OneSchool Global

# Allergy Safety Policy

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# Allergy Safety Policy

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|---|---|---|
| **Policy author**<br>Brett Toole, Regional Director of Operations | **Approved by:** OneSchool Global UK RMC on 09/2026. | |
| **Enquiries contact:**<br>support@uk.oneschoolglobal.com | **Associated documents**<br>• Supporting Students with Medical Conditions at School<br>• First Aid Policy<br>• Health and Safety Policy<br>• Allergy UK model Policy | |

## 1. POLICY STATEMENT

1.1 OneSchool Global UK (OSG UK) is committed to ensuring that every pupil with an allergy is safe, supported and able to participate fully in school life. Allergy safety is a whole-school responsibility. It depends on effective leadership, accurate information, trained and confident staff, rapid access to emergency medication, robust catering and activity controls, partnership with families, and a culture in which concerns and near misses are reported and acted upon.

1.2 This policy establishes a consistent framework across OSG UK campuses for identifying allergy-related needs, reducing foreseeable exposure to known allergens, responding immediately to allergic reactions and anaphylaxis, supporting individual pupils, and learning from incidents. It must be read alongside the Supporting Pupils with Medical Conditions Policy, First Aid Policy, Health and Safety Policy, Safeguarding and Child Protection Policy, Educational Visits Policy, Catering/Food Safety procedures and relevant campus risk assessments.

**Core emergency principle**
If anaphylaxis is suspected, give adrenaline without delay, call 999 and state “anaphylaxis”. If in doubt, treat for anaphylaxis. Never allow the person to stand or walk.

## 2. SCOPE AND LEGAL AND INSPECTION CONTEXT

This policy applies to all OSG UK campuses and to all pupils, staff, temporary and supply staff, agency workers, volunteers, catering personnel, minibus drivers, visitors and contractors whose activities may affect allergy safety. It applies throughout the school day, during before- and after-school provision, on transport arranged by the school, at events, during educational visits and residential trips, and wherever OSG UK has responsibility for pupils.

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## 2.1 Independent schools and ISI

2.1.1 OSG UK campuses are independent schools inspected by the Independent Schools Inspectorate (ISI), rather than Ofsted. ISI reports to the Department for Education on compliance with the Independent School Standards and other applicable regulatory requirements. The July 2026 DfE statutory guidance is currently directed at maintained schools, academies and pupil referral units. It states that equivalent allergy safety requirements are intended for independent schools through amendments to the Independent School Standards. Until those amendments take effect, the guidance is treated by OSG UK as authoritative good practice and as the minimum organisational standard.

2.1.2 The inspection body does not change the practical controls required to keep pupils safe. ISI may consider allergy arrangements where they are relevant to the school's compliance with standards concerning pupil welfare, health and safety, safeguarding, provision of information, leadership and management, and the quality of implementation of school policies.

## 2.2 Relevant duties and standards

2.2.1 The Education (Independent School Standards) Regulations 2014, including requirements concerning welfare, health and safety, safeguarding and effective leadership and management.

2.2.2 The Children Act 1989 duty to take reasonable steps to safeguard and promote the welfare of a child in the care of the school.

2.2.3 The Health and Safety at Work etc. Act 1974 and associated risk-management duties.

2.2.4 The Equality Act 2010, including the duty to avoid discrimination and make reasonable adjustments where an allergy amounts to a disability.

2.2.5 The common law duty of care to take reasonable care to avoid foreseeable injury or harm.

2.2.6 The Human Medicines Regulations 2012, as amended, permitting schools to obtain and use emergency adrenaline devices and emergency salbutamol inhalers in defined circumstances.

2.2.7 Food information, food safety and allergen labelling requirements, including the Food Information Regulations 2014 and requirements for prepacked for direct sale food ("Natasha's Law").

2.2.8 The Early Years Foundation Stage statutory framework where a campus provides for children within the EYFS age range.

