Salterns Academy Trust

THE SALTERNS ACADEMY TRUST: MAYFIELD SCHOOL

Allergy Safety Policy

Believe. Achieve. Succeed.

Ambition. Inclusion. Respect

Our School Vision

Our vision is to create a family ethos that raises aspirations and makes a real difference to the life chances of our young people.

Our mission

All stakeholders, together, will create an environment of respect and inclusion where all young people are valued, supported, inspired and future ready.

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Position:	Headteacher
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1. **Key staff involved**

Role	Name(s)
Headteacher:	A Howard
Designated Safeguarding Lead (named SLT for allergy safety)	M Cathie and R Osborne
Medical Staff	S Rowntree K Bradshaw
Link Governor:	Louise Spencer for Safeguarding
Caterlink Operations Manager	Cherri Hunt
Curriculum leader for Food Technology	Harry Gardner

2. Governing Body Statement

The Governors will ensure that arrangements are in place to support students and staff with allergies, including those not yet diagnosed, so that they can access in line with peers and the Equalities Act and are kept safe and well.

3. Introduction

The Children and Families Act 2014 requires Governing Bodies to ensure that arrangements are in place to support students with medical conditions. This has been amended by the Children's wellbeing and Schools Act 2026 which sets out how schools should fulfill their statutory duty to put allergy safety policies in place.

The DFE statutory guidance on which this policy is based can be found on the DFE website (www.gov.uk) - Allergy Safety in Schools, 2026.

The policy is written to sit alongside the "Supporting children with medical conditions" school policy and associated statutory guidance.

4. Definitions

Allergy – a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens

Anaphylaxis - a potentially fatal reaction affecting the airway/breathing/circulation (ABC).

Asthma – a lung disease caused by inflammation and tightening of the airways, frequently associated with allergy and anaphylaxis

5. Roles and Responsibilities

The Academy Committee of Mayfield School will ensure the school's policy will be implemented effectively and that supporting children and adults with allergies and anaphylaxis reaction is adequately managed. An annual audit of staff training, record keeping and the management of Individual Healthcare Plans will be carried out by the school.

The statutory guidance makes clear that all staff must have regular allergy awareness training. This will be via the Kitt Medical platform, who also provide our Adrenaline Auto-injector (AAI) equipment, and on an annual basis. Staff will sign to say they have read the policy and participated in training. Through this training all staff will be able to use the AAI equipment in an emergency and will understand their role in keeping people safe and having regard to well being and inclusion.

Risks relating to young people with allergies will be included on the Mayfield School risk register and actively managed by the Academy Committee.

Parents will be made aware of the policy and will be expected to keep school staff up to date with any changes in their child's allergy related condition(s). The policy will be on the school website.

The safeguarding and attendance team will be responsible for registering any use of the equipment on the Kitt Medical portal so that equipment will be replaced and initiating, reviewing and updating Individual Health Plans as appropriate. They will also ensure emergency medication remains in date and is checked regularly.

Near misses and serious incidents will be reviewed by the Designated Safeguarding leads, the safeguarding and attendance leader and the Headteacher.

6. Aims of this policy

It is essential that we take steps to reduce the risks of individuals being exposed to their known allergens in order to avoid the risk of a reaction. However, since around 1 in 5 children have their first reaction in school it is vital to not only organise allergy safety measures around those with known allergies but also to ensure all staff can recognise anaphylaxis and know how to treat it. This should include being able to administer adrenaline, including a school's own spare devices, whilst awaiting emergency services.

7. Allergic Conditions

Common allergic conditions include:-

- Hayfever
- Skin Allergies
- Food Allergies
- Asthma
- Insect stings
- Certain medicines

Reactions can vary from local and mild to more serious reactions such as anaphylaxis, which will require emergency medication (eg self-administered adrenaline). Most commonly but not always, this is caused by ingested food (vast majority of cases), insect stings, medication, or latex. Rarely, there can be no obvious exposure to an allergen (for example, after exercise).

Asthma – Asthma and anaphylaxis are closely linked. Clean air is a core asthma control measure; good ventilation and air quality monitoring are essential. Young people known to have asthma should have their own reliever inhaler at school which they should keep on them (unless they have SEND needs such that they cannot manage their own asthma – in which case it will be in the medical room and someone would need to collect it in an emergency). For emergencies, Admiral Lord Nelson School has purchased an emergency Salbutamol (reliever) inhaler and spacer, as per guidance, and this can be used if a young person's own one is not available. This can be found in the medical room.

