



Allergy Safety Policy

Approved by: Penny Harris (Director) **Date:** 1st September 2026
Jane Cox (Director)

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School	On Track Education Westbury
Designated Allergen Leads	Strategic Allergy Lead: Barry Farwell Operational Allergy lead: Lesley Coomber & Charlotte Winchester
Prepared by	Lesley Coomber, Operational Allergy lead
Effective from date	01/09/2026
Date of next review	01/10/2026 (or following any incident)
Headteacher approval	Rachel Edwards
Basis of this policy	Adapted from the ISBA / The Allergy Team template Allergy Safety Policy (June 2026), reviewed by Paediatric Allergy Consultant Professor Adam Fox, and tailored to the setting, students and curriculum of On Track Education Westbury.

Contents

1. Aims and Objectives

On Track Education Westbury is a specialist SEMH (Social, Emotional and Mental Health) school providing education for young people who hold Education, Health and Care Plans. We are committed to ensuring that every student is safe, included, and supported - and that commitment extends fully to the management of food allergies, intolerances, coeliac disease, skin allergies such as contact dermatitis, and environmental allergies including reactions to pollen, dust, animal dander, latex, and cleaning products.

This policy outlines our approach to allergy management, in line with the Department for Education's statutory guidance Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026, read alongside the statutory guidance on supporting pupils with medical conditions at school. As an independent special school, On Track Education Westbury adopts this guidance in full ahead of equivalent requirements being applied to independent schools through the relevant regulatory standards. It has been developed ahead of the introduction of Benedict's Law, which comes into force in September 2026 and will introduce a consistent national framework for allergy safety in schools - requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, practicing anaphylaxis drills and the creation of Individual Healthcare Plans for students with allergies.

It is informed by the Schools Allergy Code (Benedict Blythe Foundation), the model policy from the Natasha Allergy Research Foundation, the ISBA / The Allergy Team template Allergy Safety Policy, and statutory guidance from the Department for Education. We are committed to meeting - and where possible exceeding - these requirements.

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our students with allergies to ensure their wellbeing and inclusion, and demonstrates our commitment to being an allergy-aware school.

This policy applies to all staff, students, parents and carers, directors, volunteers, and any visitor or contractor working with food on school premises. It should be read alongside our Medical Conditions, Safeguarding, Behaviour and Anti-Bullying, and Healthy Eating policies, and the standalone Anaphylaxis Emergency Response Plan.

SEMH Consideration: *At On Track Education Westbury, many students experience heightened anxiety, sensory sensitivities, or trauma responses that can complicate allergy management. This policy recognises those additional needs and commits to responding to them with flexibility, sensitivity, and care. Allergy management is built into each student's EHCP review process where relevant.*

Our approach is guided by three core principles:

- Take every allergy seriously - allergic reactions are unpredictable and can affect any individual at any time, including those with no prior diagnosis.
- Every child matters - allergies are as individual as the young people who have them; we take an individualised approach to every student's needs.
- Prioritise safety and inclusion - we will find new ways of doing things where needed, always putting the safety and wellbeing of our students first.

2. What is an Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response: instead of ignoring the substance, the body produces histamine which triggers an allergic

reaction. Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency. People can be allergic to almost anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy, so it is vital the whole school community understands allergy, knows how to reduce the risk of an allergic reaction, and knows what to do in an emergency.

What is a Food Allergy?

A food allergy is an adverse reaction by the body's immune system to a specific food ingredient. An allergic reaction can occur after contact with even a trace amount of the allergen and can be life-threatening. Symptoms can range from mild (itchy mouth, skin rash, sneezing) to severe (anaphylaxis). Reactions may occur within minutes, though in some cases, symptoms can develop hours later.

What is Food Intolerance?

A food intolerance is an adverse reaction to a specific food ingredient that is not related to the immune system and is not life-threatening. The body has difficulty digesting certain foods, usually when consumed in larger amounts. Symptoms - such as bloating, stomach cramps, and diarrhoea - typically develop gradually over several hours. An allergy is different to an intolerance: whilst an intolerance may cause uncomfortable symptoms, it does not involve the immune system.

What is Coeliac Disease?

Coeliac disease is an autoimmune condition where the body's immune system attacks the small intestine when gluten is consumed. Even trace amounts can trigger a reaction. The only management is a strictly gluten-free diet.

The 14 Notifiable Food Allergens

Under the Food Information Regulations 2014, the following 14 allergens must be declared when present in food:

Celery	Cereals containing gluten
Crustaceans	Eggs
Fish	Lupin
Milk	Molluscs
Mustard	Peanuts
Sesame	Soya
Sulphur dioxide / sulphites	Tree nuts

What is Contact Dermatitis / a Skin Allergy?

Contact dermatitis is an inflammatory skin reaction triggered by direct contact with an allergen or irritant. There are two types: allergic contact dermatitis (an immune response to a specific substance, such as latex, nickel, certain plants, or ingredients in cleaning products) and irritant contact dermatitis (caused by repeated exposure to substances that damage the skin's surface, such as soaps, detergents, or food juices). Symptoms include redness, itching, blistering, and dry or cracked skin. In a school kitchen or food technology setting, common triggers include flour dust, raw egg, citrus juices, and cleaning chemicals.

What are Environmental Allergies?

Environmental allergies occur when the immune system reacts to airborne or contact substances in the surrounding environment. Common triggers in a school setting include:

- Pollen - from trees, grasses, and weeds, particularly in outdoor lessons or when windows are open
- Dust mites - present in soft furnishings, carpets, and stored fabrics
- Animal dander - shed skin cells from pets or animals; relevant when animals visit school or during farm trips
- Mould spores - in damp areas or during outdoor activities in autumn
- Latex - found in some gloves, balloons, and medical equipment
- Cleaning products and chemical fumes - particularly relevant in the kitchen and food preparation areas
- Flour dust - a recognised occupational allergen that can trigger asthma and skin reactions with repeated exposure

Symptoms of environmental allergies include sneezing, runny or blocked nose, watery or itchy eyes, skin rashes, and in more serious cases, worsening of asthma or anaphylaxis. Many students with SEMH needs may also experience heightened physical sensitivity to environmental triggers that can be difficult to distinguish from anxiety responses. Staff should always take physical symptoms seriously and not dismiss them as behavioural.

SEMH Consideration: *For some of our students, environmental allergens such as strong smells, cleaning product fumes, or flour dust in the kitchen may overlap with sensory sensitivities. A student who appears distressed, begins coughing, or develops a rash in the kitchen may be having an allergic or irritant reaction rather than - or as well as - a sensory response. Staff should always consider both possibilities and respond calmly and practically.*

3. Definitions

ANAPHYLAXIS	A severe allergic reaction that can be life-threatening and must be treated as a medical emergency.
ALLERGEN	A normally harmless substance that, for some, triggers an allergic reaction. A person can be allergic to anything; the most common allergens are food, medication, animal dander and pollen. Most severe food reactions are caused by just nine foods: eggs, milk, peanuts, tree nuts, sesame, fish, shellfish, soya and wheat. Fourteen allergens must by law be highlighted on pre-packed food (see section 2).
ADRENALINE AUTO-INJECTOR (AAI)	A single-use device carrying a pre-measured dose of adrenaline, injected into the upper outer thigh to treat anaphylaxis. Two brands are licensed for use in the UK: EpiPen and Jext.
ALLERGY ACTION PLAN (AAP)	A document completed and signed by a healthcare professional, detailing a person's allergy and their treatment plan. The school uses the BSACI paediatric Allergy Action Plan templates.

	https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/
ASTHMA	A common, long-term condition affecting the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers, leading to difficulty in breathing.
ASTHMA ACTION PLAN	A document completed by a healthcare professional detailing a person's asthma, triggers, symptoms, medicines to be used, and when to seek emergency help.
DESIGNATED ALLERGEN LEAD (DAL)	The member(s) of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for students, parents and carers, and staff. Referred to as the named senior leader in the statutory guidance.
EMERGENCY RESPONSE PLAN	A document (also known as a Critical Incident Plan) outlining the school's procedure for managing an emergency, fit for purpose to manage a serious allergic reaction (anaphylaxis). The school's standalone Anaphylaxis Emergency Response Plan sits alongside this policy.
EURNEFFY	EURneffy (also known as Neffy) is a nasal spray which delivers adrenaline - a needle-free alternative to an adrenaline auto-injector.
INDIVIDUAL HEALTHCARE PLAN (IHP)	A detailed document outlining an individual student's medical conditions, history, treatment, risks and action plan, created in collaboration with parents and carers and, where appropriate, the student. All students with an allergy requiring active management have an IHP, read in conjunction with their Allergy Action Plan.
RISK ASSESSMENT	A detailed document outlining an activity, the risks it poses and any actions taken or to be taken to mitigate those risks. Allergy is included in all risk assessments for events on and off the school site.
SPARE ADRENALINE DEVICES	Spare adrenaline devices purchased by the school and held as a back-up in case a student's prescribed device is not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. Roles and Responsibilities

On Track Education Westbury takes a whole-school approach to allergy management.

