

Littleover Community School



and Sixth Form Centre

Allergy Safety Policy

September 2026

School Leader	Sara Warren
Link Governor	Mohammed Basharet

Policy approved on (date):		23/09/2026	
By:	Governing Board	Signed:	

Last reviewed on :		August 2026	
By:	Sara Warren	Signed:	<i>Sara Warren</i>
Date of next review :		September 2027	

Allergy Safety Policy

Contents

Allergy Safety Policy	1
1. Aims	3
2. Legislation and guidance	3
3. Roles and responsibilities	3
3.1 The Governing Body.....	4
3.2 Allergy safety lead	4
3.3 Medical Officer.....	4
3.4 Headteacher	5
3.5 Teaching and support staff	5
3.6 Parents/carers	6
3.7 Students with allergies.....	6
3.8 All Students	7
3.9 Staff with allergies	7
4. Identifying individuals at risk	7
4.1 Identifying students at risk	7
4.2 Identifying staff and visitors at risk.....	8
4.3 Individual Healthcare Plans (IHP).....	8
4.4 Allergy and asthma action plans.....	8
4.5 Register of students with known allergies	9
5. Assessing risk	9
6. Minimising risk.....	10
6.1 Student Awareness	10
6.2 Catering	10
6.3 Insect bites/stings	11
6.4 Animals.....	11

6.5 Visits and trips	11
7. Procedures for handling an allergic reaction.....	12
8. Adrenaline devices (including adrenaline auto-injectors).....	12
8.1 Prescribed adrenaline devices (ADs)	12
8.2 Spare ADs and inhalers.....	13
8.3 Disposal.....	13
8.4 Using spare ADs in an emergency situation without prior consent	13
8.5 Use of AD's off school premises	14
9. Serious incidents and 'near misses'	14
9.1 Incident recording	14
9.2 Incident reporting.....	14
10. Allergy Awareness	15
10.1 Staff Training	15
10.2 Awareness of allergy safety policy	16
11. Wellbeing	16
12. Information Sharing.....	16
13. Monitoring Arrangements.....	16
14. Links to other policies.....	17
15. Additional support and guidance.....	17
Appendix 1.....	18
Appendix 2.....	19
Appendix 3.....	20

1. Aims

The school is committed to taking all reasonable and proportionate steps to minimise the risk of allergic reactions through effective policies, procedures, staff training, communication and partnership working. However, it is not possible to eliminate all risk or guarantee that an allergic incident will never occur.

The school cannot guarantee that the environment, food or activities will be completely free from allergens or the risk of accidental exposure. For this reason, the successful management of allergies relies on a shared responsibility between the school, students, parents and carers, healthcare professionals, catering providers and other relevant partners.

The school will continue to review and develop its practices in line with current guidance to ensure that the health, safety, wellbeing and safeguarding of all members of the school community remain a priority.

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how our school supports students with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the school community.
- Explain how staff with allergies should report these and support with individual needs whilst in work.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on [allergy safety in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

Littleover Community School (LCS) is committed to providing a safe, inclusive and supportive environment in which all students and staff can thrive. We recognise that the effective management of allergies is an important aspect of our duty of care, health and safety responsibilities, and safeguarding arrangements.

Our approach to allergy safety promotes the wellbeing of students, staff and visitors by reducing risks, supporting individual medical needs and ensuring that appropriate procedures are in place to prevent, recognise and respond to allergic reactions, including anaphylaxis. We are committed to working in partnership with parents and carers, healthcare professionals, governors and the wider school community to ensure that students with allergies are able to participate fully and safely in all aspects of school life.

Through appropriate training, clear communication, individual healthcare planning and regular review of our procedures, we aim to foster a culture where the safety, wellbeing and inclusion of every student remains at the heart of our practice.

Whilst the allergy lead is responsible for overseeing the school's allergy safety policy and leading allergy awareness across the school community, allergy management is a shared responsibility: all staff, students, parents/carers, visitors and volunteers have a role to play in supporting the safety and wellbeing of students with allergies, in the same way that safeguarding is everyone's responsibility.

3.1 The Governing Body

The governing board is responsible for ensuring:

- Risks relating to students with allergy are included in the EpiPen Holders file (held in Student Services by the Medical Officer). This is considered to be the risk register for students and is actively managed by the Medical Officer.
- The school has an allergy safety policy which sets out:
 - Arrangements to reduce the risk of individuals coming into contact with their known allergens
 - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the Headteacher and allergy lead.

