans, therapy plans, intimate care, mobility/manual handling and other individualised provision. Particular attention will be given to pupils who cannot independently recognise or report symptoms.

13. Monitoring, Audit, Governance and Continuous Improvement

13.1 Monitoring

The Named Allergy Lead will coordinate an annual allergy assurance programme covering IHPs/AAPs, risk assessments, medication, spare devices, training, emergency preparedness, catering, classrooms, visits, incidents and near misses.

13.2 Governance

The Governing Board will receive proportionate assurance information, including significant findings, trends, incidents/near misses, training compliance and improvement actions.

13.3 Annual Allergy Safety Report

An annual report will summarise compliance, audits, medication checks, training, IHP reviews, incidents/near misses and priorities for the following year.

13.4 Continuous Improvement

Findings from audits, drills, incidents, near misses, staff feedback, family feedback and relevant clinical/national developments will be used to improve practice.

14. Communication, Complaints and Working with Families

14.1 Communication

Parents/carers will be informed of significant changes, allergic reactions, medication administration, emergency service attendance and relevant changes to allergy arrangements. Information will also be communicated appropriately to staff, contractors, visitors and activity providers.

14.2 Family Partnership

Families are essential partners in allergy management. The school will seek current information and involve parents/carers in IHP and risk assessment reviews. Families should promptly notify the school of new diagnoses, changed allergens, reactions, medication changes or updated clinical advice.

14.3 Complaints

Concerns regarding allergy management may be raised through the school's Complaints Procedure. Concerns will be investigated fairly and proportionately and used for improvement where appropriate.

15. Policy Review, Publication and Statement of Commitment

15.1 Review

This policy will be reviewed at least annually and sooner following significant legislative or guidance changes, serious incidents, near misses, significant organisational change or audit findings. Section 34 of the Children's Wellbeing and Schools Act 2026 requires the policy to be reviewed at least annually and published.

15.2 Publication and Communication

The policy will be published on the school website and communicated to pupils, parents/carers, staff and others working within the school, in accordance with statutory requirements.

15.3 Statement of Commitment

The Orchard School is committed to maintaining a high standard of allergy safety in which prevention, preparedness, inclusion and effective emergency response are embedded in everyday practice. As a specialist SEND school, the policy deliberately extends beyond minimum mainstream arrangements to address complex communication, medical, feeding, sensory and physical needs.

The school will continue to monitor statutory developments and update its arrangements as further regulations or guidance are introduced under the 2026 legislative framework.

Appendices – Condensed Operational Toolkit

The following appendices form part of the policy. They have been deliberately consolidated to reduce duplication while retaining the core controls required for statutory compliance and the specialist SEND needs of The Orchard.

Appendix A – Individual Allergy Risk Assessment

Field	Record
Pupil / class / site	
Known allergen(s) and route of exposure	
Previous reactions / severity	
Prescribed AAI / other medication	
AAP attached?	Yes / No / N/A
Communication / AAC / non-verbal indicators	
SEND factors: pica, mouthing, sensory seeking, dysphagia, enteral feeding	
High-risk activities/environments	
Existing controls	
Additional controls / reasonable adjustments	
Emergency arrangements	
Responsible staff	
Review date / trigger for earlier review	

Risk rating: Low / Medium / High / Significant. Review after reaction, near miss, medical change, transition or significant activity/environment change.

Appendix B – Allergy Passport & Quick Reference Profile

Quick reference	Details
Pupil / photograph	
Allergy / trigger	
Symptoms / individual presentation	
How the pupil communicates distress	
AAC / communication support	
Emergency medication and location	
Key emergency action	
Key staff / contacts	
Important SEND/feeding considerations	

Appendix C – Anaphylaxis, Allergy and Food Intolerance Information Consent Form

ANAPHYLAXIS, ALLERGY AND FOOD INTOLERANCE INFORMATION CONSENT FORM

Benedict's Law

In 2026, the Government introduced Benedict's Law following the tragic death of five-year-old Benedict Blythe, who died from an anaphylactic reaction at school. Benedict's Law strengthens allergy safety requirements in schools and promotes improved allergy awareness, staff training, emergency preparedness, and the use of individual healthcare plans for pupils with severe allergies. Schools have a duty to take reasonable steps to ensure pupils with allergies and anaphylaxis are kept safe while attending school.