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## 3. DEFINITIONS

| Term | Definition |
|---|---|
| **Allergy** | A medical condition in which the immune system reacts abnormally to a normally harmless substance, such as food, an insect sting, medication, latex, an airborne allergen or a contact allergen. |
| **Anaphylaxis** | A potentially fatal systemic allergic reaction affecting the Airway, Breathing and/or Circulation (ABC). It requires immediate treatment with adrenaline and an emergency ambulance response. |
| **Allergy Action Plan** | A plan issued or endorsed by a healthcare professional setting out recognised symptoms and emergency treatment for an individual. |
| **Individual Healthcare Plan (IHP)** | A school-led plan setting out the support, adjustments, responsibilities and emergency arrangements required for a pupil's allergy or medical condition. |
| **Prescribed adrenaline device** | An adrenaline auto-injector or other licensed adrenaline device prescribed to a named person. |
| **Spare adrenaline device** | An adrenaline device obtained by the campus for emergency use in accordance with the Human Medicines Regulations and current national guidance. |
| **Near miss** | An allergy-related event that did not cause harm but had the realistic potential to cause an allergic reaction, anaphylaxis or delay in emergency treatment. |

This policy covers food allergy, allergy to insect stings, medicines, latex and other contact allergens, airborne allergens, allergic asthma and other medically recognised hypersensitivity conditions capable of causing significant harm. Coeliac disease and food intolerances are not allergies and cannot cause anaphylaxis; they must nevertheless be managed through the school's wider medical conditions and catering arrangements with robust dietary and cross-contamination controls.

## 4. GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

4.1 Board and regional oversight

4.1.1 Approve this policy and receive assurance that it is implemented across all campuses.

4.1.2 Ensure allergy risks are represented within organisational and campus risk registers and are actively monitored.

4.1.3 Receive reports on training, IHP completion, emergency medication availability, drills, incidents, near misses and overdue actions.

4.1.4 Ensure lessons from serious incidents and near misses lead to demonstrable changes in policy, training, resources or practice.

4.2 Named senior allergy lead

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Each campus must appoint a named member of the senior leadership team as the Campus Allergy Safety Lead. This role may be supported by an Allergy Champion or suitably trained first aider, but accountability remains with the Campus Principal and cannot be delegated solely to the catering team. The allergy lead for Kenley Campus is Charlotte Fernando.

4.2.1 Drive local implementation of this policy and maintain the campus allergy safety action plan.

4.2.2 Coordinate the Allergy Register, IHPs, Action Plans, risk assessments, training and emergency arrangements.

4.2.3 Confirm that prescribed and spare medication is accessible, in date and appropriately distributed across the site.

4.2.4 Arrange and record at least one allergy emergency scenario drill each academic year.

4.2.5 Review incidents and near misses and provide assurance information to regional leadership.

## 5. ROLES AND RESPONSIBILITIES

### 5.1 Campus Principal

5.1.1 Ensure this policy is implemented and published on the campus website.

5.1.2 Appoint a named senior Allergy Safety Lead and ensure sufficient time and resources are available.

5.1.3 Ensure staff and volunteers complete required training and that supply/cover arrangements are effective.

5.1.4 Ensure catering, educational visits, transport and curriculum activities apply suitable allergy controls.

5.1.5 Escalate serious incidents and material gaps to the Regional Director of Operations and Governance, Risk & Compliance.

### 5.2 Staff, temporary staff and volunteers

5.2.1 Complete required allergy awareness and emergency response training before or as soon as practicable after beginning pupil-facing duties, and at least annually thereafter.

5.2.2 Know how to access the Allergy Register, relevant IHPs and Action Plans for pupils in their care.

5.2.3 Plan lessons, activities, events and visits to reduce exposure to known allergens.

5.2.4 Know the location of prescribed and spare emergency medication and how to summon help.

5.2.5 Act immediately in an emergency and report all reactions, medication use and near misses through DoneSafe.

5.2.6 Protect confidentiality while sharing safety-critical information on a need-to-know basis.

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5.3 Parents and carers

5.3.1 Tell the campus promptly about any diagnosed or suspected allergy and any history of reaction or anaphylaxis.

5.3.2 Provide current clinical information, an Allergy Action Plan and/or Asthma Action Plan where available.

5.3.3 Provide prescribed medication in the original labelled packaging, in date and in the quantities agreed with the campus.

5.3.4 Notify the campus immediately of changes in diagnosis, treatment, medication or emergency contacts.

5.3.5 Participate in developing and reviewing the pupil's IHP and risk assessments.

5.3.6 Follow campus expectations for labelled lunchboxes, reusable containers, food supplied for events and other allergen controls.

5.4 Pupils

5.4.1 Tell an adult immediately if they feel unwell, believe they have been exposed to an allergen, or notice a peer showing symptoms.