3.2 Allergy safety lead

The nominated allergy safety lead for Littleover Community School is the LCS Operations Manager and member of the Senior Leadership Team, Mrs S. Warren, supported by the School Medical Officer.

They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published on the LCS website
- Promoting allergy awareness across our school community
- Reviewing allergy and dietary information with the Medical Officer to ensure this is recorded and appropriate plans are implemented
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Ensuring the Medical Officer has completed Individual Healthcare Plans (IHP) for students who require support with allergies and that these are updated as needed
- Ensuring staff records are updated by the appropriate staff members
- Ensuring all staff receive regular allergy awareness training
- Ensuring all staff are aware of the school's policy and procedures regarding allergies
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
 - What lessons there are to learn
 - Any potential changes to the medical conditions and/or allergy safety policies and/or to any student's IHP

3.3 Medical Officer

The Medical Officer is responsible for:

- Recording allergy and relevant medical information for students and staff
- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Liaising with any appropriate medical professionals to support implementation of individual health care plans and safety plans in school, including for those with a known food or insect sting allergy

- Checking spare AAls are in date and present (supported by the Student Support Officer reporting into the Medical Officer)
- Making sure that replacement AAls are obtained when expiry dates approach (supported by the Student Support Officer)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All students with allergies have an allergy action plan completed

3.4 Headteacher

The Headteacher is responsible for:

- Ensuring this policy is implemented.
- Deciding (in discussion with parents/carers and any relevant healthcare professionals) whether a student's allergy can be managed through the adjustments made under the Supporting students with medical conditions and students who cannot attend school policy or whether an IHP is required to specify arrangements that reflect the student's circumstances.
- Supporting the allergy lead with delivery of this policy.

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific students with allergies in their care
- Reducing the risk to students with known allergies coming into contact with known allergens, including completing risk assessments prior to activities taking place (see section 4 and 5).
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Being aware of students who may have allergies in office spaces, such as during lunchtime when food may be present
- Ensuring the wellbeing and inclusion of students with allergies
- Ensuring the first aid kit and required adrenaline auto-injectors are taken on external school activities and are returned to the Medical Officer in a timely manner
- Reporting any allergy related incidents and/or near misses to the Medical Officer and allergy lead

Unacceptable practice:

- Not completing the mandatory allergy awareness training when instructed to do so.
- Knowingly giving a student food containing an allergen identified in their IHP
- Assuming a student's allergy is "not serious" because they have previously had mild reactions.
- Preventing or unnecessarily restricting a student from taking part in school activities because of their allergy.

- Leaving a student without appropriate access to their prescribed adrenaline auto-injector Failing to follow the student's IHP or emergency response arrangements.

If staff have any queries or concerns regarding allergies, activities, including food / drink, including end of term activities, they should contact the allergy lead, Medical Officer or Headteacher for guidance. Staff should contact the Medical Officer for information and guidance on student allergies, IHP's and medical information.

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis, following which the school's meal payment/catering system will be updated via the MIS system as appropriate
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Discouraging their child to share food and drink with other students
- Updating the Medical Officer as soon as possible on any changes to their child's condition. The Medical Officer can be contacted on the main school telephone number 01332 513219 or via email admin@littleover.derby.sch.uk
- Supporting their child in making safe food and drink choices in school by reviewing and discussing the school menu and appropriate choices in line with their individual allergy or dietary requirements. Parents/carers can contact the Caterer in Charge to discuss the menu, ingredients and suitable alternatives. The school maintains up-to-date information on allergens and ingredients to support safe and informed food choices. The Caterer In Charge can be contacted on email admin@littleover.derby.sch.uk or via telephone 01332 513219.

Please note; catering staff receive allergen training and will follow the allergy information displayed on the till screen. Therefore, a student may be declined the purchase of a food and/or drink item they have selected and will be encouraged to make an alternative choice based on their individual allergy or dietary requirements.

3.7 Students with allergies

Students with allergies are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their adrenalin auto-injector and antihistamine with them, for example in their school bag, and only using it for its intended purpose
- Understanding how and when to use their adrenaline auto-injector
- Reporting to a member of staff immediately if they have any concerns that they are experiencing any allergy symptoms
- Not sharing food and drink with others and not accepting food and drink from other students
- Students should not purchase food and drink for other students

3.8 All Students

Are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Not sharing food and drink with others
- Students should not purchase food and drink for other students
- Reporting any incidents or concerns to staff immediately

Older students might also be expected to support their peers and staff in the case of an emergency, such as contacting a member of staff for help with another student.