4.1 The Designated Allergen Leads

On Track Education Westbury has appointed Designated Allergen Leads who hold overall responsibility for the implementation and review of this policy.

Designated Allergen Lead	Barry Farwell
Operational Allergen Leads	Lesley Coomber & Charlotte Winchester
Contact	BFarwell@ontrackededucation.com LCoomber@ontrackededucation.com CWinchester@ontrackededucation.com
SLT lead	Barry Farwell

The Designated Allergen Leads are responsible for:

- Maintaining and reviewing this policy annually (or following any incident or change in legislation)
- Keeping a current register of students with known allergies or food hypersensitivities
- Ensuring Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs) are in place for all relevant students
- Coordinating and recording annual allergy and anaphylaxis training for all staff
- Overseeing the supply, storage, and expiry monitoring of all emergency medication including spare AAIs
- Championing and practising allergy and asthma awareness across the school, and acting as the overarching point of contact for staff, students, and parents and carers with concerns or questions about allergy management
- Ensuring there is an anaphylaxis drill at least once a year, and that lessons learned are used to update this policy and school procedures as appropriate
- Keeping a record of any allergic reactions or near-misses, reporting these to the Headteacher and Directors (and appropriate authority, e.g. under RIDDOR) where necessary, investigating incidents, and ensuring the findings are used to update relevant policies and procedures
- Reporting to the Headteacher and Directors regarding allergy management
- Leading communication with parents and carers, and healthcare professionals, regarding individual student needs

4.2 Directors

- Ensure the school has a strategic vision for allergy risk management and emergency preparedness
- Ensure allergy-related risks are included on the school's risk register and actively managed
- Ensure adequate resources are in place to implement this policy
- Monitor the effectiveness of this policy, ensure it is reviewed at least annually, and ensure it remains fit for purpose
- Ensure this policy is accessible to all stakeholders, including on the school website
- Review records of allergic reaction incidents and near-misses, and ensure the school acts on any learnings to reduce the risk of future incidents

4.3 Headteacher / Senior Leadership

- Provide overall leadership for the safe and inclusive management of students with allergies

- Ensure all staff, volunteers, visitors and contractors are aware of the school's allergy approach as part of safeguarding induction
- Ensure the curriculum includes age-appropriate allergy awareness content
- Ensure there are sufficient trained staff at all times, including during trips and cover arrangements
- Report allergy-related incidents to Directors as appropriate

4.4 Food Teaching Staff - Classroom and Practical Lessons

When delivering Cooking and Hospitality lessons or any food-related practical activity, food teaching staff hold specific responsibilities that go beyond general staff duties. These responsibilities apply to all food teaching staff, including the Food Lead.

- Read and fully understand the Allergy Action Plan and IHP for every student before planning a lesson in which food will be handled or consumed
- Review all recipes for allergen content before use - this includes checking every ingredient label, not just the recipe itself
- Communicate with parents and carers at the start of each term about planned dishes and the steps taken to keep their child safe
- Provide suitable allergen-free ingredient alternatives for students with allergies - no student should be excluded from a practical cooking activity
- Ensure the kitchen workspace is thoroughly cleaned before a student with a known allergy begins work - this is the responsibility of the teaching staff member, not the student
- Use dedicated, clearly labelled equipment for students with allergies and ensure it is deep cleaned and stored separately between sessions
- Ensure adequate ventilation is maintained throughout practical sessions, particularly when using flour, strong-smelling ingredients, or cleaning products
- Use only latex-free gloves in the kitchen at all times
- Never allow a student to taste, handle, or take home food without first confirming it is safe for them
- Ensure allergen information is recorded for all food tasted in lessons or taken home by students, including a clear list of the 14 notifiable allergens present
- If necessary, complete an allergen-specific risk assessment and keep it on file

SEMH Consideration: *Food teaching staff are uniquely placed to build students' confidence around food, allergen awareness, and self-advocacy. For students with SEMH needs, the kitchen can be both a positive and an anxiety-provoking environment. Where a student has a food allergy, pre-lesson preparation - including reassurance about what ingredients are being used and what steps have been taken to keep them safe - can make a significant difference to how settled and engaged they are. This is good SEMH practice as well as good allergy practice.*

4.5 Food Teaching Staff - Acting in a Catering Role

On Track Education Westbury uses the teaching kitchen to prepare and serve school dinners for the whole school. When food teaching staff take on this catering role, they assume the responsibilities of a food business operator under the Food Information Regulations 2014. This is a distinct set of responsibilities from those of a classroom teacher and must be treated with the same rigour as any professional catering operation.

- Carry out a full allergen check on all ingredients before cooking begins - ingredient labels must be checked on the day, not assumed from a previous session

- Record allergen information for that day's meal in writing before service begins
- Communicate the allergen content of the day's meal clearly to all service staff before students are served - this is non-negotiable
- Check the allergy register before every service to confirm whether any student has a known allergy that affects what they can be served that day
- Where a student's known allergy is present in the day's meal, prepare a safe alternative in advance and ensure it is clearly labelled with the student's name
- Apply the same cross-contamination controls as in teaching sessions - separate utensils, clean surfaces, no shared equipment between allergen-containing and allergen-free food
- Ensure that any student who assists with preparation or serving is supervised at all times and does not handle any ingredient that is a known allergen for another student
- Never deviate from a planned menu on the day without re-checking allergen implications and communicating any changes to all relevant staff
- Retain records of ingredients used and allergen information for each school dinner service
- Report any allergen-related concern, incident, or near miss to the Designated Allergen Leads immediately

SEMH Consideration: *The dual role of food teaching staff - as both educators and caterers - is a distinctive feature of On Track Education Westbury. When wearing the catering hat, the stakes shift: food is being served to the whole school, not just one class. Staff should feel empowered to pause service or seek guidance from the Designated Allergen Lead if they have any doubt about allergen safety. No service should go ahead if allergen information is incomplete or unclear.*

4.6 All Staff

All school staff, including teaching staff, support staff, and occasional or visiting staff, are responsible for the following. If a member of staff is aware they have not received any allergy training in the last 12 months, they should alert a manager.

- Complete annual allergy awareness and anaphylaxis training (including taking part in anaphylaxis drills) and apply it with confidence
- Read, understand and put into practice this Allergy Safety Policy and related procedures, asking for support if needed
- Know the identity, allergens, and emergency procedures for every student in their care
- Consider the risk to students with allergies posed by any activity and assess whether the use of any allergen in an activity is necessary and/or appropriate
- Ensure any food-related activities are supervised with appropriate care and that allergen risks are assessed in advance
- Never give food to a student without first checking their allergy status and obtaining appropriate permission
- Know the location of all emergency medication and spare AAIs at all times, and ensure students always have access to their medication
- Ensure that students on school trips carry their prescribed medication and Allergy Action Plan or IHP - students who cannot produce their medication must not attend
- Be able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training

- Prevent and respond to allergy-related bullying, in line with the school's Anti-Bullying Policy, and consider the safety, inclusion and wellbeing of students with allergies at all times
- Forward any communication or information that comes directly to them from parents and carers regarding allergens to the Designated Allergen Lead
- Promote an allergy-aware culture in the classroom and around school

SEMH Consideration: *Staff should be aware that some students may find it difficult to self-advocate about their allergies due to communication differences, anxiety, or social difficulties. Do not assume that a student who appears fine is not experiencing symptoms - be proactive in checking in. Some students may also have sensory aversions that look like allergy symptoms; where uncertainty exists, always treat conservatively and seek medical guidance.*

4.7 Parents and Carers

All parents and carers (whether their child has an allergy or not) are asked to be aware of and understand this policy, to consider the safety, inclusion and wellbeing of students with allergies, to adhere to any food guidance the school has in place, and to encourage their child to be allergy aware. Families are asked not to describe a dietary preference as an allergy or intolerance, as accurate information is vital for safe planning. Parents and carers of children with allergies are additionally responsible for the following:

- Notifying the school of their child's allergies at the point of admission and immediately following any new diagnosis
- Providing an up-to-date Allergy Action Plan completed, dated, and signed by a qualified healthcare professional (GP, allergy consultant, or school nurse) - the school cannot accept an AAP that has not been signed off by a medical professional
- Working with the school to complete an Individual Healthcare Plan alongside the AAP
- Providing the school with two in-date, correctly labelled AAI's where prescribed, along with any other medication (for example antihistamine with a dispenser, inhalers or creams)
- Ensuring medication is replaced before expiry and after use, and registering AAI's with the manufacturer to receive expiry alerts
- Ensuring their child has access to their allergy medication, including two adrenaline devices if prescribed, on the journey to and from school
- Providing the school with an up-to-date photograph of their child and signing the associated permission for it to be shared appropriately as part of their allergy management
- Attending meetings with the school where needed to review their child's IHP or AAP
- Communicating openly and promptly with the school about any changes to their child's health
- Supporting their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring

SEMH Consideration: *We recognise that some families may find it difficult to engage with school processes due to their own complex circumstances. Our approach is to maintain kind, non-judgmental communication and to support families practically where we can. If a family needs additional support in understanding or managing their child's allergy plan, the Designated Allergen Leads will arrange this.*

4.8 Students

- Engage with allergy awareness learning and support their peers, understanding the risks that allergens might pose to others and respecting the measures in place to support them
- Where appropriate to their age, understanding, and EHCP, take responsibility for carrying and knowing how to use their own medication, and only use it for its intended purpose
- Tell a trusted adult immediately if they feel unwell or think they may have been exposed to an allergen
- Not share food with others or accept food from others without checking it is safe for them
- Raise concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies, or if they are concerned by any school process related to their allergy

SEMH Consideration: *For many of our students, the self-advocacy skills required to manage a food allergy will need to be explicitly taught and supported over time. This should be built into EHCP targets where relevant. Staff should never assume a student is fully independent in managing their allergy without checking the current guidance in their AAP and EHCP.*

5. Information and Documentation

5.1 Identifying and Recording Student Allergies

On Track Education Westbury currently has no students with known diagnosed allergies. This section sets out the systems that will be used as the school roll develops.

On admission, all families will be asked to declare any allergies, food hypersensitivities, or relevant medical conditions - including skin and environmental allergies (see section 12). This information will be:

- Recorded on the student's school record and shared with all relevant staff
- Included in the student's EHC Plan documentation where appropriate
- Used to create an Individual Healthcare Plan (IHP) and/or Allergy Action Plan (AAP) in collaboration with the family and relevant healthcare professionals
- Shared with catering staff and any member of staff who may supervise the student at mealtimes or during food-related activities

The school maintains a register of students (and a record of staff) with a diagnosed allergy, including anyone with a history of anaphylaxis or a prescribed adrenaline device, as well as those with an allergy where no device has been prescribed. A photographic allergy register will be maintained by the Designated Allergen Leads and updated at least termly. This register will be accessible to all staff in **location - staff shared drive**

SEMH Consideration: *Given that our students hold EHCP's, allergy information should be reviewed at every Annual Review to ensure it remains current and reflects any new diagnoses, changes in medication, or changes in the student's ability to self-manage. The Designated Allergen Leads attends or is briefed following all Annual Reviews.*

Even where no current students have diagnosed allergies, the school will maintain full readiness: spare AAIs are stocked, all staff are trained annually, and procedures are rehearsed. This is because up to 30% of severe allergic reactions occur in young people with no prior diagnosis.

5.2 Individual Healthcare Plans and Allergy Action Plans

Every student with a diagnosed allergy will have an Individual Healthcare Plan (IHP) and an Allergy Action Plan (AAP) in place before they begin attending school (or within two weeks for a mid-year transfer). The

AAP must be completed and signed by a qualified healthcare professional - such as the student's GP, allergy consultant, or school nurse - and countersigned by the parent or carer. A plan that has not been completed and signed by a healthcare professional will not be accepted as a valid AAP. Where an allergy is suspected but no clinical advice is yet available - for example where symptoms have newly emerged or diagnosis is under way - the school will not dismiss the concern or delay support: interim supportive arrangements (including an IHP where appropriate) will be put in place based on the best assessment of risk to the student's health, education and wellbeing, and advice will be sought from relevant healthcare professionals. A formal diagnosis is not required for supportive arrangements to be made. These plans will be co-created with the student's family and healthcare professional, and reviewed at least annually. Staff members with a diagnosed allergy requiring emergency medication are also expected to have an Allergy Action Plan in place, agreed with the Designated Allergen Lead.

The IHP will include:

- Known allergens, risk factors for allergic reactions and any adaptations needed
- A history of the student's allergic reactions
- Whether the student has asthma or other medical conditions, with necessary detail
- Details of prescribed medication and dosage, including adrenaline devices and antihistamine
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers
- An indication of how the student's condition may impact on their learning or wellbeing
- Whether the student is able to take responsibility for their condition, including in an emergency
- A photograph of the student and emergency contact details
- A copy of their Allergy and/or Asthma Action Plan

The AAP will be kept with the student's emergency medication and will include the student's name, photograph, and known allergens; a description of their typical allergic reaction symptoms; emergency medication prescribed, dosage, and instructions; steps to take in the event of mild, moderate, and severe reactions; and contact details for parents and carers and the student's GP or allergy specialist.

Copies of the AAP will be held in the student's medication storage, with the Designated Allergen Leads, in the kitchen/food room, and on the staff shared drive. All staff must have read and understood the AAP.

SEMH Consideration: *For students whose SEMH needs affect their communication or self-regulation, the IHP should include specific guidance on how to recognise that a student may be reacting but is unable or unwilling to communicate this (e.g. withdrawing, becoming distressed, or behaving unusually during or after eating). Visual cues and dysregulation at mealtimes should always be considered as a potential allergy indicator.*

All AAPs will be reviewed annually, or sooner if there is a change in diagnosis, medication, or the student's ability to self-manage. The school will not update a student's allergy records solely on the basis of a student or parent saying the allergy has resolved - written confirmation from a GP or allergy clinician is required.

6. Assessing Risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include them in risk assessments. Allergy risk forms part of all risk assessments at On Track Education Westbury, including:

- Individual risk assessments for each student with a known allergy, reviewed at least annually and following any incident

- Kitchen and food room risk assessments, reviewed termly
- Lesson-specific risk assessments for all practical Cooking and Hospitality sessions
- Trip and off-site activity risk assessments
- Event-specific risk assessments for celebrations, community events, or visits involving food
- Classroom activities where allergens may be present - for example craft using food packaging, science experiments, or sensory activities (see section 12)
- Bringing animals into the school (see section 10)
- Activities or clubs where snacks or food "treats" might be handed out - safe food will be provided or a non-food alternative considered for all students

Inclusion of students with allergies must be considered alongside safety and they will not be excluded. If necessary, staff will adapt the activity. The school will ensure compliance with the Equality Act 2010. Risk assessments are held by the Designated Allergen Leads and shared with staff. They are reviewed following any incident and annually as a minimum.

7. Food, Including Mealtimes and Snacks

On Track Education Westbury operates a teaching kitchen as a central part of its Cooking and Hospitality curriculum. Practical food lessons are a priority for student engagement and vocational achievement at our school, and every student - including those with allergies - has the right to access them fully and safely.

This section sets out our approach to allergen management in both the catering context and the teaching kitchen, drawing on the Benedict Blythe Foundation Allergy Safe Food Lessons guidance (co-created by The Allergy Team, Food Teacher Centre, and CLEAPSS).

The school operates in compliance with the Food Information Regulations 2014 (EU Regulation 1169/2011). All food provided on site will be correctly labelled with the 14 notifiable allergens highlighted, using full words rather than symbols or abbreviations. Any food pre-packed for direct sale or consumption (PPDS) will carry a full ingredients list in line with Natasha's Law.

SEMH Consideration: *Food is central to our curriculum and to student engagement at On Track Education Westbury. We will never exclude a student from practical cooking activities on account of their allergies. Instead, we plan proactively so every student can take part safely. Where a student has a sensory aversion to a food that is also an allergen for another student, this will be managed sensitively and discussed with families.*

7.1 Staff Training and Policy

All staff who lead or support food lessons will receive training covering:

- Food safety and hygiene
- Allergy awareness and risk reduction
- Reading and understanding food labels
- Avoiding cross-contamination in a teaching kitchen
- How to recognise and respond to an allergic reaction, including use of an AAI

This training is renewed annually. The Food Lead holds responsibility for ensuring all food teaching staff have completed it and for supporting any staff who are new to teaching food.