5.4.2 Follow their IHP and age-appropriate advice about avoiding known allergens and carrying medication.

5.4.3 Not share food, drinks, utensils or medication.

5.4.4 Take increasing responsibility for managing their allergy where this is safe, agreed and appropriate to their age and competence.

5.4.5 Treat allergy seriously and never use food or allergens to tease, intimidate or bully another person.

5.5 Catering staff and food providers

5.5.1 Maintain current ingredient and allergen information for all food supplied.

5.5.2 Apply documented controls for purchasing, substitution, storage, preparation, service, cleaning and prevention of cross-contact.

5.5.3 Check dietary information against the campus Allergy Register and agreed meal arrangements.

5.5.4 Ensure substitutes or last-minute menu changes are assessed and communicated before food is served.

5.5.5 Complete food allergen training appropriate to their role and understand the campus emergency arrangements.

5.6 Visitors and contractors

Visitors and contractors must comply with campus allergy controls communicated to them. Contractors with no pupil-facing role are not required to complete the full annual allergy awareness course but must receive proportionate information where their work may

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introduce allergens, affect air quality, disrupt food areas, restrict access to medication or otherwise alter allergy risk. Regular volunteers and pupil-facing contractors must receive training appropriate to their role.

## 6. IDENTIFYING AND RECORDING ALLERGY-RELATED NEEDS

6.1 Each campus must maintain an accurate and current Allergy Register covering pupils and, where relevant to emergency planning, staff and regular visitors. Information must be gathered at admission, re-registration, transition, after any reported diagnosis or reaction, and whenever a parent, pupil, healthcare professional or previous setting provides updated information.

6.1.1 The allergen or suspected trigger and known route of exposure.

6.1.2 The nature and severity of previous reactions, including whether anaphylaxis has occurred.

6.1.3 Whether asthma is also present, as co-existing asthma may increase risk.

6.1.4 Prescribed medication, dosage/device, location and expiry date.

6.1.5 Whether an IHP, Allergy Action Plan and/or Asthma Action Plan is in place and its review date.

6.1.6 Emergency contacts, consent arrangements and any reasonable adjustments.

6.1.7 Specific catering, classroom, transport, trip or environmental controls.

6.2 The campus must not wait for a formal diagnosis before considering reasonable interim precautions where a credible allergy concern has been raised or medical investigation is underway. Interim arrangements must be documented and reviewed when further clinical information becomes available.

## 7. INDIVIDUAL HEALTHCARE PLANS AND ACTION PLANS

7.1 A pupil must have an IHP where their allergy has a functional impact in school, places them at risk of harm, or requires arrangements that are additional to or different from those made generally. This includes pupils who require emergency medication, dietary controls, environmental adjustments, enhanced supervision, transport arrangements or specific planning for visits and activities.

7.1.1 The campus takes the lead in coordinating the IHP with the pupil, parents/carers and relevant staff.

7.1.2 Clinical advice must be sought and considered where available. An Allergy Action Plan and/or Asthma Action Plan must be attached or clearly referenced.

7.1.3 Where clinical advice is not yet available, the campus must agree proportionate interim arrangements based on the information available and must not leave the pupil unsupported.

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7.1.4 The plan must identify who does what, when and how, including daily controls and emergency response.

7.1.5 The pupil's views, age, competence, wellbeing and increasing independence must be considered.

7.2 Minimum content

7.2.1 Diagnosis or suspected condition, allergens/triggers and usual symptoms.

7.2.2 Measures to reduce exposure during lessons, meals, social times, physical activity, transport, clubs, events and trips.

7.2.3 Medication, storage, access, self-carry arrangements, expiry checks and replacement responsibilities.

7.2.4 Clear emergency instructions, including when to give adrenaline, call 999 and administer a second dose.

7.2.5 Named staff responsibilities and arrangements for absence, cover and handover.

7.2.6 Information-sharing arrangements and any confidentiality considerations.

7.2.7 Reasonable adjustments, attendance support and wellbeing needs.

7.2.8 Review date and triggers for early review.

7.3 Review and transition

7.3.1 IHPs must be reviewed at least annually and sooner following a reaction, near miss, medication change, updated Action Plan, change in risk, change of campus or phase, or concern raised by the pupil, parent or staff. Transition planning must begin early enough to ensure records, medication, training and controls are in place before the pupil enters the new setting or phase.

