Crich Junior School

Allergy Safety Policy

September 2026

This policy is set out in accordance with Section 34 of the Children's Wellbeing and Schools Act 2026.

As of September 2026, Catherine Wheatcroft, Headteacher, has responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

This policy will be reviewed at least annually.

Governing bodies should ensure that allergy safety policies are readily accessible to parents and staff. The policy will be published on the school website and made available in hard copy on request.

Culture & Awareness training

The staff at Crich Junior School will be trained in allergy awareness and emergency response, at least annually.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs.
It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Supply staff and temporary staff will receive access to training on starting their position or will have proof of completing the training within the last 12 months.

Allergy awareness training should ensure 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
  - ✓ how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
  - ✓ training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices)
  - ✓ Understand the impact allergy can have on a child or young person's wellbeing;
• Understand the school, college or setting'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").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Wellbeing

The school recognises that living with a severe allergy can cause significant anxiety for children, young people, and their families. The fear of an accidental exposure or an anaphylactic reaction can impact a child's confidence, social interaction, and emotional health.

To promote emotional wellbeing and reduce allergy-related anxiety, the school will:

- **Normalise, don't isolate:** Ensure children with allergies are fully included in all school activities, including school meals, curriculum cooking, sports, and school trips, by making proactive, safe adaptations rather than removing the child from the activity.
- **Empower through age-appropriate education:** Teach children about their allergies in a positive, empowering way. Focus on what they *can* do to stay safe (e.g. washing hands, checking labels, recognising early symptoms) rather than relying solely on fear-based warnings.
- **Provide designated emotional support:** Offer access to wellbeing support in school for children expressing high anxiety, hyper-vigilance, or fear surrounding food and transition times (such as moving up a year group).
- **Establish open communication with families:** Partner closely with parents and carers to ensure consistent messaging between home and school, helping to lower anxiety for both the child and their family.

Anti-Bullying Strategies and Management

Bullying, teasing, or threatening behaviour involving a child's allergy is treated as a serious safeguarding issue.

Taunting a child with an allergen (e.g., waving a peanut in front of them) or making fun of their dietary restrictions will not be tolerated and will be handled under the school's Anti-Bullying Policy.

To prevent and address allergy-related bullying, the school will:

- **Deliver school-wide allergy awareness:** Incorporate allergy education into the PSHE (Personal, Social, Health and Economic) curriculum and school assemblies. This teaches all pupils that allergies are medical conditions requiring empathy and collective care, not targets for teasing.
- **Promote a "no food sharing" culture:** Establish a strict policy against sharing snacks, lunches, or treats. This protects children with allergies physically while removing the social pressure or exclusion that can happen during break times.
- **Implement clear reporting and zero-tolerance sanctions:** Ensure all staff are trained to identify the signs of allergy-related bullying. Any incident where a child is threatened with an allergen will be escalated immediately to senior leadership as a high-level behavioural breach.

- **Foster peer support:** Encourage a supportive classroom environment where peers understand how to look out for their classmates, help them check ingredients during activities, and quickly alert an adult if they suspect their friend is unwell.

Minimising risk

The staff at Crich Junior School will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens.

This can include:
• Measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting.
• Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).
• Where children and young people have known allergy to airborne or contact allergens, how the school, college or setting will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens.
• An expectation that staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
• Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Food allergy

Crich Junior School is committed to a proactive, whole-school approach to reducing the risk of accidental exposure to allergens. The following measures are enforced:

- **Supplier and Kitchen Controls:** The catering team strictly reviews ingredient labels for the allergens across all products. Kitchen practices are structured to eliminate cross-contamination during storage, preparation, and service. Communication with the offsite catering provider kept up to date.
- **External Food Incursions:**
    - Parents and carers must not send hidden allergens into school within packed lunches or snacks (e.g., a "no-nuts" rule is enforced if a pupil has a severe nut allergy).
    - Food brought from home for class celebrations, birthdays, or bake sales is prohibited unless it is pre-packaged and accompanied by a full, verified ingredient list.
- **Curriculum Planning:** Staff planning activities involving food or potential allergens—such as Design & Technology (cooking), Science, Art and Craft (e.g., using nut shells, egg cartons, or dairy products), or animal encounters—must conduct a dynamic risk assessment and substitute materials where an allergy exists in the cohort.