7.2 Lesson Planning and Risk Assessment

- All recipes used in Cooking and Hospitality lessons will be reviewed by the Food Lead and Designated Allergen Lead for allergen content before use with students
- Ingredient labels will be checked at the point of purchase and again before use in each lesson
- Food teaching staff will be provided with up-to-date copies of any relevant Individual Healthcare Plans (IHPs) and Allergy Action Plans before planning lessons
- Where a student has a known allergy, communication will be initiated with parents and carers about proposed dishes and how allergen risks will be mitigated
- Students with known allergies will be provided with adapted recipes or allergen-free ingredient alternatives - budget will be made available to source these
- In cases where a student is highly sensitive, allergen-free alternatives may be provided for the whole group and deep-cleaned equipment used throughout
- Allergy awareness will be actively built into lessons as a learning opportunity - for example, exploring egg substitutes in baking
- The Food Lead is identified as the designated second staff member to support risk assessment and lesson planning where needed

7.3 Equipment and the Kitchen Environment

The following measures are in place to ensure the kitchen environment is safe for students with allergies:

- One or more dedicated sets of utensils and kitchen equipment are available for students with allergies. These are deep cleaned between sessions by a responsible adult and stored separately
- A separate set of washing-up facilities (cloths, brushes) is available for use with allergen-free equipment
- Aprons for students with allergies are deep cleaned between sessions
- The workspace for a student with an allergy is thoroughly cleaned by an adult before each lesson
- Students with allergies are seated away from their specific allergen, either through spacing of workstations or by ensuring nearby students use alternative ingredients
- The risk of shared ovens is assessed and mitigated - allergen-free dishes are placed at the top of the oven and fan settings are reviewed
- Time is factored in for the Food Lead/support to change clothing between lessons where allergens such as flour may have transferred
- Cleaning products used in the kitchen are checked for known skin irritants or allergens - where a student has a known sensitivity to a specific chemical, an alternative product will be sourced
- Adequate ventilation is maintained during lessons, particularly when working with flour, strong-smelling ingredients, or cleaning chemicals, to reduce the risk of airborne irritant reactions

7.4 Student Preparation and Inclusion

- Upcoming lessons are discussed with students with allergies in advance to reassure them about the safety measures in place and confirm they will be fully included
- Where appropriate, parents and carers are notified at the start of each term about the recipes planned and the steps taken to keep their child safe
- All students in the class are informed if a classmate's allergen is being used and briefed on the steps they should take to reduce contamination risk
- The importance of food safety and allergy awareness is discussed with every group at the start of each half term

- Students are supported to take increasing responsibility for managing their own allergy, in line with their EHC Plan targets, while always knowing that staff are there to support them

SEMH Consideration: *For our students, building confidence around food, allergy self-advocacy, and safe kitchen practice is genuinely life-skills work. For some, anxiety around food or past negative experiences may make this especially challenging. Lesson preparation for vulnerable students may include pre-teaching what will happen, visual supports showing safe ingredients, and reassurance that the kitchen has been made safe before they arrive.*

7.5 Food to be Eaten and Taken Home

- Any food tasted in lessons or shared during food activities must be double-checked for allergens by a second member of staff before it is consumed
- Any food taken home by students must be clearly labelled, including a note of any of the 14 allergens present - this protects not only the student but also other family members
- Food from home must not be shared between students
- Where external food is brought into school for celebrations or events, the Designated Allergen Leads must be notified in advance and allergen information must be provided

7.6 Food Brought in from Outside School

On Track Education Westbury provides all food, meals, and snacks for students every day. As a result, students do not need to bring food from home. However, there are circumstances in which food from outside the school may be introduced - for example, for a birthday, celebration, cultural event, external catering for a trip, or food brought by a parent or carer for a specific purpose. The following rules apply in all such cases:

- No food from outside the school may be served to students without prior approval from the Designated Allergen Lead
- The person bringing food in must provide full ingredient and allergen information before the food arrives on site - not on the day
- The Designated Allergen Leads will check the allergen information against the allergy register before approving the food for service
- Where allergen information cannot be confirmed, the food will not be served to students
- Pre-packaged food from external sources must carry a full ingredients list and allergen information in line with the Food Information Regulations 2014
- Home-baked or homemade food from parents and carers is not permitted to be served to other students due to the inability to verify allergen content
- Celebration food such as birthday cakes may only be served if allergen information is provided and approved in advance, and a safe alternative is available for any student whose allergen is present
- External catering providers used for trips or events must provide written allergen information for all dishes in advance and confirm how they will cater for students with known allergies

Any exception to these rules must be approved by the Designated Allergen Leads and the Headteacher. The safety of our students takes absolute priority over any social or celebratory consideration.

7.7 School Dinners Cooked in the Teaching Kitchen

On Track Education Westbury uses the teaching kitchen to prepare and serve school dinners for the whole school. This dual use of the kitchen means allergy management must be considered from two angles: as a

food provider serving all students, and as a teaching environment where students may occasionally assist. When school dinners are prepared in the teaching kitchen:

- The member of staff leading the session takes on the responsibilities of a food business operator and must ensure full allergen compliance under the Food Information Regulations 2014
- A full ingredient and allergen check is carried out before cooking begins, with allergen information clearly recorded for that day's meal
- Allergen information for the meal will be clearly communicated to all staff and lunchtime supervisors before service
- Where a student has a known allergy, the Designated Allergen Lead or Food Lead will confirm in advance whether the planned meal is safe for that student and arrange a suitable alternative if not
- Cross-contamination controls are the same as for any lesson - separate utensils, thorough cleaning, and vigilance around shared equipment
- Where students assist with preparation or serving, they will be supervised at all times by a trained member of staff and will not handle any ingredient that is a known allergen for another student in the school

SEMH Consideration: *The crossover between a cooking lesson and the production of real food for peers can be a positive and motivating experience for our students. It also raises the stakes. Staff should ensure students who assist feel supported and clear about their role, and that any student with an allergy knows exactly what is in the food being served that day before they eat.*

7.8 General Catering and Food Hygiene

All allergen information for food served on site will be clearly displayed, and information on allergens will be available for students to check independently. Where changes are made to ingredients which involve the introduction of a known allergen, this will be communicated to students with dietary needs by the Designated Allergen Lead. Parents and carers who provide packed lunches must ensure items are clearly labelled with the student's name. In addition:

- Students are encouraged to wash their hands with soap and warm water before and after eating
- Water bottles and any packed lunches should be clearly labelled, and food must not be shared or swapped
- Throwing food is not allowed

8. Educational Visits and Off-Site Activities

On Track Education Westbury is committed to ensuring that students with allergies are fully included in all off-site activities. Allergy management does not stop at the school gate. For every trip or off-site activity:

- The trip leader will check the allergy register for all attending students before planning, and will hold a register of attending students with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies
- All attending staff will be briefed on the allergies of students in their group, and will be trained to recognise and respond to an allergic reaction
- Emergency medication for each student will be checked and signed out on the morning of the trip - any student without their prescribed medication will not be permitted to attend
- The trip leader will carry spare AAIs from the school's emergency supply

- External catering providers and venue staff will be informed in writing of all relevant allergies in advance and asked to confirm how they will cater safely, and allergens will be clearly labelled on any catered packed lunches
- Where a venue cannot provide adequate assurance, parents and carers will be asked to provide safe food for their child
- An allergy-specific risk assessment will be completed for all trips, in addition to the standard trip risk assessment
- Environmental allergy risks at the venue will be considered - including animal contact at farm or outdoor visits, high pollen environments, and any materials or substances that may trigger a skin or respiratory reaction

SEMH Consideration: *For students whose SEMH needs make transitions and new environments particularly challenging, the anxiety of managing food allergies in an unfamiliar setting can be significantly heightened. Pre-trip preparation - including visual schedules, social stories about what the food arrangements will be, and reassurance that their medication is with them - will be built into trip planning for vulnerable students.*

9. Insect Stings

Students or staff with a known insect venom allergy will be supported to reduce their risk. They should:

- Avoid walking around in bare feet or sandals when outside and, where possible, keep arms and legs covered
- Avoid wearing strong perfumes or cosmetics
- Keep food and drink covered when eating outside

The Designated Allergen Leads, with support from site staff, will monitor the grounds for wasp or bee nests. Students (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid it. Any suspected anaphylaxis following a sting will be treated in line with section 16 of this policy.

10. Animals

It is normally the dander (flakes of skin), saliva or urine that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A student with a known animal allergy should avoid the animal to which they are allergic
- If an animal comes on site, a risk assessment will be completed prior to the visit
- Families will be informed in advance of any planned animal visits or farm trips so they can advise on their child's needs, and the student's AAP will cover this scenario
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- School trips that include visits to animals will be carefully risk assessed

11. Allergic Rhinitis / Hay Fever

Where a student has a known pollen allergy or hay fever, the school will take reasonable steps to reduce their exposure, including keeping windows closed during high pollen periods where possible, alerting families when outdoor lessons are planned, and ensuring antihistamines are available where prescribed. For persistent nasal allergy due to house dust mites or other indoor allergens, the student's workspace and

seating will be regularly cleaned and soft furnishings in their learning environment laundered or replaced as needed (see section 12). Where an environmental trigger cannot be fully controlled - for example, seasonal pollen during outdoor activities - the risk will be discussed with the family and appropriate mitigations agreed, such as the student carrying prescribed antihistamines or an inhaler.