## 8. IDENTIFYING AND RECORDING ALLERGY-RELATED NEEDS

All staff present during times when pupils are scheduled to be on site must receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, catering staff, breakfast and after-school staff, minibus drivers and regular volunteers. New starters must receive training through induction, and supply or cover staff must receive essential safety information before taking responsibility for pupils.

8.1 Training content

8.1.1 The range of allergic conditions and the difference between allergy, coeliac disease and food intolerance.

8.1.2 How exposure and cross-contact can occur and the responsibilities of staff in reducing risk.

8.1.3 The signs of mild to moderate allergic reactions and the ABC signs of anaphylaxis.

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8.1.4 The relationship between food allergy and asthma and why wheeze or sudden breathing difficulty may indicate anaphylaxis.

8.1.5 How to locate and administer prescribed and spare adrenaline devices and emergency salbutamol inhalers.

8.1.6 The emergency sequence: position the person safely, give adrenaline, call 999, give a second dose after five minutes if no improvement, and commence CPR if required.

8.1.7 How to use the Allergy Register, IHPs and Action Plans, and how to report incidents and near misses.

8.1.8 The impact of allergy on inclusion, mental health, attendance and vulnerability to bullying.

8.2 Additional role-specific training

8.2.1 Staff with defined responsibilities for medication management, catering, trips, transport or individual healthcare support must receive additional instruction and practical familiarisation appropriate to their role. Where support amounts to a delegated healthcare activity, appropriate clinical governance, competency assessment and accountability arrangements must be established; general school allergy training does not replace these requirements.

8.3 Training records and drills

8.3.1 Campuses must maintain a training matrix showing completion, renewal dates and gaps. At least one recorded allergy emergency scenario drill must be completed each academic year. Drills must test communication, access to medication, staff response, site coverage and emergency-service access. Learning must be recorded and tracked to completion.

## 9. MINIMISING EXPOSURE TO ALLERGENS

The campus must take reasonable and proportionate steps to reduce exposure to known allergens while recognising that no school can guarantee an allergen-free environment. Controls must be based on the individual pupil's documented triggers and the actual routes and likelihood of exposure.

9.1 Campus-wide controls

9.1.1 Include allergy risk within relevant premises, classroom, curriculum, catering, event and trip risk assessments.

9.1.2 Consider allergens when planning cooking, food technology, science, art and craft, music, sensory play, gardening, animal visits and fundraising activities.

9.1.3 Set clear expectations for food brought from home, including labelling, storage, sharing and cleaning.

9.1.4 Provide suitable handwashing and cleaning arrangements; hand sanitiser is not a reliable substitute for removing food allergens.

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9.1.5 Manage waste, spills and cleaning equipment to avoid cross-contact.

9.1.6 Control latex, animal dander, pollen, mould, dust and other airborne/contact allergens where identified in an IHP or risk assessment.

9.1.7 Assess the impact of construction, maintenance, ventilation changes, pest control, chemicals and contractor activity on known allergy risks.

9.2 “Nut-free” and allergen bans

9.2.1 OSG UK does not describe campuses as “nut-free” or “allergen-free”, because this cannot be guaranteed and may create false reassurance. A campus may discourage or restrict a specified food where a documented individual risk assessment supports this as one part of a wider control plan. Any restriction must be clearly communicated, regularly reviewed and supported by robust emergency arrangements; it must never replace training, supervision, cleaning, information-sharing or access to adrenaline.

9.3 Air quality

9.3.1 Where a pupil’s allergy or asthma is affected by airborne allergens or poor air quality, the campus must consider reasonable measures such as effective ventilation, maintenance of ventilation systems, control of damp and mould, reduction of dust-generating activities, suitable cleaning, management of animals and plants, timing of outdoor activity and use of air-quality information. Controls must be proportionate to clinical advice and the pupil’s IHP.

## 10. FOOD PROVISION AND CATERING CONTROLS

10.1 All food supplied by or on behalf of OSG UK must be managed in accordance with food safety and allergen information requirements. Catering arrangements must provide accurate written allergen information and must not rely solely on verbal assurance.

10.2 Required controls

10.2.1 Maintain approved supplier and product information, full ingredient lists and current allergen matrices.

10.2.2 Check labels on every delivery and whenever a product, recipe or supplier changes. Do not assume a replacement product has the same allergen profile.