3.9 Staff with allergies

Staff with allergies should report this information to the allergy lead, Medical Officer and Head Teacher's PA to ensure that the allergy / medical information is recorded and appropriate support can be put in place, such as individual healthcare plans and individual risk assessments. Staff should ensure this information is kept up to date. Staff with a diagnosed allergy that requires the use of an Adrenaline Auto-Injector (AAI) should ensure that they carry 2 in-date AAI's with them at all times whilst on the school premises and during any off-site educational visits or school activities, in accordance with their healthcare professional's advice.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines.

4.1 Identifying students at risk

We will:

- For new starters, all parents/carers of students are asked to complete the online Student Information Form which contains questions about the student's medical history and allergy information before they commence at LCS.
- For new starters within the academic year, all parents/carers of students are asked to complete the Student Information Form at the student induction meeting. This should be done within 2 weeks of a student starting.
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary via ParentPay

We ask that parents/carers proactively inform us by either phone call to the school 01332 513219 or an email to the Medical Officer admin@littleover.derby.sch.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

New LCS staff will be asked to provide details of any allergy or medical conditions prior to commencing work at LCS so the appropriate action/s and any healthcare plans, risk assessments, etc. can be taken prior to them starting work at LCS. Staff should then keep the allergy lead, Medical Officer and Headteacher's PA informed of any changes to ensure that the allergy / medical information is recorded and appropriate support can be put in place, such as individual healthcare plans and individual risk assessments.

Where possible, visitors will be asked to provide details of their allergies in advance of their visit using the Visitor Provider Agreement form. This will be reviewed prior to the person visiting so any appropriate action/s and support can be put in place.

4.3 Individual Healthcare Plans (IHP)

Students should have an IHP if they:

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

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

The IHP will set out the additional and/or different arrangements that will be in place for supporting the student. The school will make every effort to make sure that arrangements are put in place by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the student while they are at school or pose no risk to the student. Some allergies will not require arrangements which are additional to or different from those made generally.

The Medical Officer, under the guidance of the Headteacher who remains responsible, for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a student's allergy can be managed through the adjustments made under the school's medical conditions and students who cannot attend school policy or whether an IHP is required to specify arrangements that reflect the student's circumstances.

The school will consider the following principles:

- If the arrangements or support which a student requires would be available to any student as part of normal policies, an IHP may not be required
- IHPs will be reviewed at least annually and more frequently if the student's needs have changed. Where a student moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All students who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All students who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent, where given, for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the student's Go4School record. Whenever the allergy action plan is updated, the student's record will be updated on the school MIS system and Go4School.

Please refer to Appendix 3 for the allergy action plan.

4.5 Register of students with known allergies

- The school maintains the EpiPen Holders file which records those students who have a known allergy and prescribed adrenaline autoinjector. The file includes:
 - The allergy action plan which includes known allergens and risk factors for anaphylaxis
 - Whether a student has been prescribed adrenaline autoinjector (and if so, what type and dose)
 - Where a student has been prescribed an adrenaline autoinjector, whether parental consent has been given to administer emergency medication
 - A photograph of each student to allow a visual check to be made
- The file is kept by the Medical Officer in Student Services and can be checked quickly by any member of staff as part of initiating an emergency response.
- The Caterer In Charge also has student photo and allergy information available in food preparation areas

5. Assessing risk

The teaching member of staff and/or Trip Lead, in conjunction with the Medical Officer for trips, will conduct a risk assessment for any student at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

For example, staff should consider:

- What is being used / will be done as part of the activity?
- Old food boxes or packaging may contain traces of allergens
- Some products contain wheat flour, including "play dough"
- Some glues contain milk, wheat or soya
- Some items, such as gloves, may contain latex
- An alternative activity or item should be used to remove the allergen safety concern
- When planning out of school activities, consider the catering requirements of the student and/or staff with food allergies and emergency planning, including access to emergency medication and medical care.

6. Minimising risk

6.1 Student Awareness

All students will receive an allergy awareness briefing at the start of the academic year; this includes information on what an allergy is, what can cause them, what is an allergic reaction, washing their hands before eating, not buying or giving food or drink to other students, carrying their adrenaline auto-injector at all times if they have one and how to get help from staff.