What is Anaphylaxis?

Anaphylaxis is a severe and potentially life-threatening allergic reaction that requires immediate emergency treatment.

Symptoms may include:

Difficulty breathing, wheezing, persistent coughing, swelling of the tongue, swelling or tightness in the throat, difficulty speaking or swallowing, dizziness or collapse, pale, floppy or unresponsive appearance and loss of consciousness.

Anaphylaxis can occur within minutes of exposure to an allergen and must always be treated as a medical emergency.

What is an Allergy?

An allergy occurs when the body's immune system reacts to a substance (allergen) that is normally harmless.

Examples of allergens include:

Peanuts, tree nuts (e.g. almonds, walnuts, cashews), eggs, soya, sesame,
latex, fish, shellfish, wheat, milk, certain medications (e.g. penicillin) and insect stings (e.g. bees, wasps).

Typical allergic reactions may include:

Itchy skin, rash or hives, swelling of lips, face or eyes, sneezing, runny nose, stomach discomfort and mild breathing difficulties.

What is a Food Intolerance?

A food intolerance is different from an allergy.

Food intolerances do not involve the immune system and are not usually life-threatening.

Examples include intolerance to:

Lactose (milk sugar), some fruits or vegetables, gluten (where not diagnosed as coeliac disease) and certain food additives.

Symptoms of intolerance may include:

Bloating, stomach pain, diarrhoea, nausea, excess wind and digestive discomfort.

Summary of Differences

Condition	Involves Immune System?	Can Cause Anaphylaxis?	Potentially Life-Threatening?
Allergy	Yes	Sometimes	Yes
Anaphylaxis	Yes (severe allergy)	Yes	Yes
Intolerance	No	No	Usually No

ANAPHYLAXIS, ALLERGY AND FOOD INTOLERANCE INFORMATION CONSENT FORM

Child's name:	Date of birth:

Anaphylaxis (eg CHILD ALREADY HAS AN ALLERGY ACTION PLAN AND EMERGENCY TREATMENT)

Has your child ever experienced anaphylaxis?	☐ Yes ☐ No

If yes, please provide details including dates, triggers, treatment received and Allergy Action Plan

Allergen	Reaction / Symptoms	Expiry date	Treatment (eg Adrenaline Auto-Injector such as Epipen, Jext etc) medication name and dose

Allergies (eg, hayfever)

Does your child have any diagnosed allergies?	☐ Yes ☐ No

If yes, please provide details:

Allergen	Reaction / Symptoms	Expiry date	Treatment (eg Cetirizine, Loratadine)

Food Intolerances (eg wheat, dairy)

Does your child have any diagnosed food intolerances?	**☐ Yes ☐ No**

If yes, please provide details:

Allergen	**Reaction / Symptoms**

INFORMATION SHARING CONSENT
I consent to relevant information regarding my child's allergy, anaphylaxis risk, medical condition(s), dietary requirements and emergency treatment being shared with appropriate school staff, transport providers, catering staff, educational visits staff and healthcare professionals where necessary to keep my child safe.

PARENT/CARER DECLARATION
I confirm that the information provided in this form is accurate and complete to the best of my knowledge.

I hereby give my consent for the staff at The Orchard School to administer medication (prescribed/onsite emergency medication) in accordance with the school's policy.

I understand that it is my responsibility to promptly inform school, in writing, of any changes to the dosage and any changes made to Allergy Action Plans (where applicable).

I will notify school immediately should there be any changes to my contact details, including telephone number and email address.

Parent/Carer Name: **Relationship to Child:**

Signature: **Date:**

Appendix D – Emergency Allergy Response Flowchart

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

In the event of a serious allergic reaction, time is critical.

What to do in an emergency

Get in position



Lay the person flat and raise their legs - do NOT allow them to stand or walk.

- If unconscious, place them in the recovery position
- If breathing is difficult, they can be propped up with legs stretched out straight

Give adrenaline immediately



Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

- Note the time that the first dose of adrenaline is given
- ALWAYS carry two in-date adrenaline devices, as a second dose may be needed

Call 999

Call emergency services immediately and tell the operator it is "anaphylaxis"

(ana-fil-ax-is)

Give your exact location (What3Words can help if you are outside). Stay with the person until emergency services arrive.