10.2.3 Identify and control cross-contact during delivery, storage, preparation, cooking, service and cleaning.

10.2.4 Use clearly identified equipment, utensils, preparation areas and storage arrangements where required by risk assessment.

10.2.5 Ensure meals for pupils with allergies are clearly identifiable and subject to a reliable checking and handover process.

10.2.6 Provide clear written allergen information for non-prepacked food and compliant full ingredient labelling for prepacked for direct sale food.

10.2.7 Manage food at breakfast clubs, after-school clubs, events, celebrations, fundraising, hospitality and food provided by external caterers to the same standard.

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10.2.8 Investigate and report incorrect allergen information, wrong-meal events and cross-contact concerns as incidents or near misses.

10.3 Food brought by pupils, parents, staff or visitors

10.3.1 Campuses must communicate expectations for packed lunches, snacks, reusable containers, birthday food, event catering and classroom ingredients. Food must be clearly identifiable and stored safely. Sharing food is not permitted where it could place a person with allergy at risk. For occasional events where food is brought in by others, clear information about ingredients and potential allergens must be obtained and made available before food is served.

## 11. PRESCRIBED AND SPARE EMERGENCY MEDICATION

11.1 Prescribed medication

11.1.1 Pupils prescribed adrenaline devices must have rapid access to them at all times, including in classrooms, dining areas, playgrounds, sports facilities, transport and on visits.

11.1.2 Medication must not be locked away or stored where access depends on one person being present.

11.1.3 Arrangements for self-carry must reflect the pupil's age and competence and be documented in the IHP. A backup set held by the campus may also be required.

11.1.4 Current national advice that individuals prescribed adrenaline carry two devices must be reflected in individual arrangements wherever practicable.

11.1.5 The campus must record device type, dosage, location, batch/serial information where appropriate and expiry date, and must have a clear replacement process.

11.2 Spare adrenaline devices

11.2.1 Each campus must maintain spare adrenaline devices for emergency use in accordance with current legislation and guidance. Until any future regulation specifies otherwise, campuses must apply the following OSG UK minimum standard:

11.2.1.1 Spare devices are stocked in pairs, with appropriate doses for the age range on each site.

11.2.1.2 No person should be more than five minutes from accessible adrenaline. Larger or multi-building campuses must hold sufficient pairs in suitable locations to achieve this.

11.2.1.3 Devices are readily accessible, clearly labelled as spare, stored at room temperature in line with manufacturer instructions and not locked away.

11.2.1.4 Spare devices are held separately from medication prescribed to named pupils to avoid confusion.

11.2.1.5 A monthly documented check confirms quantity, integrity, storage condition and expiry date. Replacement is arranged well before expiry and immediately after use.

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11.2.1.6 The emergency kit includes device instructions, a register/checklist, a record-of-use form and, where provided, an emergency salbutamol inhaler and spacer.

11.2.1.7 All used or expired auto-injectors are disposed of safely as sharps in accordance with local arrangements.

11.3 Use of spare devices

11.3.1 A spare device may be used for a pupil or other person where this is permitted by current legislation and guidance, including where their own prescribed device is unavailable, faulty, expired, the wrong location cannot be reached quickly enough, or a second dose is needed. Staff must not delay emergency treatment while searching for consent paperwork. The circumstances and consent basis must be documented in campus procedures and the event recorded after treatment.

## 12. RESPONDING TO ALLERGIC REACTIONS AND ANAPHYLAXIS

12.1 Mild to moderate reaction

12.1.1 Do not leave the person alone. Move them to a safe place and obtain their Action Plan and medication.

12.1.2 Follow the individual's Action Plan. A non-drowsy oral antihistamine may be given where authorised and appropriate.

12.1.3 Contact the parent or emergency contact for a pupil.

12.1.4 Observe the person continuously for at least 60 minutes because symptoms can progress to anaphylaxis.

12.1.5 If ABC symptoms develop at any time, treat immediately as anaphylaxis.

12.2 Anaphylaxis - immediate actions

12.2.1 Send for the nearest adrenaline devices and call for assistance. Do not make the person walk to the medication.

12.2.2 Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. Do not allow them to stand or walk.

12.2.3 Give adrenaline without delay into the outer mid-thigh, following the device instructions. If in doubt, give adrenaline.

12.2.4 Call 999 immediately, ask for an ambulance and state "anaphylaxis". Give the exact location and arrange for someone to meet the ambulance.