12. Skin and Environmental Allergies

On Track Education Westbury recognises that not all allergic reactions are triggered by food. Skin allergies and environmental allergies are equally valid medical needs and will be managed with the same seriousness, care, and individual planning as food allergies.

12.1 Identifying and Recording Non-Food Allergies

On admission, families will be asked to declare all known allergies - not just food allergies. This includes skin conditions such as contact dermatitis and environmental allergies to substances such as pollen, dust, latex, animals, or cleaning products. This information will be:

- Recorded on the student's school record and included in their EHC Plan documentation where appropriate
- Shared with all staff who work with the student, including supply staff and volunteers
- Incorporated into the student's Individual Healthcare Plan (IHP) where relevant
- Reviewed at each Annual Review and updated promptly following any new diagnosis

12.2 Skin Allergies and Contact Dermatitis

Where a student has a known skin allergy or contact dermatitis, the following steps will be taken:

- A list of known triggers will be shared with all staff, including the Food Lead for kitchen-based activities
- Protective gloves (latex-free where needed) will be available for students whose skin reacts to food preparation tasks such as handling raw meat, citrus, or flour
- Cleaning products used around the student will be checked and alternatives sourced if a known irritant is identified
- Art, craft, or science materials that include known skin allergens (e.g. nickel, certain dyes, adhesives) will be identified in advance and alternatives provided
- Where a student develops a skin reaction at school, the first aider will be notified, the family contacted, and an incident report completed
- Antihistamine cream or medication may be stored with the student's other medication if prescribed - parents and carers must supply this and it must be included in the student's AAP

SEMH Consideration: *Skin reactions can be distressing and visible - both for the student experiencing them and for peers. At On Track Education Westbury, we are mindful that visible skin conditions can become a source of anxiety, shame, or teasing. Staff should manage any incident discreetly, respond without alarm, and follow up with the student sensitively. Where a student has a skin condition that affects their confidence around food or practical activities, this should be discussed and planned for within their EHC Plan.*

12.3 Hidden Allergens in Non-Food Items

Food allergens are not only found in food. A number of everyday classroom, craft, and play materials contain ingredients that are derived from common food allergens. This is a particular risk in an SEMH

school where sensory activities, art, and practical work are central to the curriculum. Staff must be aware of the following common hidden allergen risks and check materials before use with any student who has a known food allergy:

- Play-doh and similar modelling compounds - most commercial and homemade versions contain wheat flour (gluten). Wheat-free alternatives are available and should be sourced where a student has a wheat or gluten allergy
- Glues and adhesives - some craft glues contain casein (a milk protein) or other food-derived ingredients. Always check the ingredient list on craft glue before use with students who have milk or egg allergies
- Bird seed and animal feed - commonly contains nuts, peanuts, sesame, and seeds. Students with nut or seed allergies must not handle bird seed directly. Hands must be washed thoroughly after any contact
- Reused food packaging and containers - old food boxes, tins, and packets used for craft activities may carry allergen residue. All packaging should be cleaned thoroughly before use in lessons, or replaced with allergen-free alternatives
- Papier mache paste - commonly made with flour and water, presenting a gluten risk. Check with the Food Lead before use with students who have coeliac disease or a gluten allergy
- Certain paints and art materials - some contain nut or seed oils. Check product data sheets for any student with a nut allergy before use
- Stamps and ink pads - some decorative stamps use food-derived inks or fillers. Check before use with students who have severe contact allergies
- Sensory play items - items such as dried pasta, rice, lentils, or flour used in sensory trays present a direct allergen risk for students who cannot safely touch these foods. Alternative sensory media (e.g. kinetic sand, water beads, or rubber pellets) should be used where a student has a relevant allergy

Before any lesson or activity involving non-food materials, staff should check against the allergy register and, where any doubt exists, consult the Designated Allergen Lead before proceeding. Material safety data sheets or ingredient lists should be checked for any new craft or sensory resource before it is introduced into the classroom.

SEMH Consideration: *For many of our students, sensory and hands-on activities are a key part of their therapeutic and educational programme. Removing a student from an activity due to an allergy risk can be distressing and isolating. The aim should always be to find a safe alternative that allows full participation, not to exclude. Where substitution is needed, this should be planned ahead and introduced as a normal part of the activity for the whole group where possible.*

12.4 Environmental Allergies

Where a student has a known environmental allergy, the school will take reasonable steps to reduce their exposure to known triggers. This may include:

- Pollen - keeping windows closed during high pollen periods where possible, alerting families when outdoor lessons are planned, and ensuring antihistamines are available where prescribed
- Dust mites - ensuring the student's workspace and seating is regularly cleaned, and that soft furnishings in their learning environment are laundered or replaced as needed
- Animal dander - informing families in advance of any planned animal visits or farm trips so they can advise on their child's needs; ensuring the student's AAP covers this scenario

- Latex - using only latex-free gloves throughout the school; checking that other materials such as balloons or elastic bands do not come into contact with a student with a latex allergy
- Cleaning products - using fragrance-free or hypoallergenic cleaning products where a student has a known sensitivity, particularly in classrooms and the kitchen
- Flour dust - ensuring adequate ventilation in the kitchen during baking lessons; considering whether a student with a respiratory sensitivity needs additional protection such as a face covering, and discussing this sensitively with the family
- Mould - ensuring the school environment is well-maintained and that any damp or mould is reported and addressed promptly

SEMH Consideration: *Environmental allergies can be hard for students to articulate, especially if they have communication or self-awareness difficulties. A student who is sneezing repeatedly, rubbing their eyes, or showing signs of respiratory discomfort during or after outdoor activities or kitchen sessions should always be checked in with. Do not assume it is a behavioural response without first ruling out a physical cause. Staff should feel confident raising environmental allergy concerns with the Designated Allergen Lead without waiting for a formal diagnosis.*

12.5 Emergency Response for Non-Food Allergic Reactions

While the most severe risk of anaphylaxis is most commonly associated with food allergens, environmental and skin allergens can also trigger anaphylaxis in some individuals - particularly latex. The school's emergency anaphylaxis response (section 16) applies in all cases of suspected anaphylaxis, regardless of the trigger. For milder non-food allergic reactions such as localised skin redness, hives, or mild respiratory symptoms:

- The first aider will be notified and will assess the student
- If antihistamine is prescribed in the student's AAP, it may be administered in line with those instructions
- Parents and carers will be contacted
- The student will be monitored closely and the situation escalated to 999 immediately if symptoms worsen
- An incident report will be completed

13. Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Students may experience anxiety and depression and are more susceptible to bullying. As an SEMH school, we regard the emotional impact of allergy as a core part of allergy management, not an afterthought.

In line with the DfE statutory guidance, the following will always be regarded as unacceptable practice at On Track Education Westbury: preventing students from easily accessing their medication; ignoring the views of students, parents and carers, or the advice of healthcare professionals; assuming every student with allergy requires the same support, or that older students require none; assuming a student does not have an allergy because they do not yet have a diagnosis; frequently sending students home, or excluding them from lessons, lunch, trips, extracurricular activities or attendance rewards, for reasons associated with their allergy; sending an unwell student to the office or medical room without suitable supervision - in an allergic emergency, help comes to the student, not the other way round; and requiring parents and carers to attend school to administer medication or provide medical support for their child.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of students with allergies (see section 14)

- No student will be excluded from taking part in a school activity, whether on the school premises or a school trip, because of their allergies
- Students with allergies may require additional pastoral support, including regular check-ins from their key adult or tutor
- Affected students will be given consideration in advance of wider school discussions about allergy and school allergy awareness initiatives
- Bullying related to allergy will be treated in line with the school's Anti-Bullying Policy
- Clothing and uniform expectations take into account that students may need emergency medication near them at all times
- Where relevant, allergy-related anxiety, self-advocacy skills and independence targets are built into the student's EHCP and reviewed at Annual Review

14. Safeguarding and Anti-Bullying

Having a food allergy can leave a student vulnerable to bullying or social exclusion. On Track Education Westbury takes allergy-related bullying as seriously as any other form of bullying, including deliberate exposure to allergens. Our safeguarding approach to allergy includes:

- Embedding allergy awareness into PSHE and the wider curriculum so that all students develop empathy and understanding
- Ensuring students with allergies feel comfortable and confident in asking for support or raising concerns
- Taking immediate action in any case where a student is deliberately exposed to, or threatened with, an allergen
- Treating allergy bullying under the school's Behaviour Policy and Anti-Bullying Policy

SEMH Consideration: *At our school, many students have histories of trauma, peer difficulties, or poor school experiences. We are aware that students with allergies may not disclose bullying, or may respond to it with dysregulation rather than verbalisation. All staff should be alert to changes in a student's behaviour at mealtimes or in food-related settings. Allergy-related distress will always be followed up promptly and with sensitivity.*

The school will not reintroduce an allergen to a student at school. However, where a student is progressing through a medically supervised allergen ladder, written confirmation from the healthcare professional and written consent from parents and carers will be obtained and recorded before any adjusted arrangements are put in place.