8. Responding to Anaphylaxis

When anaphylaxis occurs, reactions usually start off less severe with symptoms such as itching, rashes, swollen lips or eyes, abdominal pain or sudden changes in behaviour but then become anaphylaxis so this situation should be monitored for at least 60 minutes. If it remains mild to moderate, it can be treated with oral antihistamines and parents contacted in the usual way, recording the incident on Medical Tracker.

Anaphylaxis reactions involve:-

A- Airways – swelling in throat, tongue or upper airways
B- Breathing – wheezing, breathing difficulty, coughing
C- Circulation – dizziness, feeling faint, sleepy or confused, loss of consciousness

They progress quickly and can be life-threatening so ALWAYS require an emergency response. Investigations show there is only a 20-30 minute window of opportunity to take action to prevent death.

In the event of suspected anaphylaxis, adrenaline must be administered immediately and 999 called without delay. If there is any doubt, it is safer to give adrenaline, as it is unlikely to cause harm and may be life-saving. Staff should use either the pupil's prescribed adrenaline auto-injector, which they should have access to at all times, or the school's designated spare adrenaline auto-injector where appropriate. Administration of adrenaline must never be delayed. If symptoms do not improve, or worsen, a second dose should be given after 5 minutes in accordance with the device instructions and emergency medical advice.

If in doubt, treat as anaphylaxis

See Appendix one.

NB – if a young person has an allergy action plan from a medical professional, this should be followed.

9. Unacceptable practice

Examples of unacceptable practice include, but are not limited to:-

- preventing young people from easily accessing their medication (for example prescribed adrenaline devices);

- ignoring the views of the child or young person or their parents or carer or ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that every young person with an allergy requires the same support;
- assuming that older children and young people do not require support,
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis,
- discriminating against children or young people with allergy by sending them home frequently for reasons associated with their allergy or preventing them from staying for normal school activities or extracurricular activities,
- sending a child or young person who becomes unwell to the medical room without suitable supervision. In the case of an allergic emergency (e.g. anaphylaxis), help must come to the young person rather than the other way round;
- preventing young people from participating, or creating unnecessary barriers to them participating, in any aspect of school life, including external visits and trips.

10. Awareness training

All staff will complete annual awareness training. This is delivered via The Key and/or via the Kitt Medical platform, who also supply our AAI equipment. This training will ensure that staff:-

- Have an awareness of allergy, the risks it poses and how allergic reactions occur and can be managed
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including: calling emergency services and informing parents; how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack). training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand our school 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; (see Arbor)
- 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"). This will be done via Medical Tracker by the medical team but can be followed up by individuals using CPOMS if they have further details or actions to add.

Where staff miss the training opportunity, upon induction or returning from a period of leave, they will complete The Key training on the platform. Supply teachers will need training on arrival if they have not received it prior and will need to know the location of our "spare" devices.

11. Individual Health Care Plans (IHP) and information sharing

Students will have an IHP put in place if they have an allergy which has a functional impact on them in school, if they are at risk of harm from their allergy or where young people require reasonable adjustments relating to allergens, such as food. Individual Health Care plan will set out the additional and/or different arrangements that will be in place. They are not a clinical document.

As part of that plan, young people should be encouraged to carry their own medication and emergency devices and be aware of where the school "spares" can be found. It will be recorded what medication or emergency devices the young person carries on them, when it was prescribed and by whom and whether parental consent has been received for the medication to be administered. It will be noted what supervision and support might be needed in terms of both understanding how to manage their allergy and in an emergency situation. This plan will be created in conjunction with the young person, their parent and where appropriate medical professionals.

Where students are entitled to free school meals, the IHP will make clear how any reasonable adjustments will be made to ensure the young person can access their FSM.

Previous IHPs such as from Primary schools will be transferred at the time of admission to Mayfield School (ideally during the Summer Term of year 6). In addition, information will be shared from parents and healthcare professionals as appropriate and form part of the on-going planning. Where a student is a mid-year transfer, every effort will be made to ensure an IHP is in place within two weeks of a start date.

Individual Healthcare plans can be found as pinned items on the front page of the student profile on Arbor or via medical room staff. They will be reviewed at least annually by the medica team.