Provision of Clear Allergen Information

In compliance with the Food Information Regulations 2014, clear allergen information is made available for all food provided on site:

- **Menu Auditing:** The school menu is published on Derbyshire County Council Website, with all ingredients listed and the Top 14 allergens explicitly highlighted. (This is provided by Derbyshire County Council Catering service)

2. Individual Identification and Record Keeping

The school has established clear, immediate identification mechanisms to protect pupils, staff, and visitors:

- **Pupils:**
- **Photographic Alert Lists:** A secure, up-to-date document containing names, photographs, specific allergens, reaction symptoms, and medication locations is distributed to all teaching staff, midday supervisors, and the catering team.
- **Staff:** Upon employment, all members of staff must complete a medical disclosure form detailing any severe food allergies, triggers, and whether they carry personal rescue medication (such as an Adrenaline Auto-Injector/AAI). This data is securely held by Human Resources and shared with designated First Aiders.
- **Visitors:** Adult visitors will be asked to inform the office of any known allergies. Child details will also be asked for on arrival if they are staying in school.

Medication Tracking (Adrenaline Auto-Injectors)

The school systematically tracks whether individuals carry or require emergency medication:

- **Prescribed Medication:** The school logs whether a child has been prescribed AAIs. Parents must provide **two in-date AAIs** to be kept on the school premises.
- **Location and Access:** Crich Junior school pupils do not independently carry AAIs. Instead, their prescribed medication is kept in an unlocked, clearly labeled, and easily accessible location within classroom or the school office, ensuring it is never locked away.
- **Statutory Spare AAIs:** In line with statutory provisions, the school maintains a stock of "spare" unprescribed emergency AAIs to be used on any individual showing signs of anaphylaxis whose personal device fails, or who experiences a first-time reaction.

Documentation and Record Keeping

A centralised register of all individuals with known allergies is maintained electronically via the School Management Information System (MIS).

- **Individual Healthcare Plans (IHPs):** Every pupil with a diagnosed allergy that requires functional adjustments or medication has a bespoke IHP. The IHP details their specific triggers, symptoms of a reaction, and emergency steps.
- **Allergy Action Plans (AAPs):** The IHP is accompanied by a standardized, doctor-signed Allergy Action Plan (such as the BSACI template), which serves as a visual, single-page emergency protocol. These plans are reviewed annually or immediately following a medical update or "near-miss" incident.

Information Gathering and Transition Processes

To ensure no child slips through the safety net, rigorous information-gathering processes are embedded into admissions:

- **New Admissions:** The standard school registration pack includes a mandatory, comprehensive Medical and Dietary Information Form. Parents must declare any allergies, intolerances, and historic severity.

Transition Work:

- **Previous Setting:** Before a pupil transfers into the Crich Junior School, the Designated Allergy Lead contacts the child's previous setting to audit their existing IHP, historical reactions, and effective care strategies.
- **Direct Parental Engagement:** The school conducts pre-start meetings or phone consultations with parents of highly allergic children to co-author the IHP and verify that all matching medications are received on or before day one of term.
- **Mid-Year Admissions:** The same strict data collection applies immediately upon enrollment, with a mandatory 48-hour processing window to update the catering and teaching teams before the pupil officially enters the classroom.

Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:
• they have an allergy which has a functional impact on them in their school, college or setting
• they are at risk of harm as a result of their allergy and
• they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Specific support arrangements will be identified and documented through the writing of an IHP, this will be reviewed at least annually.
'Reasonable adjustments' will be made to accommodate children's needs regarding their allergy management.
Medication at Crich Junior School can be administered proactively within the medication policy and in emergency situations.