Do not move

Stay lying flat or propped up until help arrives. Do not stand up, walk or run, even if you start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure.

Give second dose of adrenaline



If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given.

www.anaphylaxis.org.uk

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Anaphylaxis UK, a charity registered in England and Wales (1085527) and in Scotland – charity number: SC051390

anaphylaxis UK

Appendix E – Allergy Safety Audit Pack

Audit area	Compliant	Action required
Policy current, approved, published and communicated	☐	
Allergy register / identification arrangements	☐	
IHPs/AAPs current and accessible	☐	
Individual risk assessments current	☐	
Prescribed and spare AAIs available/in date	☐	
Medication storage/access tested	☐	
Staff training and competency current	☐	
Classroom/curriculum/sensory controls	☐	
Catering/allergen information/meal verification	☐	
Visits/transport arrangements	☐	
Incidents and near misses recorded/reviewed	☐	
SEND-specific controls effective	☐	
Governor monitoring completed	☐	

Appendix F – Allergies and Planning Information

Allergy and Anaphylaxis Risk Assessment (Curriculum, Personal Development and Food-Related Activities section)

Risk Assessment for: Allergy management (as part of policy) Location:

Assessment Date: **2.11.26** Name of Assessor(s): **R Kelly A Shepherd** Assessment Ref No:

Note: if assessing a task/activity/event, please give detail here: (outline the activities, tasks, work practices, equipment/materials used, environment, people involved etc)
All activities that take place in relation to learning and school routines
Is any of the following required due to the high-risk nature of the task/activity/event?
Method Statement/Safe System of Work Yes ☐ No ☒ **Permit to Work** Yes ☐ No ☒ If you've answered **Yes**, please provide a link in the body of the RA and/or here, as to where this/these can be located: Click or tap here to enter text.

Risk Matrix scoring guide:

Likelihood	
1	Very unlikely
2	Unlikely
3	Likely
4	Very likely
5	Certain

Severity:	
1	No Lost time
2	Under 7-day injury or illness
3	Over 7-day injury or illness (RIDDOR)
4	Specified injury or illness (RIDDOR)
5	Fatality, disabling injury or illness

High (15-25)	These risks are unacceptable; significant improvements in risk control are required. **The activity should be halted with immediate effect** until risk controls are identified/implemented that reduce the risk to an acceptable level
Medium (5-12)	Additional control measures should be identified and implemented to reduce the risks associated with the activity or workplace so far as reasonably practicable
Low (1-4)	Minimal control measures are required to be implemented to satisfy the level of risk. Maintain current arrangements for risk control

Hazard	Who might be harmed and how	Control Measures	What further action is required	By who and when	Residual Risk Rating			Date Completed
					L	S	R	
Allergies and Anaphylaxis: Cooking activities or exposure to food in class, curriculum activities and personal development opportunities. Pupils with known allergies may be exposed to allergens or possible allergens through ingredients, food handling, shared utensils, food packaging, drinks, sensory activities, celebrations or cross contamination. Exposure may occur through ingestion, skin contact, residue on surfaces, shared	Pupils with known allergies may experience an allergic reaction or anaphylaxis if exposed to a known allergen. Staff and other pupils may also be affected if they are required to respond to, witness or manage an emergency allergic reaction. **Likely consequences:** • Allergic reaction • Possible anaphylaxis • Need for emergency medication • First aid response required • Emergency services involvement • Possible hospital treatment	• All staff are aware of individual pupil medical needs, including allergy needs. • Staff working with pupils with allergies are familiar with the pupil's Allergy Support Plan, Individual Healthcare Plan and relevant risk assessments. • Staff working with pupils with allergies have completed Allergy Awareness and Anaphylaxis training and understand the signs and symptoms of an allergic reaction. • All staff are aware of the school's	•Continue to ensure Allergy Awareness and Anaphylaxis training remains up to date for all relevant staff. • Ensure new, temporary, agency and supply staff are made aware of individual allergy needs before working with pupils. • Ensure staff as part of curriculum planning carry out allergy checks before cooking, food tasting, sensory, creative or community-based activities. • Continue to review Allergy Support Plans, care plans and risk assessments when pupil needs change.	Class Teacher/Medical Lead / Curriculum Leads/SLT. Ongoing and before any planned food-related activity, event or curriculum activity involving food or possible allergen exposure.	2	2	4	2.11.26