Allergy and Asthma Action Plans, written by health professionals, should be available to schools for each child with a known allergy to foods or insect bites or with asthma and should be attached to the IHP. The IHP will be updated each time a new action plan is produced.

Health information is special category data under UK GDPR so any holding, using and sharing this data must be done in a controlled and respectful way.

12. Wellbeing of young people with allergy

Many young people with allergies will understandably be anxious as a result of risk of exposure. We will provide support via tutors to reassure the young person that steps are being taken to minimise that risk and that we have robust measures in place in the event of anaphylaxis.

If the young person experiences bullying relating to their allergies, such as teasing regarding allergens, we will respond appropriately and in line with our Anti-bullying and Relationship and Behaviour Systems Policies.

We will proactively engage with new students with known allergies, and their parents, and be clear with them of our policies, procedures and the support available. This might involve meeting with the Caterlink Catering Team so they can feel known to them.

13. Minimising Risk and identifying those at risk

Mayfield School promotes a nut-aware environment and actively works to minimise the risk of exposure to nuts and other allergens. We ask all members of our community not to bring nut-containing products onto the school site and provide regular education and guidance on allergy awareness.

However, it is not possible to guarantee that the school is completely nut-free, particularly where food is brought from home or supplied by external providers. For this reason, we do not rely solely on a "nut-free" approach. While we take all reasonable precautions to reduce risk, staff and pupils must remain vigilant at all times. We recognise that a nut-free policy alone can create a false sense of security, and therefore our approach focuses on robust allergen management, allergen awareness, clear individual healthcare plans, staff training, and effective emergency response procedures.

It is important that planning by staff for both curriculum and extra-curricular activities considers risk of exposure to allergens, especially for example in subjects which carry higher risk such as Science and Food Technology. Where an activity would involve most students using a material that might contain an allergen known to affect one of the group, alternatives will need to be found for the whole group so as not to exclude individuals.

It is important to be able to identify those with a known allergy at mealtimes our "cashless system" ensures that at the point of purchase, students with a food allergy are identified so staff can support safe purchasing. Ultimately, the young people choose what food they wish to purchase, but staff can be alert to any individual and advise them accordingly.

A central record is kept of all students with an allergy IHP which will also record whether they carry medication such as an adrenaline device.

Whilst staff members would not have an IHP, it is important to ensure allergy safety arrangements are in place as soon as they begin work here.

We will ask visitors who will be eating with us if they have any allergies for us to be aware of when they are served food.

14. Food Allergy

In order to reduce the risk of allergen exposure in young people with food allergy:-

- Caterlink will provide information on food allergens to parent/carers and have this available for the child to be able to check independently. The Caterlink catering manager is available to meet with parents/carers to discuss provision of allergen safe meals.
- The Caterlink catering manager will ensure that food service conforms with legislation for example, providing information about the 14 regulated allergens present in the food they serve and ensuring there is a full ingredients list, clearly identifying any of the 14 in any pre-packed for direct sale (PPDS) food. Non-prepacked food must have information provided about the presence of the 14 regulated allergens – it must be clear, accurate and easily accessible.
- Caterlink Catering staff know how to read labels for food allergens and measures to prevent cross-contamination during the handling, preparation and serving of food.

- Where food is brought in as a treat or celebration, staff will ensure parental engagement and permission where there are young people with allergy to ensure inclusion and safety
- Our "cashless system" ensures that at the point of purchase, students with a food allergy are identified so staff can support with safe purchasing.
- We are aware that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Use of food in Technology, Science experiments and special events (e.g. assemblies) will be considered and alternatives used when needed.

15. Visits and trips

Specific risk assessments to manage the risks of exposure to allergens will need to be put in place to accommodate individuals with allergy on trips and visits. Young people prescribed adrenaline devices should have their device with them and there must be staff trained to use them in an emergency.

Early consideration will be given to the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care) - this is especially important for activities such as residentials where food production facilities may be limited.

16. Prescribed Adrenaline

People at risk of anaphylaxis are usually prescribed self-administered adrenaline for emergencies. There are two types of adrenaline devices (ADs) currently licensed – Adrenaline auto-injectors (AAI) and non-injectable nasal adrenaline. Students are encouraged to carry two ADs in their bags so they have access at all times. If for SEND reasons this is not possible, their AD will be kept in the medical room, in an unlocked cupboard, easily accessible. Alternatively, the school based "spare" AD can be used. This allows for anyone in need to access adrenaline within the advised 5 minutes. All ADs kept in school will be regularly checked to ensure they remain in date.

Once an AD has been used, it will be disposed of either by handing to ambulance staff or in the sharps box (located under the sink in the medical room). AAI which have expired will be disposed of in the sharps box.

17. Spare Adrenaline Devices

Schools are permitted to purchase a "spare" AAI device for use in emergencies. Mayfield School has done so, using Kitt Medical as their suppliers, and the easiest accessible one can be found in the Ground floor Canteen next to 'grab and go' opposite the medical room. It is clearly marked (see below)



There are 4 other kits with AAI devices in different locations in the school. They are;

- Near cafe Tranquillo First Floor opposite the library
- Top floor by Northeast stair well opposite toilet room 229b Near food technology room
- Primary Infants on the wall as you enter next to the double doors
- Primary Junior end on the wall opposite room 50

The keys for these kits are placed in the orange cross on the front of the device box, turned to the left and the white handle is lifted to remove the device from the wall. Staff are trained in this action. Inside the box is a pair of devices (based on the fact that sometimes two emergency injections are needed).

There are spare keys kept in;

- In medical above the adrenal crisis cupboard on the right wall (select key to enter)
- Main reception key box near lockdown button
- Liam Cole has it on his person
- Site team key safe box Room 108
- Library Room 122
- The Cove Room 7
- House office Room 36 with medical kits
- Pupil services room 14 (select key to enter)
- The Snug Room 46 Junior Corridor
- 5 Spare keys in the medical Room Safe

As the device needs to reach the person who is in anaphylaxis within 5 minutes, the expectation is that the nearest member of staff will stay with them and they will send another young person or member of staff to swiftly collect the device, assisted to retrieve it from the wall by a member of the admin team if required.

Staff are trained to administer AAIs and this is refreshed on an at least annual basis. (see appendix 1)

As with other medication, dates will be checked regularly and replacements ordered by the medical safeguarding team.

Once a "spare" AAI has been used, it will be disposed of either by handing to ambulance staff or in the sharps box (located under the sink in the medical room). AAIs which have expired will be disposed of in the sharps box.

When an AAI is used in an emergency event, a replacement is ordered via the Kitt Medical portal by the medical team.

18. Serious Incidents and "near misses"

A serious incident is any event relating to a medical condition in which a person is harmed or placed at significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A "near miss" is an event relating to a medical condition that did not result in harm but had the potential to do so, for example, where an error or system failure could have led to a serious incident had circumstances been different.

The law recognises that rescuers act under extreme pressure and the expectation is simply that staff act reasonably, to the best of their ability, in an emergency. In line with this, we will approach serious incidents and "near misses" in a "no blame" spirit. Where a serious incident or "near miss" occurs, involving a young person with an allergy, the details should be recorded onto Medical Tracker, parents informed and invited to meet with appropriate staff and these incidents should be used as a prompt so lessons can be learnt where needed and young people can be better protected in the future. We will consider whether the arrangements in place were appropriate and whether any changes to policy or IHPs are needed.

As the impact of exposure to an allergen at school might be delayed until the child is at home, it is important that parents are encouraged to share that information with staff.

It is important to support the wellbeing of all involved following a serious incident or "near miss", the individual, the responders and any witnesses.

19. Incident reporting

All serious incidents or "near misses" should be recorded on medical tracker. It is important to record who was affected, what happened, when and where, why it occurred, how staff and students responded, what was done to support the individual, whether the emergency services were called and how the incident concluded.

Parents or carers should be notified and given the opportunity to discuss what happened.

Any lessons learned and actions taken should be noted, as well as changing IHPs where needed. These should be shared with wider staff as appropriate.

In addition:-

- We may seek advice on any allergen-related food safety incident from PCC
- Some incidents may be RIDDOR reportable - although this is unlikely in the case of a child as it refers to work activity, it might be with adults (seek advice from Alex Doolan – Site Manager)
- A relevant healthcare professional might need to be informed where there is an action or care plan.

20. Links to other policies and guidance

Supporting children with medical conditions policy

Anti Bullying policy

Attendance policy

Allergy Safety in Schools – DFE, July 2026

Supporting pupils with medical conditions at School – DFE, December 2015

Appendix One – Management of Anaphylaxis

Recognise the signs of anaphylaxis

A AIRWAYS
- 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 dose 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