15. Adrenaline Devices

15.1 Student-Prescribed AAI's

Parents and carers are responsible for providing the school with two in-date, correctly labelled AAI's for their child. These should be provided at the start of each school year and replaced before expiry or after use.

Where a student has the capacity as assessed within their EHC Plan - they may carry their own AAI's. In all other cases, medication is held by the school and stored in the main office. Students prescribed with

adrenaline devices will have easy access to two in-date devices at all times, including on the journey to and from school. Where a student is prescribed a nasal adrenaline device (e.g. EURneffy) rather than an AAI, the same arrangements apply; nasal devices cannot currently be stocked as school spares under the Human Medicines Regulations, so if a prescribed nasal device is unavailable during anaphylaxis, the school's spare AAI will be used. All adrenaline devices are positioned so that they can be brought to a student within five minutes of wherever they may be needed.

AAIs must never be locked away or kept in rooms with restricted access. They must be accessible to all staff at all times and stored at moderate room temperature, away from direct sunlight or heat sources such as radiators. All staff will be informed of their location during annual training and at induction. Spot checks will be made to ensure adrenaline devices are where they should be and in date. Used or out-of-date devices will be disposed of as sharps.

15.2 The Visible and Clearly Labelled Anaphylaxis Kit

In an emergency, every second counts. On Track Education Westbury requires that the anaphylaxis kit is not only accessible but immediately visible and identifiable to any adult on the premises - including visitors, supply staff, and contractors who may not have received a full induction.

- All spare AAI and associated emergency medication are stored in a clearly labelled, brightly coloured container or case marked "ANAPHYLAXIS KIT" in large text
- The kit is stored in a fixed, consistent location that does not change. The location is communicated to all staff at induction and at annual training, and is displayed on a notice in the staff room and at the school office
- A notice indicating the location of the nearest anaphylaxis kit is displayed at the entrance to the school kitchen, in the staff room, and at each main corridor junction
- The kit must never be moved without informing the Designated Allergen Lead and updating the location notice
- The kit contains: two spare in-date AAI (EpiPen and/or Jext), a copy of the school's Anaphylaxis Emergency Response Plan, and a list of current students with known allergies and their AAP reference
- Where a student carries their own AAI, it is stored in a clearly labelled, named pouch or container kept with the student or in a consistent, known location - never in a locked drawer or cabinet
- Expiry dates on all AAI in the kit are checked termly by the Designated Allergen Lead and recorded in the expiry log

15.3 School-Held Spare AAI

On Track Education Westbury stocks spare Adrenaline Auto-Injectors for emergency use, in line with the provisions of Benedict's Law and the Schools Allergy Code. These spare AAI may be used if a student's own prescribed AAI is unavailable or has expired, or if a student without a prior diagnosis experiences a severe allergic reaction. Spare AAI are stored in:

Location 1	Main Office
Location 2	Staff Room
Location 3	

Where anaphylaxis is suspected in a student without a prior diagnosis, adrenaline must still be given without delay using a spare AAI. Staff must not wait to contact emergency services before administering adrenaline - and 999 must be called immediately and staff must state that it is anaphylaxis (**an-uh-fil-AK-sis**) with their advice followed thereafter. Used AAI must be given to paramedics on arrival. The

Designated Allergen Lead is responsible for checking expiry dates on all spare AAIs on a termly basis, and for deciding the number, dose (in line with Resuscitation Council UK age-based guidance) and brand of spare devices held. Spare AAIs are stocked and stored in pairs, of the correct dosages for the students on roll; in line with DfE guidance for special schools this includes one pair of 150 microgram and one pair of 300 microgram devices where the age range requires it. A log of expiry dates and checks is maintained on the staff shared drive & main office.

15.4 Adrenaline Devices on Off-Site Activities

- No student with a prescribed adrenaline device will be able to go on a school trip without two of their own devices - it is the trip leader's responsibility to check they have them
- Adrenaline devices will be kept close to the students at all times - not stored in the hold of a coach when travelling or left in changing rooms
- Adrenaline devices will be protected from extreme temperatures
- Spare AAIs from the school's supply will be carried by the trip leader, and this will be recorded as part of the trip risk assessment; this must not leave the school site without adequate spare provision, and additional spare devices will be obtained where needed

16. Responding to an Allergic Reaction / Anaphylaxis

All staff are trained to recognise and respond to anaphylaxis. The following procedures must be followed without hesitation. This section aligns with the school's standalone Anaphylaxis Emergency Response Plan, which all staff must read, understand, and rehearse. In all cases, a student with a known allergy will be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan, and if anaphylaxis is suspected, adrenaline will be administered without delay - using the school's spare device if needed. Guidance on recognising and responding to mild to moderate reactions is in the Appendix.

16.1 Recognising Anaphylaxis - The ABC Signs

Anaphylaxis can develop within minutes. You do not need all of these signs to be present - if ANY ONE is present in a known food-allergic student, or in any student who has recently eaten, treat as anaphylaxis and act immediately.

A - Airways: Persistent cough; hoarse or changed voice; difficulty swallowing; swollen tongue or throat

B - Breathing: Difficult or noisy breathing; wheezing or gasping; persistent cough; breathing very fast

C - Circulation: Persistent dizziness or faintness; pale, grey, blue or floppy; suddenly sleepy or confused; collapse or unconscious; skin that feels cold to the touch

Also possible: Rash, hives or swelling; stomach cramps or vomiting; signs of distress or panic

SEMH Consideration: *Some of our students may not be able to tell you they feel unwell. Watch for sudden changes in behaviour, withdrawal, or unusual distress during or after eating. Always treat physical symptoms seriously and do not assume a behavioural cause without ruling out an allergic reaction first.*

16.2 Emergency Response - Step by Step

If a student shows ANY ONE of the ABC signs above, follow these steps immediately.

1. **Stay with the student and send for help:** If a student is showing signs of anaphylaxis, stay with them at all times and do not leave them. You must send for help immediately. If you are alone, shout for help and give the Emergency Card to a student to take to the nearest adult. If other students are

present, send one with the card. If another adult is present, hand them the card and they must act immediately. AAI pens are kept in the main office.

2. **Give adrenaline immediately:** Adrenaline must be given without delay. If the student has a known allergy and their AAI is with them, use it straight away. If not, use the nearest spare AAI. Inject into the outer upper thigh, through clothing if needed, and note the time. Keep in place for 10 seconds. Do not wait to see if symptoms get worse. If the student also has asthma and is struggling to breathe, still give the AAI first - anaphylaxis takes priority. If their inhaler is available, it can be used after the AAI, but it must not delay the adrenaline.
3. **Position the student:** The student should be laid flat with their legs raised. If breathing is very difficult, they may sit slightly upright. If they are vomiting, place them on their side. Do not allow them to stand or walk.
4. **Adult receiving the Emergency Card must act:** The adult who receives the Emergency Card must call 999 immediately and say: "Emergency - child in anaphylaxis (anna-fih-lak-sis)." They should use a mobile phone if possible so they can stay with or return quickly to the student. They must also alert the school office or SLT and bring the nearest spare AAI.
5. **Monitor and give a second dose if needed:** The student must be monitored continuously. If there is no improvement after 5 minutes, a second AAI should be given in the opposite thigh. The student should be kept calm and reassured, and must not be given food or drink.
6. **If the student becomes unresponsive:** If the student becomes unresponsive and is not breathing normally, CPR must be started immediately and a defibrillator should be sent for if available.
7. **Handover to paramedics:** When paramedics arrive, all used AAIs must be handed over and a clear account given of what was administered and when. The student must go to hospital by ambulance, even if they appear to have recovered - a member of staff will accompany them until a parent or carer arrives - and their emergency contact must be informed.

Depending on the circumstances, it may be necessary to instigate the school's wider Emergency Response Plan.

16.3 What to do if no AAI is Immediately Available

If no AAI is immediately to hand, act in this order:

1. CALL 999 IMMEDIATELY - do not wait. Tell them you have a child in anaphylaxis and that no AAI is currently available. Follow their instructions.
2. Send someone to the nearest spare AAI location at the same time - do not wait for one before calling.
3. Keep the student lying flat with legs raised. Do not leave them.
4. If the student has an asthma inhaler and is struggling to breathe, administer it now.
5. Administer the AAI the moment it arrives - even if 999 has already been called.
6. Relay to 999 exactly when the AAI was given and what happened.

This scenario is most likely to occur when: a student is in a location other than their usual classroom (e.g. during a practical lesson, outdoor session, corridor, or transition between rooms); a student's prescribed AAI has been forgotten, left at home, or has expired; a reaction occurs in a student with no prior allergy diagnosis; or the school spare AAI has not been restocked after previous use.