If a student starts during the academic year, the Head of Year must ensure the new student receives an allergy awareness briefing.

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of students with allergies. Whilst the school takes the management of nut allergies extremely seriously, it is not possible to guarantee that the school is a nut-free environment.

Although every effort is made to minimise the risk of exposure to nuts and nut products, the school prepares meals on site using ingredients supplied by external manufacturers. We cannot guarantee that all ingredients are free from traces of nuts, nor can we guarantee that food production and preparation areas used by suppliers or within the school kitchen have been free from cross-contamination.

Students and staff are also able to bring their own food and drink items onto the school premises, as a result nuts and nut containing products may be present in the school.

For these reasons, the school does not describe itself as "nut free". Instead, we adopt a risk reduction approach, implementing robust procedures to minimise the likelihood of exposure to allergens. These include careful menu planning, checking ingredient information, appropriate food handling practices, staff training, individual healthcare plans where required, and clear communication with parents, carers and external catering providers (when used).

Parents and carers should be aware that, despite these precautions, there remains a residual risk of accidental exposure to allergens. The school will continue to work with families and healthcare professionals to ensure that reasonable adjustments and appropriate safeguards are in place to support students with allergies and enable them to participate safely in school life.

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage students and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

Catering staff receive allergen training and are able to identify students with allergies as this is shown for a student with known allergies at the point of payment on the till

- The School uses its Management Information System (MIS) to record students' allergy information. Where parents and carers have provided and maintained up-to-date medical information, allergy alerts are displayed to the catering cashier at the point of sale when a student identifies themselves using the biometric payment system. This provides an additional safeguard to support informed food service decisions; however, it does not replace the need for students, parents and carers, and staff to remain vigilant in managing food allergies. Parents and carers must inform the Medical Officer of changes and catering staff will follow the allergy prompt and their allergy awareness training.

- All food and drink serving areas have a full list of ingredients, including allergens
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of students
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- We also do not encourage students to share food and drink or to purchase items for other students
- **Please note;** catering staff receive allergen training and will follow the allergy information displayed on the till screen. Therefore, a student may be declined the purchase of a food and/or drink item they have selected and will be encouraged to make an alternative choice based on their individual allergy or dietary requirements.

6.3 Insect bites/stings

If a person is bitten or stung by an insect whilst at school, please speak to a member of staff immediately and/or go to Student Services for First Aid support. Staff can provide appropriate first aid and advice on what to do next.

If a person develops a severe reaction or feel unwell following a bite or sting, seek immediate help from a member of staff.

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.4 Animals

Any member of staff wishing to complete an animal activity, including for students' education purposes, either within the school site or externally, must have this approved by the Headteacher so the appropriate risk assessments can be completed prior to any activity taking place.

Refer to section 15 for additional support and guidance information.

6.5 Visits and trips

- No students with allergies will be excluded from taking part, however, if the student does not have the required emergency medication in their possession for safety reasons, they may be unable to take part in the planned activity/trip
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of students' allergies and to have received appropriate training
- The Medical Officer, in conjunction with the Trip Leader, will conduct a risk assessment for any student at risk of anaphylaxis taking part in a school trip
- Students at risk of anaphylaxis should have their own adrenaline auto-injector with them
- The First Aider attending the trip/external activity should collect the first aid kit and required adrenaline auto-injectors from Student Services, along with the IHP's and risk assessment/s, to

ensure all of these are taken on external school activity and are returned to the Medical Officer in a timely manner

- The Headteacher will ensure that staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's adrenaline auto-injector protocols for off-site events and school trips (see section 8.5)
- See section 15 for additional support and guidance information

7. Procedures for handling an allergic reaction

- The Medical Officer and First Aid trained staff are based in Student Services, these staff can be contacted via telephone in Student Services, by staff contacting Reception or by using a radio.
 - Emergency adrenaline auto-injectors can be administered to students who are showing signs of anaphylaxis. Place the orange or yellow tip against the middle of the outer thigh at a 90-degree angle. You can inject right through clothing like jeans or trousers, just avoid heavy seams, zips, or buckles and hold for minimum of 3 seconds.
 - If symptoms do not improve after 5 minutes or they return after 15 minutes, use a second adrenaline auto injector.
 - An ambulance must be called immediately. The student must remain flat with legs slightly raised.
 - Whilst First Aid trained staff are available, all staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and should respond appropriately, especially in an emergency situation.
 - Staff are trained in the administration of adrenaline to minimise delays in an emergency.
 - If the student has an allergy action plan, this must be followed.
 - A spare school AAI device will only be used if:
 - The student does not have a prescribed adrenaline device (AD)
 - The student's prescribed ADs are not available or misfire
- Call 999 for the ambulance service

Please also see the First Aid Policy.