12.2.5 Stay with the person. Contact their parent or emergency contact after the ambulance has been called.

12.2.6 If there is no improvement after five minutes, give a second dose of adrenaline using a second device.

12.2.7 If there are no signs of life, commence CPR and use an automated external defibrillator where available.

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12.2.8 Hand the used device(s), Action Plan and relevant information to the ambulance crew. The person must be medically assessed even if symptoms improve.

**Important**
Never give an asthma reliever inhaler instead of adrenaline to treat anaphylaxis. A reliever inhaler may be given after adrenaline where the Action Plan directs this and wheeze persists. Anaphylaxis can occur without a rash.

12.3 First reaction or unknown allergy

12.3.1 A person may experience their first allergic reaction at school. Emergency response must not depend on the person already appearing on the Allergy Register. Any person with sudden ABC symptoms consistent with anaphylaxis must receive immediate emergency treatment in accordance with this policy.

## 13. SCHOOL TRIPS, TRANSPORT, EVENTS AND OFF-SITE ACTIVITIES

13.1 Pupils with an allergy must be enabled to participate fully and safely in visits, residentials, sports, work experience, transport and other activities. Planning must begin early and must involve the pupil and parents where individual controls are required.

13.1.1 Complete an individual or activity-specific allergy risk assessment for pupils at risk of anaphylaxis.

13.1.2 Confirm the availability of prescribed medication, appropriate staff training, food arrangements, emergency communications, local medical access and safe storage during travel and at the venue.

13.1.3 Ensure medication remains with or immediately accessible to the pupil and is never left on a vehicle or in inaccessible luggage.

13.1.4 Consider taking an additional pair of spare adrenaline devices without leaving the campus inadequately stocked.

13.1.5 Brief transport staff, host organisations and external providers on relevant controls and emergency arrangements.

13.1.6 Do not apply a blanket rule excluding a pupil because of allergy. Where medication is unexpectedly unavailable, staff must take prompt steps with parents and senior leaders to resolve the position. Any decision that participation cannot safely proceed must be exceptional, individually risk-assessed, documented and reviewed.

## 14. INCLUSION, WELLBEING AND BULLYING

14.1 Allergy can significantly affect confidence, attendance, eating, social participation and mental wellbeing. Campuses must promote an inclusive culture in which pupils are listened to, supported to develop age-appropriate independence and not made to feel responsible for organisational failures in allergy management.

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14.1.1 Make reasonable adjustments so pupils can participate in meals, lessons, clubs, trips and events.

14.1.2 Avoid unnecessary isolation, separate seating or exclusion. Where a separate arrangement is clinically justified, it must be agreed through the IHP and reviewed.

14.1.3 Address anxiety following a reaction or serious near miss and consider appropriate pastoral or specialist support.

14.1.4 Treat deliberate exposure, food-based teasing, threats involving allergens, tampering with medication or stigmatising behaviour as serious safeguarding and behaviour matters.

14.1.5 Provide age-appropriate allergy education to pupils to build understanding without identifying an individual unnecessarily.

## 15. INFORMATION SHARING, CONFIDENTIALITY AND TRANSITIONS

15.1 Safety-critical allergy information must be shared with staff who need it to protect the person, while respecting privacy and data-protection requirements. The pupil and parents must be involved in deciding how information is communicated, subject to the campus's responsibility to share information necessary to prevent serious harm.

15.1.1 Relevant staff must be able to identify pupils with allergy, their triggers, emergency medication and immediate response arrangements.

15.1.2 Supply, temporary, transport, catering and trip staff must receive information proportionate to their responsibilities.

15.1.3 Emergency information must remain available during IT outages, evacuations and off-site activities.

15.1.4 Records transferred between campuses or phases must be accurate, secure and received in time for support arrangements to be established before the pupil starts.

15.1.5 Photographs or medical information displayed publicly must be limited to what is necessary and agreed through campus procedures.

## 16. INCIDENTS, NEAR MISSES, REPORTING AND LEARNING

16.1 All allergic reactions, suspected reactions, administrations of adrenaline, medication errors, wrong-meal events, exposure events and near misses must be recorded promptly through Done Safe and managed in accordance with incident-reporting procedures.

16.2 Immediate reporting

16.2.1 Inform the pupil's parent or carer as soon as practicable.

16.2.2 Inform the Campus Principal and Campus Allergy Safety Lead.

16.2.3 Escalate any use of adrenaline, ambulance attendance, hospital treatment, significant treatment delay or systemic control failure to regional leadership.

