ALLERGY SAFETY AND ANAPHYLAXIS POLICY

Academic Year 2026–2027

Document Reference	Sponsor	Endorsed By	Last Reviewed	Next Review Frequency
26_27 Allergy Safety	Assistant Head (Pastoral & Safeguarding)	Board of Governors (RGS Worcester)	June 2026 (Assistant Head & Director of Safeguarding)	Annually (June 2027) or following any incident/near-miss

1. Introduction and Core Principles

In line with Benedict's Law, RGS Worcester is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Severe allergies can pose a serious and potentially life-threatening risk of anaphylaxis, which requires robust, proactive risk-mitigation measures and instant emergency response protocols. This dedicated policy establishes our comprehensive school-wide strategy for identifying, reducing, and responding to allergy-related risks across all our campuses, wrap-around care, and extracurricular activities.

Allergy is a spectrum of different allergic diseases. Allergic reactions occur when a susceptible individual's immune system has an abnormal, hypersensitive reaction to normally harmless substances (known as allergens). These can include foods, insect stings, contact materials, or airborne particles. Common UK allergens include, but are not limited to, peanuts, tree nuts, sesame, cow's milk/dairy, egg, wheat, fish, shellfish, latex, insect venom, pollen, and animal dander.

1.1 Clinical Definition and Mechanics of Anaphylaxis

Anaphylaxis is a severe, systemic, life-threatening allergic reaction. The whole body is affected, often within minutes of exposure to the allergen, but occasionally several hours later. An allergic reaction is clinically considered to be anaphylaxis when it involves a compromise to the Airway, Breathing, or Circulation (frequently referred to as the 'ABC' symptoms):

- Airway: Swelling of the throat, tongue, or upper airways, leading to a tightening of the throat, hoarse voice, and difficulty swallowing.
- Breathing: Sudden onset of wheezing, respiratory distress, persistent coughing, and noisy breathing.
- Circulation: Drop in blood pressure, dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, and loss of consciousness.

> **Clinical Emergency Note: The Time-Critical Window**
> Once started, anaphylactic reactions progress with extreme rapidity. Historical investigations into fatal pediatric anaphylaxis demonstrate that there is only a 20-to-30 minute window of opportunity during which therapeutic steps can be taken to prevent death. Consequently, the immediate administration of emergency adrenaline and dialing 999 for Emergency Services is paramount. Anaphylaxis always represents an immediate, time-critical medical emergency.

1.2 Legal Framework and Scope of the Policy

RGS Worcester actively complies with all relevant legal duties safeguarding the health, safety, and welfare of our pupils. While independent schools are subject to the Independent School Standards, the principles in this policy are directly aligned with the statutory guidance 'Allergy safety in schools' (published 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. This policy operates in harmony with the following statutory legislation:

- The Equality Act 2010: Severe allergy is recognized as a disability if it has a 'substantial and long-term negative effect' on an individual's ability to carry out normal daily activities. In line with the case-law established in Wheeldon v Marston's plc, RGS Worcester provides reasonable adjustments and prevents discrimination against any student or staff member with severe allergy. Seasonal rhinitis (hay fever) is explicitly excluded from the definition of disability unless it directly aggravates the effect of another serious health condition.
- The Education Act 2002 (Sections 20 & 175) and Keeping Children Safe in Education (KCSIE) regarding general safeguarding and promoting pupil welfare.
- The Health and Safety at Work etc. Act 1974, which obliges the employer to ensure employees and visitors are not exposed to health and safety risks.
- The Common Law Duty of Care, which requires the school to take all reasonable, foreseeable steps to prevent injury or harm to pupils in our custody.