8. Adrenaline devices (including adrenaline auto-injectors)

8.1 Prescribed adrenaline devices (ADs)

Students who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips, for example in their school bag. It is recommended that 2 devices are carried at all times. Students with prescribed ADs should take them home with them at the end of each school day, and parents/carers are responsible for ensuring that they are in date.

If a student cannot keep their ADs with them in the classroom (due to their individual circumstances, activity taking place, or other considerations), then the devices will be stored in Student Services.

A student who has a prescribed AD should also keep them close by when doing PE activities, during break and lunchtimes, during fire evacuations and if taking part in any activity away from their main class, such as individual music lesson.

During the first half term, the Medical Officer will ensure a paper copy of the student's allergy action plan is kept alongside their medication to be held in the student's school bag, it includes instructions on how it should be used in an emergency.

- It is the responsibility of the parent/carer to ensure their child has 2 in date auto-injectors. Students and parents/carers to take individually prescribed ADs home (for example, at the end of the day for the journey home) and for checking that they remain in date.
- Whilst it is the parent/carer responsibility to ensure the ADs are in date, the Medical Officer records the expiry dates of these and reviews these each month.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the student's prescribed inhaler is not available and/or unable to be used, such as being empty or broken and where parental consent has been obtained. The parent/carer is responsible for ensuring the inhalers are within date and are in good working order. All students that have a diagnosis of asthma, who have been prescribed an inhaler, must carry their inhaler on their person or near them, for example in their school bag.

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

The Medical Officer sources spare ADs and asthma inhalers from a local pharmacy.

Spare ADs are stored in pairs in the following locations:

- Main kitchen dining area, near the main doors and water fountains
- Reception
- Student Services
 - Sports Centre (being purchased during September 2026)
 - Medical Officer and Student Support Officer emergency response kits (additional to be purchased during September 2026)

The expiry dates of spare ADs will be recorded on Medical Tracker and checked monthly by the Medical Officer. The Medical Officer will seek replacement spare ADs as needed. The Medical Officer will liaise with the Finance Team to purchase and collect spare AD's and asthma inhalers.

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions. The Medical Officer will contact Derby City Council to arrange collection of used or out of date ADs.

Asthma inhalers that are out of date, used or broken will be taken to a pharmacy for disposal. The Medical Officer will arrange this as needed.

8.4 Using spare ADs in an emergency situation without prior consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers of students who have prescribed ADs for the use of spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. Please see the form in Appendix 3.

In an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of AD's off school premises

Students at risk of anaphylaxis should carry their prescribed ADs with them on school trips and off-site events. The Trip Leader and/or First Aider should ensure the first aid kit and required adrenaline auto-injectors are taken on external school activities and are returned to the Medical Officer in a timely manner. The Trip Leader and First Aider should ensure any allergy related incidents and/or near misses to the Headteacher/SLT on call, allergy lead and Medical Officer.

9. Serious incidents and 'near misses'

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

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

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on Medical Tracker (digital accident book), including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and students responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of students in Years 7 to 11 will be notified of the incident or 'near miss' as soon as possible. In the case of a student in Year 12 and above, wherever possible, the school will endeavour to seek consent prior to informing parents/carers.

The school will share the findings with the student's parent/carer, the student or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the student is at home. This means that incident reporting is not limited to staff – the student, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction. Parents/Carers should report any allergic reaction to the Medical Officer as soon as possible.

The Medical Officer will create the incident report and will share this with the allergy lead and Headteacher. The Medical Officer, Headteacher and allergy lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the student's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- To the local authority, Derby City Council, in line with current reporting procedures.
- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a student has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy Awareness

10.1 Staff Training

The school ensures that all staff expected to be present during times when students are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction. The training includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee students at breakfast or after-school clubs. It does not include contractors carrying out work with no student-facing role such as builders, electricians or other ad hoc maintenance personnel. The allergy lead will liaise with appropriate staff members to ensure that agency cover staff, peripatetic staff and volunteers receive allergy awareness training.