Prevention is the best response: at the start of every school day, staff responsible for students with known allergies must confirm their AAI is present and accessible. Before any practical lesson, trip, or off-site activity, AAI location must be confirmed and documented. The Allergy Emergency Card system means someone can always be sent for the spare AAI while the first responder stays with the student - use it.

16.4 The Allergy Emergency Card System

On Track Education Westbury uses the Allergy Emergency Card system developed by the Benedict Blythe Foundation. Two identical cards are posted at the exit of every room and are also kept in each first aid kit. Staff members are also in possession of their own emergency card. The wording below matches the card exactly so there is no confusion in an emergency.

If you are with the student:

Give the duplicate of this card to a student and ask them to hand it to the first adult they see. You must stay with the child. If you are alone, shout for help from where you are. If you are able, call 999, but do not leave the student. Say "Emergency - child in anaphylaxis" (AN + UH + FI + LAK + SIS).

If you are being handed this card:

It is because a child is showing symptoms of a severe allergic reaction. You must now:

1. Call 999 immediately and say "Emergency - child in anaphylaxis" (AN + UH + FI + LAK + SIS). Ideally call from a mobile phone so it can be taken to where the student is.
2. Contact the first aider, or give another person the specific task of doing this.
3. If the school has a spare adrenaline auto-injector pen (EpiPen / Jext Pen), locate it and take it to where the child is.
4. Ensure the school office is notified of an emergency and alert a member of the SLT.
5. Ensure the student's emergency contact is notified.

Receipt of the Allergy Emergency Card gives you permission to follow these steps immediately. You do not need to be a first aider, teacher, or senior member of staff. You do not need to find a designated lead first. Just act.

Where Allergy Emergency Cards are located: **[complete for each room - e.g. at the exit door of each classroom, in the kitchen, in the staff room, in the outdoor learning area, in the first aid kit]**. Staff members will also have their own emergency card which they will be advised to keep on their person.

16.5 Following an Incident

Following any anaphylaxis event or serious allergic reaction, the Designated Allergen Lead will:

- Complete a school incident report (see section 19)
- Ensure the AAI is replaced before the student returns to school
- Review the student's AAP and IHP with the family and any healthcare professionals involved
- Debrief staff involved in the incident and provide support where needed
- Consider whether any changes to school procedures are required

17. Training

All staff - including the senior leadership team, teaching staff, support staff, catering staff, and any regular volunteers - will complete annual allergy awareness and anaphylaxis training. This is a requirement of Benedict's Law and forms a core part of our safeguarding and medical responsibilities. Training will cover:

- Background knowledge of food allergies, intolerances, and coeliac disease
- How to reduce the risk of an allergic reaction occurring
- Recognition of allergic reaction symptoms, including anaphylaxis (ABC signs), and the signs of an acute asthma attack
- Correct use of adrenaline auto-injectors (EpiPen and Jext), with the opportunity to practise with a training device

- The emergency anaphylaxis response plan and each staff member's role within it, including emergency response for acute asthma
- How to read and apply Allergy Action Plans and IHPs, and how to check who has an allergy
- Where adrenaline devices are kept (both prescribed and spare) and how to access them
- Allergen management in the kitchen and food technology setting, including understanding food labelling
- Allergy considerations for school trips and off-site activities
- The importance of inclusion, the impact of allergy on mental health and wellbeing, and the risk of allergy-related bullying
- How to report an allergic reaction or near miss
- Supporting student wellbeing and reducing anxiety around allergies

The school will carry out an anaphylaxis drill at least once a year. This involves an exercise simulating an event where a student or member of staff has an allergic reaction, testing the whole-school response. Lessons learned will be used to update this policy and school procedures.

SEMH Consideration: *Training for staff at On Track Education Westbury will include SEMH-specific scenarios: recognising allergy symptoms in students who may not communicate distress verbally, supporting students with anxiety around food, and managing a medical emergency in a way that minimises further distress for the student and their peers.*

The following staff members are responsible for coordinating and recording allergy training:

Barry Farwell	Strategic Allergen Lead, Assistant headteacher bfarwell@ontrackededucation.com
Lesley Coomber	Operational Allergen Lead, Hospitality & Cooking Teacher lcoomber@ontrackededucation.com
Charlotte Winchester	Operational Allergen Lead, Patisserie Tutor & ESW cwinchester@ontrackededucation.com

Training records, including dates and names of all attendees, will be maintained by the Designated Allergen Leads and made available to Directors on request. The school uses the following recognised training programmes, completed by all staff as part of annual training requirements:

- The Allergy Team - <https://theallergyteam.com/schools/staff-training/>
- National College - Allergy and Anaphylaxis: nationalcollege.com/courses/allergy-and-anaphylaxis
- National College - Course in Administering Medication: nationalcollege.com/courses/course-in-administering-medication
- Allergy UK - Administering an EpiPen AAI: allergyuk.org/resources/administering-an-epipen
- Allergy UK - Administering a Jext AAI: allergyuk.org/resources/administering-a-jext-aii

17.1 Staff and Adult Allergies

On Track Education Westbury recognises that allergies do not only affect students. Staff members, volunteers, and other adults working in the school may also have food, skin, or environmental allergies, including potentially life-threatening ones. The school takes the same duty of care seriously for all members of its community.

Staff members with known allergies are strongly encouraged to share relevant information with the Designated Allergen Lead and, where appropriate, with colleagues who work closely with them. This information will be treated with sensitivity and in confidence, and will only be shared with others on a need-to-know basis with the staff member's agreement. The purpose of sharing is solely to ensure that colleagues are able to respond appropriately in an emergency.

Where a staff member has a diagnosed allergy requiring an AAI, the school will work with them to ensure an Allergy Action Plan is in place, that their medication is stored accessibly on the premises, and that relevant colleagues are aware of what to do in an emergency. The same emergency response procedures apply to adults as to students.

18. Asthma and Co-Existing Conditions

Many students with food allergies also live with associated conditions such as asthma and eczema. These conditions can significantly affect how an allergic reaction presents and how serious it becomes. Staff must be aware of any student who has both an allergy and an associated condition, as this increases their overall risk. The school understands that it is vital that students with allergies keep their asthma well controlled: asthma can exacerbate allergic reactions, and poorly managed asthma increases the severity of an allergic reaction.

18.1 Asthma

Asthma and food allergy frequently co-exist, and having both conditions significantly increases the risk of a severe or fatal anaphylactic reaction. Staff must be aware that:

- A student with both asthma and a food allergy is at higher risk of severe anaphylaxis than a student with a food allergy alone
- Asthma symptoms such as wheezing, coughing, or difficulty breathing may be early signs of an anaphylactic reaction rather than - or as well as - an asthma attack
- In the event of a suspected anaphylactic reaction, the AAI must always be given first - before an asthma inhaler. Adrenaline takes priority. The inhaler may be given after the AAI if the student is still struggling to breathe
- Where a student has both an asthma inhaler and an AAI prescribed, both must be stored accessibly together and included in their Allergy Action Plan
- Acute asthma attacks that do not respond to an inhaler in the usual way should be treated as a potential allergic reaction and 999 called immediately
- A student's AAP will clearly state whether they have asthma and what steps to take if both conditions are triggered simultaneously
- Common asthma triggers include airborne allergens such as pollen, house dust mite, mould spores or pet dander, as well as food allergens
- All students with asthma will have an Asthma Action Plan, included in their IHP alongside medical and parental consent for staff to administer an emergency reliever inhaler. Students known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school. Where a student can manage their asthma themselves, they should keep their inhaler on them; if not, it will be stored in a clearly labelled, easily accessible location

SEMH Consideration: *Students with asthma may already experience anxiety around breathing difficulties. An allergic reaction that also triggers asthma symptoms can be particularly frightening. Staff should stay calm, reassure the student clearly, and act on the AAP without delay. Do not wait for the student to tell you which condition is causing their symptoms - treat the most serious possibility first.*

18.2 Eczema

Eczema is a chronic skin condition that frequently co-exists with food allergies, particularly in children. Staff should be aware that:

- A student with eczema may be more sensitive to contact allergens, including food residues on surfaces, ingredients in cleaning products, and materials used in art and practical lessons
- An eczema flare can be triggered by contact with an allergen and may be an early sign of an allergic reaction rather than a routine skin episode
- Students with eczema may need additional precautions in the kitchen and in art or craft lessons - for example, wearing gloves when handling certain ingredients or materials
- Emollients or prescribed skin creams for eczema may be stored at school as part of a student's medication - these should be included in the student's IHP and administered in line with parental and medical guidance
- Eczema and skin reactions should always be recorded and reported to parents and carers, as they may indicate a change in allergy status that requires a medical review

18.3 Other Co-Existing Conditions

Other conditions that may co-exist with allergies and require specific consideration include hay fever, rhinitis, urticaria (hives), and food protein-induced enterocolitis syndrome (FPIES). Where any student has a diagnosed condition alongside a known allergy, their IHP and AAP will reflect the combined management plan and staff will be briefed accordingly.