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16.2.4 Complete any statutory reporting required to the Health and Safety Executive, local authority, Food Standards Agency/local food authority, safeguarding partners or other regulator.

16.2.5 Preserve relevant evidence, including food packaging, labels, menus, medication devices, CCTV, witness accounts and training or checking records.

16.3 Serious incidents and material near misses must be investigated proportionately. The investigation must examine underlying and organisational causes, not only individual actions. It must consider information accuracy, supervision, training, food controls, medication access, communication, emergency response, risk assessment and management oversight. Findings and actions must be reported to the Board or delegated governance body, tracked to completion and used to review the relevant IHP, risk assessments, training and this policy.

16.4 The campus must consider the wellbeing and support needs of the affected pupil, other pupils, family members and staff following a serious reaction or near miss. Communication must be factual, sensitive and coordinated. Any child death must be managed through safeguarding, emergency, regulatory and child-death review procedures.

## 17. MONITORING, ASSURANCE AND POLICY REVIEW

17.1 This policy must be reviewed at least annually and sooner following a serious incident, near miss, material change in guidance or legislation, inspection finding, audit finding or identified failure in local arrangements. Campuses must contribute data to regional assurance reporting.

17.1.1 Staff and regular volunteer training completion.

17.1.2 Number and percentage of identified pupils with current IHPs and current Action Plans.

17.1.3 Availability, distribution and expiry status of prescribed and spare emergency medication.

17.1.4 Completion and outcomes of annual emergency scenario drills.

17.1.5 Incidents, near misses, response times, themes and overdue actions.

17.1.6 Catering allergen-control checks and findings.

17.1.7 Completion of campus self-assurance and audit actions.

17.2 OSG UK's target is 100% completion for required training, current IHPs, emergency medication availability and annual campus drills. Where a target is not achieved, the campus must record an immediate risk-control plan and a time-bound corrective action.

## 18. UNACCEPTABLE PRACTICE

18.1 The following practices are not acceptable:

18.1.1 Preventing or delaying access to prescribed or spare emergency medication.

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18.1.2 Requiring a person showing signs of anaphylaxis to stand, walk or travel to obtain help or medication.

18.1.3 Delaying adrenaline while waiting for a first aider, senior leader, parent, written consent or confirmation of a diagnosis.

18.1.4 Ignoring the views of the pupil or parents, clinical evidence or healthcare advice.

18.1.5 Assuming all allergies require the same controls or that an older pupil needs no support.

18.1.6 Assuming a pupil has no allergy because diagnosis is pending.

18.1.7 Using a “nut-free” label as a substitute for active risk management and emergency readiness.

18.1.8 Excluding a pupil from meals, lessons, trips or activities without individual assessment, reasonable adjustments and senior review.

18.1.9 Relying solely on verbal allergen information or serving food where current ingredient information cannot be verified.

18.1.10 Failing to record, report, investigate or learn from an allergic reaction or near miss.

18.1.11 Using an asthma inhaler instead of adrenaline for anaphylaxis.

18.1.12 Leaving allergy safety solely to catering staff or first aiders.

## 19. VERSION CONTROL

| Document Code | Date | Version No. | Nature of change |
|---|---|---|---|
| POL_UK_OP_Allergy_Safety_Policy | 04/2024 | 1.0 | New Policy |
| POL_UK_OP_Allergy_Safety_Policy | 09/2026 | 2.0 | Full rewrite to implement the July 2026 allergy safety guidance and OSG UK Allergy Safety Implementation Programme; includes independent-school/ISI context, named leadership, annual training, IHPs, spare adrenaline arrangements, drills, incidents and near-miss learning, inclusion and assurance requirements. |

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## APPENDIX 1 - EMERGENCY RESPONSE TO ANAPHYLAXIS

**Recognise ABC symptoms**

AIRWAY: throat or tongue swelling, hoarse voice, difficulty swallowing.

BREATHING: sudden wheeze, difficult or noisy breathing, persistent cough.

CIRCULATION: dizziness, faintness, sudden sleepiness or confusion, pale clammy skin, collapse or unconsciousness.

1. Send for the nearest adrenaline devices and call for assistance. Do not make the person walk to the medication.
2. Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. Do not allow them to stand or walk.
3. Give adrenaline without delay into the outer mid-thigh, following the device instructions. If in doubt, give adrenaline.
4. Call 999 immediately, ask for an ambulance and state “anaphylaxis”. Give the exact location and arrange for someone to meet the ambulance.
5. Stay with the person. Contact their parent or emergency contact after the ambulance has been called.
6. If there is no improvement after five minutes, give a second dose of adrenaline using a second device.
7. If there are no signs of life, commence CPR and use an automated external defibrillator where available.
8. Hand the used device(s), Action Plan and relevant information to the ambulance crew. The person must be medically assessed even if symptoms improve.

Always bring the medication to the person. Never make them stand or walk. A skin rash may be absent. If a person with food allergy and asthma develops sudden breathing difficulty, consider anaphylaxis and give adrenaline.

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## APPENDIX 2 - MINIMUM CAMPUS ALLERGY SAFETY RECORDS

| Record | Minimum requirement |
|---|---|
| **Allergy Register** | Named individuals, triggers, reaction history, asthma status, medication, plans, key controls and review dates. |
| **IHP tracker** | Status, owner, issue date, review date, linked Action Plans and outstanding actions. |
| **Medication register** | Device type/dose, prescribed or spare, location, expiry, checks, replacement and use. |
| **Training matrix** | All required groups, completion date, provider/module, practical familiarisation and renewal date. |
| **Emergency drill record** | Scenario, response times, medication access, communications, learning and actions. |
| **Catering allergen controls** | Supplier/product information, allergen matrix, substitutions, cleaning, cross-contact checks and staff training. |
| **Trip/activity risk assessments** | Individual controls, medication, trained staff, food, transport, venue and emergency arrangements. |
| **Done Safe records** | Reactions, medication use, wrong-meal events, exposures and near misses, with investigation and actions. |
| **Assurance report** | Termly campus review of metrics, gaps, risks and actions to regional leadership. |

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## APPENDIX 3 - CAMPUS IMPLEMENTATION AND ASSURANCE CHECKLIST

| Area | Assurance requirement | Status | Evidence/action |
|---|---|---|---|
| **Leadership** | Named senior Allergy Safety Lead appointed and communicated. | [ ] Green [ ] Amber [ ] Red | |
| **Policy** | Current policy published on campus website and accessible in hard copy. | [ ] Green [ ] Amber [ ] Red | |
| **Identification** | Allergy Register reviewed and reconciled with admissions, medical and catering records. | [ ] Green [ ] Amber [ ] Red | |
| **Plans** | All pupils needing individual arrangements have a current IHP and Action Plan where available. | [ ] Green [ ] Amber [ ] Red | |
| **Training** | All required staff and volunteers trained; new starter and supply arrangements tested. | [ ] Green [ ] Amber [ ] Red | |
| **Medication** | Prescribed and spare devices accessible within five minutes, stored in pairs and in date. | [ ] Green [ ] Amber [ ] Red | |
| **Catering** | Current allergen information, substitution and cross-contact controls verified. | [ ] Green [ ] Amber [ ] Red | |
| **Activities** | Curriculum, events, contractors, transport and trips include allergy risk controls. | [ ] Green [ ] Amber [ ] Red | |
| **Emergency readiness** | Annual scenario drill completed, recorded and actions closed. | [ ] Green [ ] Amber [ ] Red | |
| **Learning** | Incidents and near misses recorded in Done Safe, | [ ] Green [ ] Amber [ ] Red | |

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| Area | Assurance requirement | Status | Evidence/action |
|---|---|---|---|
| | investigated and reported. | | |
| **Assurance** | Termly metrics reviewed by campus leadership and submitted regionally. | [ ] Green [ ] Amber [ ] Red | |

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## APPENDIX 4 - ASSOCIATED DOCUMENTS AND REFERENCE SOURCES

Internal documents

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Food Safety and Catering Procedures
- Risk Assessment Procedure
- Incident Reporting and Investigation Procedure
- Done Safe reporting arrangements

External sources

- Department for Education, Allergy safety in schools: statutory guidance, July 2026.
- Department for Education, Allergy safety policy template, 2026.
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools.
- Department of Health and Social Care, Guidance on emergency asthma inhalers for use in schools.
- Food Standards Agency guidance on allergen information, prepacked for direct sale food and cross-contact controls.
- British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans.
- Anaphylaxis UK, Allergy UK, Allergy School and NHS emergency information.

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