

Whole School Allergy Policy

1. Statement of Intent & Scope

At Epinay School, we recognise that severe allergic reactions (anaphylaxis) are potentially life-threatening emergencies. We are committed to fostering an inclusive, safe, and supportive environment for all pupils, staff, and visitors.

In a Special Educational Needs and Disabilities (SEND) environment, pupils face heightened risks due to communication barriers, an inability to self-advocate, sensory seeking behaviors, or pica. This policy establishes a whole-school approach to minimise allergen exposure, ensure rapid recognition of allergic symptoms, and execute robust emergency protocols across all daily school operations, formal assessments, and off-site/residential educational visits.

Scope & Legal Context

- **Benedict's Law Framework:** This policy embeds key principles surrounding clear communication, rigorous food safety standards, rapid access to adrenaline auto-injectors (AAIs), and mandatory annual staff training.
- **DfE Statutory Guidance:** Complies with *Supporting Pupils at School with Medical Conditions* and section 562A of the Education Act 1996 (permitting schools to hold spare AAIs).
- **JCQ Regulations:** Aligns with the Joint Council for Qualifications (JCQ) regulations for *Access Arrangements, Reasonable Adjustments and Special Consideration* and *Instructions for Conducting Examinations (ICE)*.
- **Applicability:** Applies on school premises, during off-site educational visits, overnight/residential trips, on school-managed transport, during external/internal examinations, and for all before-/after-school activities.

2. Key Roles & Responsibilities

Role	Operational Responsibilities
Named Allergy Lead (Emma Powley - SHD)	• Holds overall legal and operational responsibility for allergy safety. • Ensures all staff complete mandatory annual allergy awareness and emergency device training. • Oversees incident debriefs and statutory compliance reviews.
Named Allergy Lead (Sandra Stephenson - Head's PA)	• Manages the procurement, expiry tracking, storage, and maintenance of emergency spare AAIs. • Coordinates updates to individual medical profiles across school databases.

Role	Operational Responsibilities
Educational Visit Leader / Residential Lead	• Conducts pre-visit risk assessments, venue audits, and meal planning for residential visits. • Ensures all participating staff are briefed on individual pupil IHPs, AAls, and emergency local transport/hospital routes. • Carries the residential emergency medical kit, including pupil-specific medication and emergency spare AAls.
Class Teachers & Teaching Assistants (TAs)	• Maintain constant familiarity with the allergic triggers of all pupils in their care. • Ensure allergen-safe classroom environments, including auditing sensory materials. • Ensure emergency medication bags travel with the pupil during any movement across or off the premises.
Exams Officer & Invigilator Team (Emma Powley SDH)	• Implement JCQ-compliant access arrangements, rest breaks, and rooming adaptations for candidates with severe allergies. • Ensure prescribed AAls and Individual Healthcare Plans (IHPs) are immediately accessible inside exam rooms. • Brief invigilators on medical response protocols, signs of anaphylaxis, and emergency candidate evacuation/pause procedures.
Catering Team (Local Authority)	• Implement strict allergen segregation and cross-contamination controls during food prep. • Maintain up-to-date allergen profiles for all meal options (covering the 14 major allergens). • The catering team aim to accommodate pupils with allergies/intolerances other than those containing nuts. • Verify pupil identity against visual meal management profiles prior to serving food. • Staff inform the catering team of any named students attending trips when packed lunches are ordered to ensure individual packed lunches are prepared as above.
Parents & Carers	• Notify the school immediately of any diagnosed allergies, medical updates, or changes in medication. • Provide two in-date, prescribed AAls (or prescribed emergency medication) alongside a signed Allergy Action Plan (AAP).

3. SEND-Specific Risk Minimisation

Due to the complex profiles of pupils at Epinay School, standard risk-minimisation protocols are supplemented by tailored measures:

3.1 Non-Food & Sensory Play Materials

- **Sensory Audits:** Playdough, shaving foam, papier-mâché, texture boxes, and baking ingredients must be audited for allergens (e.g., wheat/gluten, dairy, egg, sesame, nut oils) prior to classroom deployment.
- **Pica Considerations:** Pupils exhibiting pica tendencies (ingesting non-food items) require high-level supervision around outdoor play areas, sensory room equipment, and art supplies.
- **Therapy Animals & Pets:** Visiting therapy dogs or animals require prior risk assessments, checking against the pupil allergen database for fur/dander sensitivities.