1.3 Conditions Explicitly Excluded from this Policy

To maintain absolute clinical and operational clarity, the following conditions are managed under the school's wider Medical Conditions Policy and are explicitly outside the scope of this Allergy Safety Policy:

- Coeliac Disease: This is an autoimmune condition where the small intestine is hypersensitive to gluten (found in wheat, barley, and rye). While ingestion of gluten causes significant, painful gastrointestinal illness and severe long-term health risks, it is not an IgE-mediated allergy and cannot cause anaphylaxis. It is managed strictly through dietary avoidance and cross-contamination controls in liaison with Catering.
- Food Intolerances: Non-immune digestive reactions (e.g. lactose intolerance) that cause long-term or short-term digestive discomfort but carry no risk of anaphylaxis.
- Non-Allergic Chronic Conditions: Eczema or asthma that is not precipitated by allergen exposure. However, because the 'atopic triad' (eczema, asthma, and allergy) frequently co-exist, any pupil with co-existing asthma and allergy must have their asthma management integrated into their Individual Healthcare Plan (IHP), as poorly-controlled asthma dramatically increases the severity of an anaphylactic reaction.

2. Roles and Responsibilities

A whole-school allergy awareness culture requires a coordinated approach where all members of the RGS Worcester community understand and discharge their specific duties.

2.1 Governing Body and Proprietors

The Board of Governors holds ultimate statutory responsibility for ensuring that robust arrangements are in place to support pupils with medical conditions, including allergies. The Governors will ensure:

- This policy is reviewed annually, updated in line with local incident trends or statutory changes, and published openly on the school website.

- Allergy safety is a standing agenda item at governor meetings, overseen by a named governor who works directly with the SLT Allergy Safety Lead.
- The risks pertaining to pupils and staff with severe allergies are recorded and actively managed on the school's central risk register.

2.2 Senior Leadership Team (SLT) and Allergy Safety Lead

The Assistant Head (Pastoral & Safeguarding) serves as the SLT Allergy Safety Lead. Responsibility for allergy safety lies with the SLT and must never be delegated to catering managers or administrative staff. The SLT Allergy Safety Lead is responsible for:

- Driving the consistent, school-wide implementation of this policy across all departments.
- Ensuring that robust systems are in place to collect detailed medical and allergy information during pupil enrolment and transition.
- Reviewing all recorded incidents and near-misses, preparing investigations, and leading the consequent 'lessons learned' reviews.
- Authorising and signing formal requests to pharmaceutical suppliers to purchase emergency 'spare' Adrenaline Auto-Injectors (AAIs).

2.3 The Health Centre and School Nurse

The School Nurse and Health Centre staff provide central medical coordination and support. They are responsible for:

- Maintaining the Central Allergy Register, listing all pupils and staff with known allergies, whether they carry adrenaline, and whether they have an active care plan.
- Generating data for the 'Weekly Watch List' containing pupil photographs, allergy details, and emergency instructions. This is updated weekly and distributed to all staff by the DSL every Monday.
- Checking all individual and generic emergency medications kept in school and sending timely alerts to parents as expiry dates approach.
- Ensuring that a pupil's clinical Allergy Action Plan (issued by a GP or consultant) is attached directly to their school-owned Individual Healthcare Plan (IHP).
- Ensuring that the emergency spare AAIs are checked on a strict monthly basis to confirm they remain in-date, undamaged, and clear (not cloudy).
- Carrying an active school mobile phone at all times when outside the Health Centre to ensure rapid contact in an emergency.

2.4 Parent and Carer Responsibilities

Parents and carers play a vital role in partnership with the school. It is the parents' responsibility to:

- Provide full, detailed medical histories on entry to the school, including history of anaphylaxis, previous reactions, and all prescribed medications.
- Supply an up-to-date, clinical Allergy Action Plan signed by their GP or allergy specialist. If they do not have one, they must collaborate with the School Nurse/GP to develop one immediately.

- Ensure their child is supplied with TWO in-date, functional adrenaline auto-injectors (AAIs) at school. It is the parents' absolute responsibility to track and replace expired or used devices immediately.
- Notify the school instantly of any changes in their child's allergy management, or if they experience an allergic reaction outside of school, so the IHP can be updated.