19. Reporting Allergic Reactions

The school will log all allergic reaction incidents and near-misses as soon as is feasible after they occur. The impact of exposure to an allergen may be delayed and only identified once the student is at home, so incident reporting is not limited to staff: reports from students, parents and carers, or healthcare professionals will be taken into account and recorded in the same way. All incidents and near misses are approached in a no-blame spirit focused on learning lessons. Where an incident or near miss relates to the delivery of a care plan or action plan issued by a healthcare professional, the relevant professional or team will be notified and provided with a copy of the report.

- Each record will include: who was affected; what happened; when and where; why the incident occurred (as far as is known); how staff and the student responded; what was done to support the individual; whether emergency services were called; and how the incident concluded
- All incident reports will be shared with the student's parents and carers, who will be given the opportunity to discuss the incident and contribute their views to the review, and with the Headteacher and Directors, so they can consider what lessons to learn and whether policy changes are required
- Any learning from an incident will be shared appropriately with staff so they can act on it
- It may be necessary to share the report with other agencies: when operating as a food business, the school must report any allergen-related food safety incidents to the local authority, and incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR
- Following any incident or near miss, the school will meet with the student and their parents and carers to ensure they are confident the setting remains safe

- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and students who witnessed it, and will offer appropriate support

20. Communication and Allergen Awareness

On Track Education Westbury believes that an allergy-aware school community is a safer one. We commit to communicating openly and frequently about allergy safety. This includes:

- Making this policy available on the school website and providing a copy to all families on admission
- Sharing the photographic allergy register with all relevant staff at the start of each term
- Including allergy awareness in the school's induction process for all new staff, volunteers, and supply teachers
- Communicating clearly with parents and carers regarding any changes to catering, curriculum recipes, or trip arrangements that may affect their child
- Welcoming meetings between parents and carers of allergic students and the Designated Allergen Lead or Food Lead at any time

Where we have concerns about a student's allergy management (for example, expired medication, an incomplete AAP, or changes in symptoms), we will always contact the family promptly and sensitively.

20.1 Visitors and Contractors

On Track Education Westbury recognises that visitors and contractors on site - including tradespeople, external professionals, delivery staff, and agency workers - may be present in areas where food is handled or where an allergic reaction could occur. The school takes a proactive approach to ensuring they are appropriately briefed.

- All visitors and contractors are informed of the school's allergy policy as part of the site sign-in process. A brief allergy awareness notice is displayed at the visitor reception point
- Visitors and contractors must not bring food onto the school site without permission from the Designated Allergen Leads. Any food brought onto site must be declared and allergen information provided
- Visitors and contractors are shown the location of the nearest AAI and emergency equipment at the point of arrival if they will be working in a food area or spending extended time on site
- Longer-term contractors or regular visitors (for example, therapists, external tutors, or agency staff working on a regular basis) will receive the same allergy induction as new staff before working with students

20.2 Collecting Medical Information from Visitors, Contractors and Supply Staff

Where a visitor, contractor, or supply staff member will be spending significant time on site, the school will ask them to declare any relevant medical conditions or medication needs. This is to ensure we can respond appropriately in the event that they experience a medical emergency while on our premises.

- All supply staff and longer-term contractors are asked to complete a brief health declaration on arrival, including any allergies, medical conditions, or medication they may be carrying
- Where a visitor or contractor has a known allergy requiring an AAI, they are asked to carry it with them at all times and to make staff aware of its location
- This information is held in confidence by the Designated Allergen Lead or school office and is used solely for the purpose of ensuring appropriate care in an emergency

- The same emergency response procedures apply to adults on site as to students - any person experiencing anaphylaxis on school premises will be treated using the school's emergency response plan

20.3 Staff Induction - Allergy Awareness

All new staff, supply staff, volunteers, and cover staff must receive an allergy induction before working unsupervised with students. This is the responsibility of the Designated Allergen Lead and must not be delayed. The induction will cover:

- The location of all spare AAI and emergency medication on the premises
- The identity and allergens of any students currently on the allergy register
- How to recognise the signs of anaphylaxis (ABC signs) and what to do
- The Allergy Emergency Card system and how to use it
- The school's emergency response procedure and who to contact
- Allergy considerations specific to their role - for example, kitchen allergen management for food staff, or non-food allergen risks for classroom staff
- Where to find this policy, the allergy register, and individual student AAPs

Induction is recorded in writing and signed by the member of staff. A copy is held by the Designated Allergen Lead. Completion of the full annual allergy training programme is expected within the first term of starting. Supply staff and contractors who are on site for a single day will receive a brief verbal induction from the first available staff member and must be shown AAI locations before working with students.

20.4 Training and Signposting for Parents and Carers

On Track Education Westbury will signpost parents and carers to relevant allergy training and awareness resources via the school website, so that families can access information to support allergy management at home and feel confident in understanding their child's condition and emergency procedures.

Recommended resources for parents and carers include:

- National College - Allergy and Anaphylaxis: nationalcollege.com/courses/allergy-and-anaphylaxis
- National College - Course in Administering Medication: nationalcollege.com/courses/course-in-administering-medication
- Allergy UK - Administering an EpiPen AAI: allergyuk.org/resources/administering-an-epipen
- Allergy UK - Administering a Jext AAI: allergyuk.org/resources/administering-a-jext-aa
- Allergy UK - information and helpline for families: www.allergyuk.org
- Anaphylaxis UK - support and resources for families: www.anaphylaxis.org.uk
- Benedict Blythe Foundation - Schools Allergy Code and resources: www.schoolsallergycode.com

21. Policy Review and Monitoring

This policy will be reviewed annually by the Designated Allergen Lead, or sooner in the event of:

- An anaphylaxis event or serious allergic reaction at school
- A change in legislation or statutory guidance
- A significant change in the school's student population or catering arrangements
- New guidance from the Department for Education, allergy charities, or the Benedict Blythe Foundation

All updates to this policy will be approved by the Headteacher and Directors and communicated to the whole school community.

22. Key Contacts and Useful Resources

22.1 School Contacts

Headteacher	Rachel Edwards redwards@ontrackededucation.com
Designated Allergen Leads	Barry Farwell - bfarwell@ontrackededucation.com Lesley Coomber - lcoomber@ontrackededucation.com Charlotte Winchester - cwinchester@ontrackededucation.com
Food Lead / Head of Cooking	Lesley Coomber lcoomber@ontrackededucation.com
SENCO	Ronan Hanna rhanna@ontrackededucation.com
School First Aiders	Barry Farwell - bfarwell@ontrackededucation.com Stuart Mourant - smourant@ontrackededucation.com Katy Bamford - kbamford@ontrackededucation.com Kerry McKenzie - kmckenzie@ontrackededucation.com Abbie Smith - asmith@ontrackededucation.com
School Reception	01373 859803

22.2 External Resources

- Benedict Blythe Foundation and Schools Allergy Code: www.schoolsallergycode.com
- Natasha Allergy Research Foundation / Allergy School: www.allergyschool.org.uk
- Allergy UK Helpline: 01322 619898 (weekdays 9am to 5pm)
- Anaphylaxis UK: www.anaphylaxis.org.uk
- Food Standards Agency allergen training (free): www.allergytraining.food.gov.uk
- DfE guidance - Supporting students with medical conditions: www.gov.uk
- Emergency: 999 - always state ANAPHYLAXIS

Appendix: Recognising and Responding to an Allergic Reaction

Allergic reactions vary.

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations. You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear: they do not always progress from mild to moderate to more serious - sometimes they are life-threatening within minutes.

Mild to Moderate Allergic Reactions

Symptoms include: swollen lips, face or eyes; itchy or tingling mouth; hives or an itchy rash on the skin; abdominal pain; vomiting; a change in behaviour.

Response:

- Stay with the student and call for help
- Locate their adrenaline device(s)
- Give antihistamine in line with their AAP. Note: if any signs of anaphylaxis are present, give adrenaline without delay
- Make a note of the time
- Phone the parent or carer
- Continue to monitor the student for at least 60 minutes in case the reaction gets worse

Serious Allergic Reactions / Anaphylaxis

The most serious type of reaction is called anaphylaxis. Anaphylaxis is uncommon, and children experiencing it almost always fully recover. In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency. Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2 to 3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate reactions previously, can experience anaphylaxis.

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

The full step-by-step anaphylaxis response, including the Allergy Emergency Card system, is set out in section 16 of this policy.