3.2 Mealtimes & Feeding Protocols

- **Visual Identification Systems:** Dining spaces utilise visual safety wristbands alongside a photographic document containing individual dietary restrictions and specific allergens.
- **Enteral Feeding (PEG/NG Tube):** Staff conducting enteral tube feeding must be specifically trained, maintaining sterile practices and dedicated equipment to prevent accidental food cross-contact.

4. Communication & Pupil Support Plans

- **Individual Healthcare Plans (IHPs) & Allergy Action Plans (AAPs):** Every pupil with a diagnosed allergy must have an active IHP and AAP. These documents are stored centrally, reviewed annually (or immediately upon a change in condition), and made accessible to all relevant staff.
- **AAC & Non-Verbal Signage:** Allergic symptoms (e.g., itchy throat, tummy pain, feeling unwell) are integrated into augmentative communication tools (e.g., PECS, communication boards). Visual warning symbols are positioned in areas where food or sensory materials are handled.
- **Staff Information Sharing:** Pupil allergy profiles (featuring photographs, clear allergen details, and emergency steps) are held in classroom medical folders, staffrooms, and the central administrative database.

5. Educational Visits & Residential Trips Guidance

Residential and off-site visits present unique challenges, requiring meticulous advance planning to ensure the health and safety of pupils with severe allergies without compromising their full participation.

5.1 Pre-Trip Risk Assessment & Planning

- **Site & Catering Audits:** The Visit Leader must liaise with the residential centre, accommodation providers, and external activity sites at least 4 weeks prior to departure to verify allergen management policies, kitchen cross-contamination protocols, and emergency medical access.
- **Individual Risk Assessments:** An individualised risk assessment must be completed for every pupil with an identified allergy, taking into account accommodation layouts, meal provisions, activity environments, and remote geographic locations.
- **Parental Consultation:** Parents/carers must be consulted on trip itineraries, meal arrangements, and any packed lunches or snacks provided during travel.

5.2 Medication & Equipment Transportation

- **AAI Requirements:** Pupils with prescribed AAIs must bring **two in-date devices** on all trips. Staff must verify expiry dates and device functionality prior to departure. No pupil with a prescribed AAI may depart without two valid devices.
- **Emergency Spare Kit:** The Visit Leader must carry a dedicated trip emergency medical bag containing spare unassigned AAIs, antihistamines, emergency consent forms, and copies of all pupil IHPs/AAPs.

- **24/7 Accessibility:** Medication bags must remain immediately accessible at all times—including during coach/transit travel, room occupancy, and outdoor activities (never locked in coach holds or luggage rooms).

5.3 Residential Night Protocols & Group Management

- **Dormitory & Room Safety:** Bedrooms must be thoroughly inspected for food residue prior to pupil occupation. No food or snacks containing known pupil allergens are permitted in sleeping quarters.
- **Night Staff Briefings:** Night duty staff and residential supervisors must be fully briefed on the location of emergency medical bags, pupil room assignments, and night-time emergency response procedures for severe allergic reactions.
- **Emergency Communications & Location Awareness:** Staff must maintain mobile phone coverage and carry precise location details (including postcode/grid reference) for emergency service dispatch in rural or remote activity locations.

6. Food in School

Cookery and food technology lessons will not use any ingredient identified as a trigger for any student in the group. The food technology department avoids foods containing nuts when taste testing in lessons. When alerted to pupils with other food allergies/intolerances, careful consideration will be given to the viability of the foods in question. Teachers will review planned ingredients in advance of lessons and make appropriate adaptations where necessary. Adequate handwashing is expected before and after any food-handling activity.

Celebrations, Birthdays and Rewards - Staff are asked not to distribute food for class celebrations or as rewards without first checking for allergies in the group and checking the ingredient labelling. If in doubt, the food should not be distributed. Age-appropriate, non-food rewards are always encouraged as an alternative.

On the occasion that school holds charity fundraising cake sales, school will be unable to provide allergen information to pupils on donated food items. We will attempt to avoid the provision of foods containing nuts, and therefore ask that donations of food for such events are **not prepared using nuts**; however we cannot guarantee that foods containing nuts will never be present. Students with severe food allergies must not be permitted to purchase unwrapped cakes that do not hold allergen information at such sales.