equipment or contact with contaminated hands/resources.	• Significant distress to the pupil • Potential distress to the wider class group • In severe cases, anaphylaxis can be life-threatening	Medical Needs Policy and Allergy Policy. • Staff remain vigilant for symptoms at all times, particularly during and after food-based activities. • Teaching staff are mindful of activities planned as part of the school's curriculum and personal development offer, including cooking, food tasting, celebrations, creative activities, life skills and community-based learning. • Recipes, ingredients, packaging and resources are checked in advance, and						

		adaptations are made where needed. • Known allergens are excluded where this has been agreed as part of the pupil's plan or risk assessment. • Where an activity cannot be safely adapted, an alternative activity or recipe is used. • Allergen information is checked where appropriate before relevant activities or events, including ingredients, packaging, recipes, resources and possible cross-contamination risks. • Separate equipment,						

		utensils or preparation areas are considered where required to reduce the risk of cross contamination. • Handwashing and surface cleaning take place before and after food-related activities. • Food sharing is discouraged and pupils are supervised appropriately. • Supply staff, visiting staff and external providers are made aware of relevant allergy needs where appropriate. • Emergency medication is clearly labelled, in date and accessible in line with the pupil's care plan.						

Assessment reviewed [Date]:	Reviewed by [Name]:	Comments:

Appendix G – Educational Visit, Residential and Transport Checklist

Check	Complete
IHP/AAP and individual risk assessment reviewed	☐
Medication and spare/emergency arrangements checked	☐
Staff briefed and responsibilities allocated	☐
Venue/caterer informed where appropriate	☐
Food/allergen information confirmed	☐
Emergency services/hospital arrangements considered	☐
Communication/AAC and SEND needs planned	☐
Transport medication access confirmed	☐
Residential overnight arrangements confirmed	☐
Post-visit incident/near miss review completed if required	☐

Appendix H – Emergency Drill and Staff Competency Record

Measure	Result
Date / scenario	
Staff participating	
Time to recognise/suspect anaphylaxis	
Time to locate medication	
Time to simulate administration	
999/emergency communication	
Positioning/monitoring	
SEND/AAC considerations	
What went well	
Actions / retraining required	
Lead / review date	

Appendix I – Allergy Incident and Near Miss Report

Field	Details
Date/time/location	
Pupil / staff involved	
Allergen / suspected exposure	
Symptoms / individual SEND presentation	
Medication administered and time	
999 / hospital / parent contact	
Factual chronology	
Immediate actions	
Near miss or serious incident?	
Contributing factors	
IHP/risk assessment review required?	
Learning / corrective action	
Responsible person / completion date	

Appendix J – Governor Monitoring and Annual Review

Area	Evidence / finding	Action
Policy compliance and publication		
IHP/AAP arrangements		
Medication/spare AAI arrangements		
Training and competency		
Incidents/near misses and learning		
SEND inclusion and reasonable adjustments		
Catering and activities		
Visits/transport		
Audit findings and improvement plan		

Appendix K – Emergency Medication / Grab Bag Checklist

Item/check	Present	In date/working	Action
School-held spare AAI(s)	☐	☐	
Relevant pupil medication	☐	☐	
Current emergency information/IHP access	☐	☐	
Allergy Passport/quick reference	☐	☐	
Emergency contact information	☐	☐	
Communication/AAC support where required	☐	☐	
Other clinically/school-required items	☐	☐	

Appendix L – Food reference sheet - as a quick reference for lunch tables and general classroom use

Class number			
Pupil name	Pureed	Soft mash	**For information only -no off Menu**

Information provided from parents				
Pupil name	**Dietary preference/needs (vegetarian/vegan/puree/mash gastrostomy etc)**	**INTOLERANCES**	**ALLERGENS** 	**Additional Information & medication Information related to allergens**