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it.
Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed adrenaline
Crich Junior School will ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices at all times, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips.

- Parents are expected to make sure they have their own devices and medication for the journey to and from school. If they do need the ones kept in school this will be logged and checked that they have been returned.
- Details of children with prescribed adrenaline and an Allergy Action Plan will be kept on the school's central system (Arbor) within the medical information.

School-wide policies

“Spare” adrenaline devices and inhaler are stored in an orange case in the school office, they are not locked away. The box is clearly labelled to indicate this.

Dates will be checked termly on spare adrenaline devices and the spare inhalers and noted in the school diary when they are ready to be renewed.

New adrenaline devices and inhalers will be ordered in time from the local pharmacy.

Out of date adrenaline devices and inhalers will be returned to the local pharmacy for safe disposal.

Our school staff are aware that no child or young person should be more than five minutes from adrenaline devices. Adrenaline devices should always be stocked and stored in pairs.

Visits and trips

- **Medication carriage:** Every child at risk of anaphylaxis must bring their own prescribed Adrenaline Auto-Injector (AAI). A designated staff member will carry this device in close proximity to the child at all times, including during transport.
- **Trained staff:** At least one staff member trained to administer adrenaline in an emergency must be present on every off-site trip.
- **Venue liaison:** Trip leaders will contact external venues, accommodation providers, or transport operators in advance to discuss allergen management and catering controls.
- **Emergency kits:** The school will evaluate whether a spare school AAI should accompany the trip, ensuring no shortage of emergency devices remains on the main school site.

Conducting Off-Site Risk Assessments

- **Individual review:** Trip leaders will review the Individual Healthcare Plan (IHP) and Allergy Action Plan for every participating child at risk of anaphylaxis before departure.
- **Hazard identification:** The assessment will identify specific environmental triggers at the destination, such as food vendors, insect stings in outdoor settings, or contact animals.
- **Control measures:** Plans will detail risk reduction measures, including supervised eating areas, strict handwashing protocols before and after meals, and designated safe food handling.
- **Emergency communication:** The risk assessment will confirm mobile phone coverage, local emergency service response times, and the nearest medical facility location.

Serious incidents and “near misses”

Recording Incidents and Near Misses

- **Immediate Logging:** Staff must log any allergic reaction, suspected exposure, or significant near miss in the school’s official accident and incident book within 24 hours.
- **Detailed Capture:** Records must include the date, time, location, what triggered or potentially triggered the reaction, the symptoms observed, and any emergency medication administered.

- **Near Miss Tracking:** Close calls—such as an unapproved allergen brought into a nut-free zone or a missed cross-contamination check in the kitchen—must be recorded even if no child fell ill, to help spot safety gaps.

Reporting and Home-Onset Recognition

- **Home Reporting:** Parents, carers, pupils, or medical professionals can report delayed reactions noticed after the child has left school by contacting the school office or designated allergy lead directly.
- **Parental Notification:** The school will contact parents/carers immediately if an incident occurs on site, or follow up promptly if a delayed reaction is reported from home.
- **Multi-Agency Sharing:** Where relevant, and with appropriate consent or safeguarding justifications, the school will liaise with school nurses or healthcare providers to understand delayed-onset episodes.

Responding and Reviewing

- **Emergency Action:** Staff will follow individual healthcare plans (IHPs) and administer emergency medication (such as an adrenaline auto-injector) immediately if acute symptoms appear on site.
- **Post-Incident Review:** The school allergy lead will review every serious incident or near miss to identify what failed and why.
- **Policy Updates:** Findings from the review will be used to update risk assessments, retrain staff, or adjust daily catering and classroom management practices.

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Awareness of the allergy safety policy

- The allergy safety policy will be reviewed at least annually
- It will be published on the school website
- All staff will be aware of and understand the policy as part of annual awareness training
- Pupils will have direct input during PSHE lessons and assemblies to raise awareness about allergies
- Pupils will be taught how to seek help in an emergency