7. Examination & Assessment Protocols (JCQ Compliance)

To ensure candidates with severe allergies or medical conditions are not disadvantaged during formal assessments, Epinay School adheres strictly to Joint Council for Qualifications (JCQ) guidance:

7.1 Access Arrangements & Reasonable Adjustments

- **Supervised Rest Breaks:** Candidates with chronic allergic conditions (e.g., severe eczema, systemic reactions, fatigue) or requiring medication administration during exams may be granted supervised rest breaks under JCQ regulations. The exam timer is stopped during rest breaks.
- **Separate & Small Room Accommodation:** Candidates at risk of airborne allergic triggers, acute anxiety stemming from severe allergies, or those requiring specialist medical supervision can be allocated separate exam rooms.
- **Medication & AAls in the Exam Room:** In accordance with JCQ *Instructions for Conducting Examinations (ICE)*, candidates are permitted to bring prescribed AAls, antihistamines, and water into the exam hall. Medication must be stored in a clear bag on the candidate's desk or held by a designated invigilator directly outside the hall.
- **Food & Drink Adjustments:** Where food/drink is required for medical reasons in the exam room (e.g., specific allergen-free snacks or rehydration), packaging must have labels removed, and items must be checked by the Invigilator/Exams Officer prior to entry.

7.2 Invigilator Training & Medical Emergencies in Exams

- Invigilators in rooms with known allergic candidates must be explicitly briefed on candidate triggers, visual presentation of anaphylaxis, and the precise location of emergency AAls.
- If a candidate experiences an allergic reaction or anaphylaxis during an exam:
 - The invigilator immediately pauses the examination for all candidates in the room and notes the time.
 - First aid/AAI administration protocols are initiated immediately (Section 7).
 - The candidate is safely moved or supported by trained medical personnel without disrupting other candidates unnecessarily.
 - Remaining candidates are granted the full remaining duration of time once the disruption is resolved.

7.3 Special Consideration Applications

- If a candidate suffers a severe allergic reaction or anaphylaxis immediately prior to or during an examination, Epinay School will submit an application for **JCQ Special Consideration** to the relevant awarding body.
- Applications must be supported by medical evidence (e.g., AAI administration log, hospital letter, or doctor's note) and submitted via the Centre Admin Portal within published JCQ deadlines.

8. Emergency Response Protocols

Anaphylaxis is a medical emergency. In a SEND setting, symptoms may present atypically as sudden behavioral shifts, distress, apathy, vocal strain, or uncharacteristic restlessness alongside physical markers.

- **Recognise Symptoms:** Identify physical indicators (swelling of mouth/tongue, difficulty breathing, wheezing, hives) or subtle SEND indicators (sudden distress, vocal strain, extreme apathy).
- **Administer AAI Immediately:** Inject the pupil's prescribed Adrenaline Auto-Injector (or spare school device if authorised) into the outer mid-thigh. Note the exact time of administration. Do not delay.
- **Call 999 & State 'Anaphylaxis':** Dial 999 immediately. Explicitly state to the operator that **anaphylaxis** is suspected and an AAI has been administered. Provide exact location details (especially if off-site).
- **Position the Pupil Safely:** Keep the pupil lying flat with legs raised (or sitting up if breathing is severely impaired). **Do not** stand or move the pupil abruptly. Maintain airway.
- **Prepare Second Injection:** If there is no improvement or if symptoms worsen after 5 minutes, administer a second AAI in the opposite thigh.

9. Adrenaline Auto-Injectors (AAls): Storage & Spare Stocks

- **Prescribed AAls:** Prescribed devices are kept in unlocked, clearly labeled emergency medical bags inside the pupil's main classroom. TAs or designated pupils carry these bags during any room transitions, ensuring access within **5 minutes** from anywhere on site.
- **School Emergency Spare Stocks (Benedict's Law Framework):** Pursuant to statutory guidelines, the school maintains spare, unassigned AAls within the central medical room (School Office). These are held for emergency use if a pupil's primary device fails, is unavailable, or where emergency consent exists.
- **Off-Site Visits & Transport:** Designated staff carry prescribed AAls alongside a central spare emergency kit on all educational outings, off-site visits, and school-managed transport routes.

10. Staff Training & Policy Governance

- **Mandatory Training:** All school staff complete mandatory annual allergy and anaphylaxis management training, covering allergen avoidance, early recognition, practical auto-injector practice, and emergency response procedures.
- **Post-Incident Review:** Following any emergency administration of an AAI, the Senior Leadership Team (SLT) Lead conducts a formal incident debrief to audit procedures and update risk assessments.

Policy approved by Governors: October 2026

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