Malden Oaks
School & Tuition service

Making the MOST of everyday

Allergy Safety Policy

Status	Statutory
Review Frequency	Annual
Last Reviewed	Autumn 2026
Next Review Due	Autumn 2027
Responsible for review	Deputy Headteacher (SENCO)
Approval by	Education Sub-committee

In developing and reviewing this policy, the school has had regard to the following legislation and guidance, together with other relevant considerations:

Legislation	• Health and Safety at Work etc Act 1974 • Children and Families Act 2014, s 100A-100B • Children Act 1989 • Education Act 2002 • Equality Act 2010
Official Guidance	• Children and Families Act 2014, s 100 • Health and Safety (First-Aid) Regulations 1981 • Management of Health and Safety at Work Regulations 1992 • Management of Health and Safety at Work Regulations 1999 • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 • Social Security (Claims and Payments) Regulations 1979 • School Premises (England) Regulations 2012

	• Supporting pupils with medical conditions at school • Health and safety: advice for schools • First aid in schools, early years and college • SEND code of practice: 0 to 25 years

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Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all students, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to

prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:
- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. People who have a skin reaction need monitoring for at least an hour.

Malden Oaks has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensur e procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Malden Oaks understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Emergency Treatment and Management of Anaphylaxis

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

Mild to moderate allergic reaction symptoms may include:
- a red raised rash (known as hives or urticaria) anywhere on the body

- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:
- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.
As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. An Adrenaline Auto-Injector (AAI), also commonly known by brand names like EpiPen or Jext, should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device. Spare AAIs are kept at all sites at reception.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device .
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

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

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and **Malden Oaks** will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking

room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

All students at Malden Oaks have an induction process and meetings with parents where it will be established if students have a health condition or an allergy. Where a student has been prescribed an Adrenaline auto-injectors (AAI), this will be written into their Individual Healthcare Plan (IHP). The school will keep spare AAIs at all sites for use in the event of an emergency, which will be checked to ensure that it remains in date and will be replaced when the expiry date approaches. See more details in our Supporting Students with Medical Conditions Policy.

Malden Oaks is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Malden Oaks completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group, not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits.
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school.
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens.
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog.

Malden Oaks will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Malden Oaks will ensure that the risk of exposure is minimised by

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- All school staff allergy training every year
- Educating students through PSHE
- Working closely with parents/carers & health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

Food Provision and Catering:

Malden Oaks will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Provide student's allergen information to anyone involved in preparing food for/with students in a timely manner to ensure that students can eat safely.
- Teach students not to food share, trade food or share utensils or food containers with the reasons why.
- When staff provide food for the students, they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.
- Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- Outdoor areas
- when on visits

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Malden Oaks holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

School type	***for individuals over 6 years of age*** *(300 micrograms)* *EpiPen, Jext 300*
Special school	*pair of "spare" devices***

Malden Oaks holds:
{Seven 300mcg/0.3ml (1 in 1000 solution) Meda Epipen Auto-injectors}
These are located in School Offices
They are stored in **Turquoise** colour containers and labelled 'Emergency Anaphylaxis Kit'

Heads of School are responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.
Adrenaline devices that are used will be given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Student self-management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

Older students should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Staff Training and Emergency Response

All staff will be trained in allergy awareness and emergency response.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
  - All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline
- How to report an allergic reaction including
  - Mild to moderate
  - Anaphylaxis
  - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
  - How to check if a student is on the record of those with a known allergy
  - How to use an allergy or asthma action plan

Emergency preparedness

During fire drills and lockdown practices, **Malden Oaks** will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Roles and Responsibilities:

Allergy lead and governing body:
The Management Committee are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The Management Committee monitor this policy with it being a standing agenda item at the Full Management Committee meeting. **Malden Oaks** have a named MC member who works closely with the allergy lead and reports to the meetings.

Malden Oaks has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering staff.
- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- Communication about:
  - the policy
  - the students who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents
- communication with:
  - MC members to provide updates about the policy implementation
  - Designated Safeguarding Leads to keep allergy safety as part of their roles
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Caterers; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
  - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
  - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- Training
  - ensuring that all staff have annual training and that allergy is included in induction even for short term members of staff.
  - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually.

All Staff:
Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents:
Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans

- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

Identification of Individuals with Allergies

Admissions Data Collection: Malden Oaks collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff and support staff while maintaining appropriate data privacy.

Transition: Allergy information and existing care plans are shared as part of a student's transition. Malden Oaks will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Malden Oaks work with parents/carers and the student if appropriate to write a new IHP. Staff will provide information about students for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors: Visitors being offered refreshments will be invited to share allergy/ dietary needs ahead of their visit. If an allergy is declared, the Head of School will be notified, and this information will be communicated as necessary to ensure that the visitor has a safe working environment.

Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed. Note that we have an allocated school nurse at all Kingston sites but nt at Richmond sites.

Where a child has an allergy action plan and/or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Malden Oaks will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
- individual healthcare plans are created whilst students are waiting for a diagnosis

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable. On smaller sites a photo may not be required.

Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

School Visits

Malden Oaks ensures that students with allergies are fully included in every visit, or enrichment activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school visit.

Staff leading school visits will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. **Malden Oaks** will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Serious Incidents and "Near Misses":

Malden Oaks approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

Malden Oaks is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Model School uses the accident log to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

Malden Oaks will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. **Malden Oaks** will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

Wellbeing and Support

At **Malden Oaks** allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Malden Oaks:

- regularly communicate to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons in PSHE
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available

Safeguarding:

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

Unacceptable practice

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

Examples of unacceptable practice include (but are not limited to):

- Preventing students from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every student with the same condition requires the same support;
- assuming that older students do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the student or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a student does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a student who becomes unwell to a school office without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the student;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, to administer medication or provide medical support to their child; or
- Preventing students from participating or creating unnecessary barriers to them participating in any aspect of school life, including external visits

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools
Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

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

Food:

Allergy Guidance forSchools:School food standards - GOV.UK

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.