The school has purchased 'training pens' from EpiPen and Jext so staff can practice safely and be familiar with the differences. Staff should contact the Medical Officer if they wish to familiarise themselves with AD administration and use a training device.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
 - Calling emergency services and informing parents/carers
 - How to locate and administer emergency medication
 - How to use the medication/device in an emergency
- Understand the impact allergy can have on a student's wellbeing
- Understand the school's allergy safety policy

- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')
- Catering staff will also complete Food Allergen Awareness training

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

All students will receive an allergy awareness presentation briefing at the start of each academic year, delivered during form time.

If a student starts during the academic year, the Head of Year must ensure the new student receives an allergy awareness briefing.

11. Wellbeing

Students with allergies may also suffer from anxiety and depression relating to their allergy and potentially bullying from peers. Students may also not wish to disclose to others that they carry AD's and/or asthma inhalers. LCS has a Wellbeing Team, as well as pastoral support, so that students with allergies will have support through:

- Pastoral care
- Regular check-ins with their form tutor, Wellbeing Coach, etc.
- The School also has a Wellbeing Team that can be accessed for support.
- The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding, and any witnesses. The school will provide support to those involved.
- The school will support staff involved in any incident or 'near miss'.
- See section 9 of the policy for more detail on incidents and 'near misses'.
- During the 2026-2027 academic year LCS will seek to explore the implementation of student "allergy champion" roles with a view to provide a peer point of contact for students.

12. Information Sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring Arrangements

This policy will be monitored by the allergy lead.

It will be reviewed and approved annually by the Full Governing Body, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- First Aid Policy
- Supporting Students with Medical Conditions and Students Who Cannot Attend School Policy
- Minibus Policy
- Safeguarding and Child Protection Policy
- Student Mental and Emotional Wellbeing Policy
- Anti-Bullying Policy
- SEND Policy
- Educational Visits Policy and Guidance
- Behaviour Policy
- Health and Safety Policy
- Risk Assessment Policy
- Visitors Policy
- Volunteer Policy
- Disability Policy and Accessibility Plan
- LCS Data Protection and Retention Policy
- Whistleblowing Policy

15. Additional support and guidance

Anaphylaxis UK [Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK](#)

Natasha's Foundation Allergy School [Education Resources: Ages 11-18 Years - Allergy School](#)

Allergy UK [For Schools | Allergy UK | National Charity](#)

Benedict Blythe Foundation [Tools and Resources - Benedict Blythe Foundation](#)

Department for Education Allergy Safety In Schools [Allergy safety in schools - GOV.UK](#)

Appendix 1

Recognise the signs of anaphylaxis

A ADRENALINE • Tightening of the throat • Hoarse voice • Difficulty swallowing • Swollen tongue	B BREATHING • Sudden wheezing • Difficult or noisy breathing • Persistent cough	C CIRCULATION • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
--	---	---

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

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




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



Scan this code for instructions on how to use adrenaline devices
- ③ Immediately dial 999** for ambulance
 and say **ANAPHYLAXIS** (ana-fill-axis)



After giving adrenaline:

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






5:00 minutes

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

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

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

Appendix 2

The 14 regulated allergens are:



Treenuts



Sulphur Dioxide



Sesame



Peanut



Molluscs



Mustard



Lupin



Milk



Fish



Gluten



Egg



Crustaceans



Celery



Soybean

[Download your allergen icons and posters - GOV.UK](https://www.gov.uk/allergen-information)

Remember there can be many other allergies as well as the ones listed above, for example, insect bite / sting, pet hair, latex, etc.

Appendix 3

Allergy Action Plan


ALLERGY ACTION PLAN




This child has the following allergies:

Name:

DOB:

Photo

● Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	B BREATHING • Difficult or noisy breathing • Wheeze or persistent cough	C CONSCIOUSNESS • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
---	---	--

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose:

mg

)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, **give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

(if vomited, can repeat dose)
- Phone parent/emergency contact

Emergency contact details:

1) Name:

☎

2) Name:

☎

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

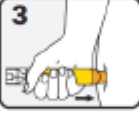
Date:

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

© The British Society for Allergy & Clinical Immunology 6/2016

How to give EpiPen®





1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"

3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, **GIVE ADRENALINE FIRST**, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2007. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

sign & print name:

Hospital/Clinic:

☎ Date: