

Policy Name: Allergy Safety	
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Member of staff responsible for the policy:	Beth Warren / School Business Manager
Dissemination of the policy:	Management Committee, Staff, Parents, Students

Key Staff:	
Senior Allergy Lead	School Business Manager
Medical/First Aid Lead	School Business Manager
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Emergency anaphylaxis kit locations:	
Cheltenham County Offices	TBC
The Moat Centre	TBC

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1. Purpose and aims

At GHES we are committed to ensuring that every student is safe, included and able to participate fully in school life.

This policy sets out GHES's approach to allergy safety. It explains how we identify students with allergies, reduce the risk of exposure to known allergens, respond promptly to allergic reactions and anaphylaxis, and support students with allergies.

- to promote a whole-school culture of allergy awareness, vigilance and compassion;
- to ensure that students with allergy are supported through clear arrangements, including Individual Healthcare Plans (IHCP) or Safe Learning Plans where required;
- to ensure staff know how to recognise and respond to allergic reactions, anaphylaxis and acute asthma;
- to reduce avoidable risks in lessons, social times, catering, visits, trips, enrichment, intervention sessions and any other school events;
- to ensure that emergency medicines, including prescribed and spare adrenaline devices, are accessible quickly and used without delay where needed;
- to record, report and learn from serious incidents and near misses; and
- to provide reassurance to students, families, staff, and the Management Committee that allergy safety is managed systematically.

2. GHES's principles and scope

This policy applies to all students, staff, volunteers, contractors and visitors where their actions may affect allergy safety.

- **Support:** students and staff with allergies will not be treated as a problem to be managed away. GHES will make reasonable adjustments so students can participate fully and safely.
- **No barriers:** students and staff with allergies will not be excluded from trips, clubs, meals, celebrations or rewards.
- **Consistency and clarity:** staff will follow agreed procedures rather than relying on assumptions or informal arrangements.
- **Timely emergency response:** in suspected anaphylaxis, staff must bring help and medication to the student, give adrenaline promptly and call 999.
- **Respect and confidentiality:** information will be shared with those who need it for safety, while preserving dignity and privacy.
- **Learning culture:** incidents and near misses will be reviewed honestly so that procedures improve.

GHES - Important position statement

GHES cannot guarantee an allergen-free environment. Instead, the school will take reasonable,

proportionate and practical steps to reduce known risks, ensure rapid access to emergency medication, and respond quickly if a reaction occurs.

3. Legislation and guidance

This policy has been adapted from the model student allergy policy provided through the DfE's statutory guidance, Allergy safety in schools, published July 2026. It should be read alongside:

- Children and Families Act 2014, section 100, including the duty to support students with medical conditions;
- Children's Wellbeing and Schools Act 2026, section 34, requiring schools to have allergy safety policies, publish them and keep them under review;
- DfE statutory guidance: Allergy safety in schools, July 2026;
- DfE statutory guidance: Supporting students with medical conditions at school;
- GHES's 'Supporting students with medical conditions at school' policy
- Department of Health and Social Care guidance: Using emergency adrenaline auto-injectors in schools;
- Human Medicines Regulations 2012 and amendments relating to emergency asthma inhalers and adrenaline auto-injectors;
- The Requirements for School Food Regulations 2014 and School Food Standards;
- Food Information Regulations 2014 and Food Information (Amendment) (England) Regulations 2019;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Keeping Children Safe in Education and Working Together to Safeguard Children; and
- UK GDPR and Data Protection Act 2018.

4. Definitions

Term	Definition for GHES
Allergy	A medical condition in which the immune system reacts abnormally to a substance such as food, insect sting, contact allergen, latex, animal dander, pollen or medicine.
Allergen	The substance that triggers an allergic reaction.
Anaphylaxis	A potentially life-threatening allergic reaction affecting Airway, Breathing and/or Circulation. It requires immediate adrenaline and a 999 ambulance call.

Term	Definition for GHES
Adrenaline Auto-Injector device / AAI	A device used to administer adrenaline in an emergency. This may include an adrenaline auto-injector. GHES will refer to “ adrenaline devices ” unless a particular type is being discussed.
Individual Healthcare Plan (IHCP)	A student’s plan that sets out specifically the additional or different arrangements GHES will put in place to support the student with an allergy. This will sit alongside their Safe Learning Plan. Note – it is not a clinical document, but an action plan.
Near miss	An event that could have led to serious harm if circumstances had been slightly different, such as a student being offered food containing a known allergen but querying it before eating.
Food intolerance / coeliac disease	Food intolerance and coeliac disease are not the same as allergy and do not cause anaphylaxis. They still require careful support through medical, dietary and catering arrangements.

5. Roles and responsibilities

Allergy safety is a whole-school responsibility. No single member of staff, catering provider or family can manage allergy safety alone.

5.1 Role of the Management Committee

- ensure that GHES has an allergy safety policy which is published, reviewed and implemented;
- receive assurance through reporting routes that the policy is effective and followed;
- ensure risks relating to students with allergy are considered through the school’s risk management processes;
- challenge leaders where incidents, near misses or audits suggest that procedures are not embedded; and
- support the Headteacher in securing staff training and safe operational systems.

5.2 Headteacher

- has overall responsibility for ensuring that allergy safety is led, resourced and monitored;
- will appoint a named Senior Allergy Safety Lead from the Senior Leadership Team;
- will ensure that staff understand their responsibilities and complete training;
- will ensure that spare adrenaline devices are procured where required, checked and accessible;
- will ensure incidents and near misses are reviewed and reported appropriately; and

- will ensure the policy aligns with the school's mission, safeguarding culture and inclusion expectations.

5.3 Senior Allergy Safety Lead

The Senior Allergy Safety Lead should be a member of SLT and communicated to staff.

- drive implementation of this policy;
- maintain oversight of students with known allergies and the allergy register;
- ensure relevant students have a Safe Learning Plan / IHCP where their allergy requires additional or different arrangements;
- ensure Safe Learning Plans / IHCPs have appropriate Allergy Action Plans, Asthma Action Plans included in them, and emergency contacts are collected, updated and shared appropriately;
- ensure risk assessments are completed for higher-risk sessions, activities, trips and events;
- work with the Medical/First Aid Lead, SENCo, DSL, pastoral team, inclusion leads for both centres and educational visits coordinator;
- oversee staff training, induction and supply-staff information;
- review serious incidents and near misses and ensure lessons are acted on; and
- review this policy at least annually and after any serious incident or near miss.
- be a point of contact for staff with severe allergies and ensure that reasonable workplace arrangements and emergency planning are considered where required.

5.4 Medical/First Aid Lead and administrative staff

- coordinate medical information received from parents, carers, previous settings and healthcare professionals on acceptance to GHES;
- maintain allergy records on the school's agreed systems and ensure staff know where to find them;
- request and store prescribed medication in line with the Safe Learning Plan / ICHP;
- monitor expiry dates for prescribed and spare adrenaline devices, inhalers and other allergy medicines held by school;
- complete termly checks of emergency anaphylaxis kits with a second named member of staff;
- ensure emergency services and parents/carers are contacted promptly when required; and
- support incident recording and post-incident communication.

5.5 SENCo, DSL and pastoral team

- support students where allergy links to SEND, disability, mental health, anxiety, attendance or safeguarding concerns;
- ensure reasonable adjustments are considered where allergy has a significant impact on day-to-day activities within either centre;

- make sure students with allergy are not isolated, stigmatised or excluded from face to face opportunities with GHES;
- respond to any bullying, threats, deliberate exposure to allergens or harmful behaviour through safeguarding and behaviour procedures.

5.6 Catering

NOTE - For 2026/27 there is no 'formal' catering at GHES. However food is provided for students as part of the mid-morning or mid-afternoon 'snack and chat'. If more formal catering arises in 2026/27 this section of the policy will need to be revised and updated.

The Senior Allergy Lead and Centre Leads (for Cheltenham and Gloucester) will need to

- *ensure staff know which students coming on site have food allergies and how to verify safe snacks using agreed identification methods;*
- *work with the Senior Allergy Safety Lead, parents/carers and students to agree safe arrangements, including reasonable adjustments for students entitled to Free School Meals; and*
- *record and report food-related incidents or near misses immediately.*
- *Ensure food brought on site by members of staff is clearly labelled*

5.7 Teaching staff, support staff and activity leaders

- know which students in their care have allergies and where to access their Safe Learning Plans/ IHCP
- recognise symptoms of allergic reaction, anaphylaxis and acute asthma;
- bring help and medication to the student in an emergency rather than moving the student unnecessarily;
- consider allergy risk when planning lessons, rewards, practical work, food-related activities, science experiments, art/craft, fundraisers, animals, visitors and trips;
- follow the school's food-sharing and hygiene expectations;
- ensure students with allergy are included and treated with dignity;
- challenge unsafe behaviour, food sharing, mockery or deliberate exposure to allergens; and
- report incidents or near misses promptly.

5.8 Parents and carers

- provide accurate and up-to-date information about their child's allergy, triggers, symptoms, medication and emergency arrangements;
- provide copies of any Allergy Action Plan, Asthma Action Plan or clinical advice;
- provide two in-date prescribed adrenaline devices where their child is prescribed them, unless the student carries both devices as agreed in the Safe Learning Plan/IHCP;

- ensure medication is replaced before expiry and inform school of any changes;
- work with GHES to complete and review the Safe Learning Plan/IHCP;
- support the GHES's expectations about no food sharing and avoiding high-risk foods where requested; and
- report any delayed reaction, concern or near miss that may have happened during school provision.

5.9 Students with allergies

- should, in line with age, maturity and their IHCP, understand their allergens and what helps keep them safe;
- should not share food, drinks, cutlery or water bottles;
- should tell an adult immediately if they feel unwell, think they have been exposed to an allergen or cannot find their medication;
- should carry their own prescribed adrenaline devices or know where they are stored, as agreed in their Safe Learning Plan/IHCP; and
- will be supported to take increasing responsibility without school assuming they no longer need adult support.

5.10 All students

- must not share food, drinks or water bottles;
- must follow staff instructions about food and hygiene;
- must never tease, threaten or deliberately expose another student to an allergen;
- should get adult help immediately if a peer becomes unwell.

6. Identification, records and Safe Learning Plans / Individual Healthcare Plans (IHCPs)

6.1 Identification of students with allergy

GHES will identify students with allergy through the admissions/referral process information, handover information from their main schools, parent/carer information provided in TAF or Initial Visit in the home, student disclosure, medical documentation and where available healthcare professional advice.

Families will be asked to provide information before the student starts lessons at GHES or before starting to attend any onsite provision or other activities away from their home. Information collected will be:

- known allergens and triggers;
- symptoms and previous reactions, including any history of anaphylaxis;

- whether the student has asthma, eczema, hay fever, coeliac disease, food intolerance or other related conditions;
- prescribed medication and whether the student carries it independently;
- whether the student requires an IHCP, Allergy Action Plan and/or Asthma Action Plan;
- emergency contacts and consent information; and
- reasonable adjustments that may be required to enable them to participate in everything GHES offers.

6.2 Allergy register

GHES will maintain an allergy register. The register will be available to staff who need it to keep students safe, including pastoral staff, first aiders, office staff, inclusion centre leads, trip leaders and relevant teaching/support staff. It will be held on the school's agreed systems and reviewed at least termly, and sooner if information changes.

- student name, year group, form and photograph where consent/appropriate lawful basis applies;
- known allergens and risk factors;
- medication held or carried, including device type and dose;
- where the medication is stored or whether it is carried by the student;
- Safe Learning Plan/IHCP which includes any Allergy Action Plan and/or Asthma Action Plan;
- key adjustments and staff actions; and
- emergency contact information.

6.3 Safe Learning Plan / Individual Healthcare Plans (IHCP)

A student will have a Safe Learning Plan/IHCP where their allergy has a functional impact in school, presents a risk of harm, or requires arrangements that are additional to or different from those made generally.

This includes students at risk of anaphylaxis, students requiring emergency medication, students requiring significant food or environmental adjustments, and students whose allergy affects wellbeing, attendance or participation.

- be developed with the student, parents/carers, relevant school staff and, where available, healthcare professionals;
- will include any Allergy Action Plan and/or Asthma Action Plan issued by healthcare professionals;
- set out what GHES will do, who will do it, where medication is stored, and what happens in an emergency;
- be shared with staff on a need-to-know basis;
- be reviewed at least annually, and sooner if there is a change in need, medication, advice, timetable, school provision, trip risk, incident or near miss;

- be considered during transition, and
- not replace clinical advice or make staff responsible for clinical judgement.

6.4 Staff, visitors and contractors with allergies

GHES recognises that allergy may affect staff, visitors, contractors and other professionals attending school sites.

- Staff with severe allergies are encouraged to inform the Senior Allergy Safety Lead so that appropriate workplace arrangements, emergency planning and reasonable adjustments can be considered.
- Visitors, contractors and external professionals who have a severe allergy requiring emergency medication should inform reception or their host on arrival where this is practicable.
- Where appropriate, arrangements will be made to support access to emergency medication and relevant information sharing during their time on site.
- Contractors and visitors who carry adrenaline devices should retain responsibility for their own medication unless alternative arrangements have been agreed.
- Information disclosed by staff, visitors and contractors will be handled sensitively and shared only with those who need to know to support health and safety.

6.5 Transition Arrangements

GHES will ensure that appropriate allergy information, Individual Healthcare Plans (IHCPs), Allergy Action Plans, Asthma Action Plans and emergency medication arrangements are shared promptly and securely during periods of transition.

This includes:

- students joining GHES from mainstream schools, alternative provision or other settings;
- students returning to their mainstream school following a period at GHES;
- students moving to another educational setting or post-16 provision;
- changes between provisions, sites, programmes or significant timetable changes within GHES.

Where appropriate, GHES will work with the student, parents/carers, the receiving setting and relevant professionals to ensure that allergy risks, reasonable adjustments, emergency procedures and medication arrangements are understood before the transition takes place.

Where a student is prescribed emergency medication, GHES will seek assurance that appropriate arrangements are in place before responsibility transfers to another setting.

7. Assessing and managing allergy risk

All staff planning activities must consider whether food, airborne, contact, animal, insect, latex, medication or other allergens may be present. A specific risk assessment must be completed when a student at risk of anaphylaxis or significant allergic reaction is taking part in an activity where exposure could reasonably occur.

Risk assessment is required for:

- any session involving food;
- science experiments involving food, plant material, latex or chemicals that may be allergens;
- art, craft, textiles or design activities using food packaging, wool, feathers, latex, balloons or other known allergens;
- any outdoor learning where exercise, pollen, cold air or insect stings may be relevant;
- animal handling, therapy animals, external animal visits or guide dogs;
- any type of school trip;
- fundraising, fairs, open events, celebration events or food brought in by others;
- intervention sessions or extended provision where food may be consumed;
- pastoral link sessions within the community that may involve food e.g. visit to a café, and
- temporary changes to rooms, timetables, staff supervision.

Risk assessments must consider:

- the student's known allergen and likely routes of exposure;
- the student's Safe Learning Plan/IHCP and action plan;
- how the student will access medication within five minutes if anaphylaxis occurs;
- staff training and who will lead the emergency response;
- safe meal, snack or drink arrangements;
- transport and journey arrangements;
- how the student will be included without unnecessary segregation;
- information sharing with staff, external providers and parents/carers;
- contingency arrangements; and
- how concerns, incidents or near misses will be recorded.

8. Food, catering and hygiene arrangements

8.1 Hygiene and food sharing

- Students are expected to wash or sanitise hands before and after eating.

- Food, drinks, bottles, cutlery and straws must not be shared.
- Tables and surfaces used for eating or practical food activities will be cleaned appropriately.
- Staff will supervise eating areas and challenge unsafe food sharing.
- Food used as a reward or incentive must be risk assessed and must not undermine the safety or dignity of students with allergies.
- Where food is brought into school for a class, session, activity, reward or celebration, this must be agreed in advance by the Inclusion Centre Leads or Senior Allergy Lead and checked against known allergy risks.

8.2 'Snack and Chat' and other food provided by GHES

- GHES Inclusion Centre Leads alongside the Senior Allergy Lead will work together to make safe food options for 'snack and chat' available and to provide clear allergen information.
- staff will receive appropriate allergy and food safety training.
- allergen information for any food provided by GHES will be available and checked when different brands or recipes are used;
- staff will follow cross-contamination controls and hygiene procedures.
- Where a student has a food allergy, reasonable adjustments will be discussed with the student and parents/carers and recorded in the Safe Learning Plan/IHCP where needed.
- At 'snack and chat' GHES will use at least two proportionate identification methods for students with known food allergies where necessary, while avoiding stigma or segregation.
- Students with food allergies should not be required to sit separately from peers unless this is a temporary, risk-assessed measure agreed for safety and inclusion reasons.

8.3 Food brought into school

GHES is not an allergen-free school. However, to reduce avoidable risk, students, parents/carers and staff are asked not to bring high-risk foods into school where these could create a foreseeable risk to students and/or staff with severe allergy.

- packaged nuts and loose nuts;
- peanut butter, nut-based spreads or chocolate spreads containing nuts;
- cereal, granola, protein or chocolate bars containing nuts;
- nut-based sauces such as satay;
- sesame seeds and foods visibly containing sesame where there is a known risk; and
- any specific food identified through a student's Safe Learning Plan/IHCP or temporary risk assessment.

If a student or member of staff brings a high-risk food into school, staff may ask the student or staff member not to eat it near others, may contact parents/carers, and may hold the item safely until the

end of the day where this is necessary to reduce immediate risk. Any response will be proportionate and respectful.

8.4 Sessions and curriculum activities involving food

- Subject teachers and Pastoral Staff must check allergy information before planning any food handling, tasting or cooking.
- Any practical sessions must use ingredient lists and avoid unnecessary exposure to known allergens.
- Alternative ingredients or adapted tasks must be provided where needed.
- Food packaging must not be used in craft or display activities where it creates a risk for a student with allergy.
- Students must not be asked to taste, touch or handle food linked to their known allergens.

8.5 Animals, insects, latex, air quality and outdoor allergens

- Animal visits, guide dogs, therapy animals or animal-handling activities will be risk assessed for students with animal allergy.
- Students will wash hands after contact with animals and will not be required to interact with animals where this is unsafe.
- Outdoor activities will consider pollen, insect stings, cold air, exercise-induced symptoms and asthma triggers.
- Students should wear appropriate footwear outdoors to reduce the risk of stings or injury.
- Food and drink should be covered outdoors where insect stings are a risk.
- Latex balloons and latex-containing items should be avoided where a latex allergy is known.
- Where poor air quality, high pollen or respiratory triggers may affect a student with allergic asthma, reasonable adjustments will be considered in line with the Safe Learning Plan/IHCP.

9. Activities, visits, trips and enrichment – anything that isn't an academic lesson

Students with allergy must have the opportunity to be included in everything GHES offers. Allergy should trigger careful planning, not exclusion.

- The visit or activity leader must check allergy information during planning.
- The Educational Visits Coordinator must ensure allergy and medication arrangements are included in risk assessments.
- Parents/carers and the student must be consulted where the visit involves food, long journeys, outdoor risks or external catering.

- The student's own prescribed adrenaline devices and relevant medication must accompany the student as set out in the Safe Learning Plan/IHCP.
- A spare emergency anaphylaxis kit should be taken where risk assessment indicates this is required.
- At least one adult on the trip must know the student's plan and be trained to respond to anaphylaxis and acute asthma.
- External providers must be told about relevant allergy risks where this is necessary and lawful for safety.
- Students must not be required to have a parent/carer attend a trip solely because the school has not planned appropriate support for the allergy.

10. Emergency response to allergic reaction and anaphylaxis

10.1 Mild or moderate allergic reaction

Symptoms may include itching, rash, hives, swelling of lips, face or eyes, tingling mouth, nausea, stomach pain, sneezing, runny nose or mild wheeze. Staff must follow the student's Safe Learning Plan/IHCP. The student must be supervised and monitored because reactions can progress. Parents/carers should be informed.

- Do not leave the student alone.
- Send for a first aider/medical support and the student's medication.
- Follow the action plan, including antihistamine where this is prescribed/authorised.
- Monitor closely for signs of anaphylaxis for at least 60 minutes, or longer if the action plan states this.
- If symptoms worsen or Airway/Breathing/Circulation symptoms appear, treat as anaphylaxis immediately.

10.2 Suspected anaphylaxis

Emergency rule

If anaphylaxis is suspected, give adrenaline immediately. Do not delay while seeking further confirmation. In a student with food allergy and asthma who suddenly has difficulty breathing, treat as anaphylaxis.

1. Stay with the student. Send another person to get the emergency anaphylaxis kit, the student's own medication and a first aider/senior member of staff.
2. Do not make the student stand or walk. Bring help and medication to the student.
3. Lay the student flat with legs raised. If breathing is very difficult, allow them to sit with legs outstretched. Do not allow standing or walking.

4. Administer the student's own adrenaline device immediately if available. If it is not available, misfires, is expired, or the student has no prescribed device but is having anaphylaxis, use the school's spare AAI.
5. Call 999 immediately and say "anaphylaxis". Follow ambulance control instructions.
6. Record the time adrenaline was given. Keep the used device to give to paramedics.
7. Give a second dose after 5 minutes if there is no improvement or symptoms return.
8. If the student becomes unconscious and is not breathing normally, start CPR and follow emergency first-aid procedures.
9. Contact parents/carers as soon as possible, without delaying emergency treatment.
10. A member of staff will stay with the student until parents/carers arrive or accompany the student to hospital if required.

10.3 After an emergency

- The incident must be recorded as soon as possible.
- The Senior Allergy Safety Lead, Headteacher and parents/carers must be informed.
- The Safe Learning Plan/IHCP, risk assessment and policy arrangements must be reviewed.
- Staff and students affected by the incident will be supported.
- Management Committee and external agencies will be informed where required.

11. Adrenaline devices and emergency anaphylaxis kits

11.1 Prescribed adrenaline devices

- Students at risk of anaphylaxis should have access to two prescribed adrenaline devices at all times.
- Where age-appropriate and agreed through the Safe Learning Plan/IHCP, students should carry their devices. Where this is not appropriate, devices will be stored in an accessible agreed location.
- Medication must not be locked away in a way that delays emergency access.
- Parents/carers remain responsible for ensuring prescribed devices are in date and replaced, with school supporting reminders and checks.
- Students travelling to and from school should have their prescribed devices with them where they have been prescribed them.

11.2 Spare adrenaline auto-injectors

GHES will hold spare adrenaline auto-injectors (AAIs) for emergency use. Spare AAIs are not a replacement for a student's own prescribed devices. They are additional emergency provision for

circumstances where a prescribed device is unavailable, does not work, is expired, has been administered incorrectly, or where a person has anaphylaxis for the first time.

- Spare AAls will be purchased by the school through an appropriate pharmacy or pharmaceutical supplier using a Headteacher-signed request.
- As an all through school with students in YR to Y11, GHES will hold spare 300 microgram AAls suitable for students over the age of 6, unless individual medical advice indicates otherwise.
- Spare AAls will be stocked and stored in pairs.
- GHES will ensure no student is more than five minutes from an accessible adrenaline device during the school day.
- Emergency anaphylaxis kits will be clearly labelled and not locked away.
- Kits will include spare AAls, instructions for use, manufacturer information, a checklist of batch numbers and expiry dates, a record of monthly checks, and an administration record.
- Emergency asthma reliever inhalers and spacers will be managed through the school's asthma/medical conditions procedures and may be stored alongside emergency anaphylaxis kits where appropriate.

Kit	Proposed location	Local confirmation required
Cheltenham: Emergency Anaphylaxis Kit 1	Reception / Meeting Room (ground floor)	Pending
Moat: Emergency Anaphylaxis Kit 2	Medical room / Centre Inclusion Lead office	Pending
Trip Kit (Cheltenham) Emergency Anaphylaxis Kit 3	Reception / Meeting Room (ground floor)	Pending
Trip Kit (Moat) Emergency Anaphylaxis Kit 4	Medical room / Centre Inclusion Lead office	Pending

11.3 Checking, replacement and disposal

- Two named members of staff will complete and record termly checks of spare AAls and emergency kits.
- Checks will confirm that devices are present, in date, undamaged, stored correctly and clearly labelled.
- Replacement devices will be ordered before expiry or immediately after use.
- Used AAls will be disposed of in line with manufacturer instructions, normally through a sharps bin, pharmacy or clinical waste process.
- Any administration of adrenaline will be recorded and reviewed as an incident.

11.4 Consent and emergency action

Consent for emergency use of a spare AAI will be sought through the Safe Learning Plan/IHCP process and recorded on school systems.

However, in an emergency, lack of paperwork must not delay reasonable action to save a life. Staff should administer adrenaline where anaphylaxis is suspected and follow emergency procedures.

12. Training, induction and awareness

All staff present while students are scheduled to be on either the Cheltenham or Moat site will receive allergy awareness and emergency response training at least annually. This includes teachers, administrative staff, support staff, pastoral staff, office staff, regular volunteers, and supply staff.

- what allergy is and how allergic reactions can happen;
- the difference between allergy, coeliac disease and food intolerance;
- how to recognise mild/moderate allergic reactions, anaphylaxis and acute asthma;
- how to respond in an emergency, including calling 999 and contacting parents/carers;
- where allergy information, Safe Learning Plans/IHCPs are kept;
- where emergency anaphylaxis kits and prescribed medicines are located;
- how to administer adrenaline devices and how to support acute asthma response;
- how to reduce risk in lessons, dining areas, activities, trips and social time;
- how allergy may affect wellbeing, inclusion and attendance;
- how to report incidents and near misses; and
- what this policy requires in day-to-day practice.

New staff will receive allergy safety information as part of induction. Supply and cover staff will receive essential allergy information before taking responsibility for students. Subject teams and Pastoral Teams must include allergy safety in planning for sessions and off-site activity. GHES will also consider annual allergy response drills to test staff readiness and improve procedures.

13. Wellbeing, inclusion and anti-bullying

GHES recognises that allergy can create anxiety, embarrassment, social isolation or fear, particularly where students feel different from their peers. Our culture must ensure anyone with allergy feel safe, included and respected.

- Students with allergy will be offered check-ins where they or their family would find this helpful.
- The pastoral team, SENCo and DSL will work together where allergy links to anxiety, SEND, safeguarding, bullying or attendance concerns.
- Bullying, threats, jokes, deliberate exposure to allergens or misuse of another student's medication will be treated as serious behaviour and potentially safeguarding matters.

- Staff will avoid singling students out unnecessarily or making arrangements that are embarrassing or stigmatising.
- Attendance monitoring will take account of absence linked to allergy, hospital appointments or medical management.
- Students with allergy will be involved, in an age-appropriate way, in decisions about how information is shared with peers.

14. Serious incidents, near misses and lessons learned

GHES will record, report and learn from serious incidents and near misses involving allergy. A near miss is important because it can reveal weaknesses in training, communication, catering, supervision, planning or emergency access before serious harm occurs.

Examples include:

- a student, staff member or visitor experiences anaphylaxis on school premises or during a school activity;
- a student is given food containing a known allergen;
- a student is exposed to an allergen through practical work, social time, a trip or other activity;
- a prescribed or spare adrenaline device cannot be found quickly in an emergency;
- a device is out of date, damaged, missing or has misfired;
- an external provider gives inaccurate allergen information;
- a student reports delayed symptoms at home after a school-related exposure; or
- a student is threatened, bullied or deliberately exposed to an allergen.

Recording and reporting process

1. Make the person safe and follow emergency procedures if needed.
2. Record what happened as soon as possible, including who was affected, when and where it happened, what the suspected trigger was, how staff and students responded, whether emergency services were called, and how the incident concluded. This should all be recorded in CPOMS.
3. Inform parents/carers as soon as possible for students aged 16 and under. For students over 16, confirm whether they agree to parents/carers being informed, unless safeguarding or emergency considerations require otherwise.
4. Inform the Senior Allergy Safety Lead, Headteacher and other relevant staff.
5. Share the report with parents/carers and invite their views as part of the lessons-learned review.

6. Review the Safe Learning Plan/IHCP, risk assessment, catering arrangements, training and this policy where relevant.
7. Report to Management Committee, local authority environmental health, healthcare professionals, HSE/RIDDOR or other agencies where required.
8. Share learning with staff so that practice changes are embedded.

15. Information sharing, confidentiality and records

Information about a student's allergy is health information. GHES will share information where it is necessary to keep the student safe, provide support, make reasonable adjustments, include the student in school life or respond in an emergency.

- Allergy information will be kept on the school's agreed management information.
- Relevant staff will have access to the information they need for their role.
- Trip leaders and external providers will receive necessary information where this is required for safety.
- Information will be shared with the student's dignity in mind and not displayed more widely than needed.
- Parents/carers and students will be involved in decisions about wider peer awareness wherever possible.
- Records will be retained in line with GCC/GHES's data protection/records management procedures.

16. Monitoring, governance and review

- The Senior Allergy Safety Lead will review the allergy register at least termly.
- GHES will seek feedback from students with allergies and their parents/carers following incidents, annual reviews, Individual Healthcare Plan reviews and policy updates to help improve allergy safety arrangements.
- Safe Learning Plans/IHCPs will be reviewed at least annually, and sooner following changes, incidents, near misses or new medical advice.
- Emergency anaphylaxis kits and spare AAls will be checked termly.
- Training completion will be monitored annually and through induction.
- Serious incidents and near misses will be reported through the school's reporting systems and to the Management Committee as appropriate.
- This policy will be reviewed annually, published on the school website and made available in hard copy on request.
- The policy will be reviewed earlier if statutory guidance changes, if there is a serious incident or near miss, or if school systems change significantly.

17. Links to other policies

- GHES: Supporting Students with Medical Conditions Policy
- GHES: Safeguarding and Child Protection Policy
- GHES: Health and Safety Policy
- GHES: SEND Policy
- GHES Attendance Statement
- GHES: Positive Relationships Policy
- GHES: Anti-Bullying Policy
- GHES: Educational Visits Policy
- GCC/GHES: Data Protection Policy and Records Management Policy
- GCC/GHES: Emergency and Critical Incident Procedures

Appendix 1: Emergency response aide-memoire

Suspected anaphylaxis: act immediately

Give adrenaline first. Do not delay to seek confirmation. Call 999. Keep the student lying down. Bring medication to the student.

Look for	Do
Airway symptoms: swelling of tongue/throat, difficulty swallowing, hoarse voice, tight throat.	Give adrenaline immediately. Send for first aider, AAI kit and student medication. Call 999.
Breathing symptoms: difficulty breathing, wheeze, persistent cough, shortness of breath, sudden asthma-like symptoms.	Treat as anaphylaxis if food allergy/asthma is present or if symptoms are severe. Give adrenaline.
Circulation symptoms: pale/clammy skin, dizziness, collapse, confusion, loss of consciousness.	Give adrenaline, lay flat with legs raised, call 999, prepare second dose after 5 minutes if no improvement.
Mild/moderate symptoms only: rash, hives, itching, swollen lips/face/eyes, stomach pain.	Follow action plan, supervise, monitor for at least 60 minutes, inform parents/carers. Escalate if symptoms progress.

In any emergency, staff should send one person to meet the ambulance and one person to contact parents/carers. A senior member of staff should coordinate the wider school response and ensure students nearby are supported and moved away sensitively if required.

Appendix 2: GHES allergy safety checklist

Area	Minimum expectation	Lead	Frequency
Allergy register	Known students, allergens, medication, Safe Learning Plan/IHCP status and emergency contacts checked.	Senior Allergy Safety Lead / Medical Lead	Termly and added to as required through the year based on admission to GHES
Safe Learning Plans/IHCPs	Plans completed, shared and reviewed; action plans attached.	SLT Pastoral Lead/Link Tutor	At least annually
AAI kits	Present, in date, stored in pairs, accessible, batch and expiry recorded.	Medical Lead plus second named staff member	Termly
Staff training	All relevant staff complete allergy awareness and emergency response training.	Senior Allergy Safety Lead	Annually and induction
Catering – ‘Snack and Chat’ – other food on site in Cheltenham and Moat	Allergen information and student identification methods checked.	Senior Allergy Safety Lead & Centre Inclusion Leads	Ongoing; formally termly
Trips/events	Allergy risk included in risk assessment; medication and trained staff confirmed.	Trip/Event Lead / EVC	Before each activity
Incidents/near misses	Recorded, reported, reviewed and lessons shared.	Senior Allergy Safety Lead / Headteacher	As required

Appendix 3: What should be included on the Safe Learning Plan/Individual Healthcare Plan (IHCP) checklist

- Student name, date of birth, year group, form and photograph.
- Parent/carer emergency contact details.
- Known allergens and likely routes of exposure.
- Previous reactions and symptoms to look for.
- Medication prescribed, dose, device type and expiry date.
- Where medication is stored and whether the student carries it.
- Whether two adrenaline devices are available and how they travel to/from school.
- Any Allergy Action Plan and/or Asthma Action Plan attached.
- Day-to-day adjustments in lessons, dining, PE, social time and movement around school.
- Trip/residential/event considerations.
- What staff should do in mild/moderate reaction.
- What staff should do in suspected anaphylaxis.
- Who the plan is shared with and how confidentiality is protected.
- Review date and review triggers.
- Signatures/confirmation from parent/carer, student where appropriate, school lead and relevant staff.

Appendix 4: Incident and near-miss review prompts

- Who was affected and what were their known allergies or medical conditions?
- What happened, when and where?
- What was the suspected trigger or hazard?
- Was the student's Safe Learning Plan/IHCP followed?
- Was medication available within five minutes?
- Was adrenaline administered promptly where anaphylaxis was suspected?
- Were emergency services and parents/carers contacted appropriately?
- Was the student supervised and supported throughout?
- Were catering, supervision, lesson planning, trip planning or communication arrangements effective?
- Were any staff unsure about what to do?
- What needs to change in the Safe Learning Plan/IHCP, risk assessment, training, communication, catering or policy?
- How will learning be shared and checked for impact?
- Does the incident need reporting to the Management Committee local authority environmental health, healthcare professionals, HSE/RIDDOR or safeguarding partners?

Source note: Adapted from the model student allergy policy supplied by the school and updated to reflect DfE Allergy safety in schools statutory guidance (July 2026) and GHES's context.

Appendix 5: At GRH

GRH staff adhere to the Health & safety policy for the NHS Children's Ward.

All records of inpatient allergies should be in place on the ward and made clear on patient notes – GRH staff make a point of checking with any child prior to entering the classroom.

No food or drink is provided to students on the ward or in the classroom by GRH staff.

No food or drink is brought into the GRH classroom by students.

As there is no staffroom available on the ward for GHES staff, at break and lunchtime the classroom is used by staff for their own use. Staff are allowed to bring their own food and eat in the room.

- All surfaces are cleaned with a medical wipe afterwards.
- The School Room is a nut free area at all times
- On a daily basis a dynamic risk assessment takes place by the team if a child with a known allergy has presented on the ward which may impact on where a member of staff can take their break or lunch.

Where any practical work is to take place, parents/carers, students and nursing staff will be consulted beforehand with regards to allergies. Details will be kept on individual student files. An individual Risk Assessment would be put in place for any child with a known allergy.

GRH staff will complete the general training that outpatient staff are completing through:

[Awareness Sessions > Glos Health & Care NHS Foundation Trust](#)

In an emergency, the School Room staff would use the emergency button for immediate medical assistance.