2.5 Staff Responsibilities

All staff members including teaching staff, support staff, peripatetic staff, regular volunteers, and catering teams have a duty of care to protect pupils. Staff must:

- Read, understand, and adhere to this policy, completed risk assessments, and the Individual Healthcare Plans (IHPs) of pupils in their care.
- Complete annual allergen awareness and anaphylaxis emergency response training.
- Familiarise themselves with the 'Weekly Watch List' distributed every Monday, ensuring they can instantly recognize pupils with severe allergies in their classrooms or sports squads.
- Conduct and implement risk assessments for any activity involving food, craft materials, science experiments, or animals.
- Ensure they carry relevant medical trip packs and check that pupils have their required personal medication before leaving the school site for any excursion.
- Report all allergic reactions, accidental exposures, and near-misses to the Health Centre immediately.

2.6 Pupil Responsibilities

As pupils grow older, they are encouraged to take developmentally appropriate responsibility for their health:

- Pupils must develop a strong awareness of their symptoms and immediately inform an adult the moment they suspect they are having an allergic reaction.
- Pupils who are trained and confident to self-administer their AAIs must take responsibility for carrying their TWO personal devices on their person at all times in a suitable, easily identifiable bag.
- Pupils must adhere strictly to school hygiene rules and understand why they must never share, trade, or accept food, drinks, or food containers from their peers.

3. Minimising Risk and Exposure to Allergens

Minimising exposure to known allergens is the core preventative pillar of this policy. While we can never entirely eliminate risk, RGS Worcester implements robust, evidence-based control measures.

3.1 'Allergy Aware' vs 'Nut-Free' Blanket Bans

In accordance with Department for Education and Anaphylaxis UK recommendations, RGS Worcester operates an 'Allergy Aware' environment rather than declaring a 'nut-free' ban. Blanket bans are clinically and operationally ineffective for several reasons:

- They create a false sense of security, encouraging staff and pupils to lower their guard.

- They are impossible to enforce reliably. Many foods carry precautionary labeling (e.g. 'may contain nuts'), which creates extreme confusion and renders strict enforcement unworkable.
- They focus exclusively on nuts, neglecting the other major life-threatening food allergens (such as milk, egg, wheat, and sesame) which can cause equally fatal reactions.

Instead, we focus on rigorous whole-school awareness, allergen avoidance, strict hygiene practices, robust cross-contamination controls, and impeccable emergency preparation.

3.2 Food Provision and Catering Controls

The Catering Department operates as a food business and is strictly compliant with the Food Information Regulations 2014 and Food Standards Agency (FSA) guidelines:

- The catering contract mandates full compliance with FSA allergen regulations. Caterers provide detailed, clear information on the 14 regulated allergens present in all meals served.
- All food pre-packed for direct sale (PPDS) on school premises (under Natasha's Law) is labeled with a full ingredients list with any of the 14 regulated allergens clearly emphasized in bold.
- We implement a robust, multi-person check at point of service to identify pupils with severe food allergies. This process is never reliant on a single person. Photographs and medical details of pupils are displayed on the wall inside the kitchen (restricted to staff access only) and cross-referenced on the iSams database. Staff use colour-coded trays or identification cards to double-check that the correct meal is safely delivered to the correct child.
- Catering staff maintain a completely separate preparation area for allergen-safe meals. Allergen-safe meals are prepared first, using dedicated, thoroughly sanitized utensils and warm soapy water to eliminate cross-contamination.
- We strictly enforce a school-wide 'No Food Sharing' policy. Pupils are taught never to trade food, share lunchboxes, or share cutlery.

3.3 Curricular and Classroom Risk Assessments

Preventative controls must extend beyond mealtimes, as allergic exposures can occur in any classroom environment:

- Food Technology / Cooking: Curriculum recipes are adapted to remove high-risk allergens for the whole group, rather than isolating or excluding the pupil with severe allergies.
- Art and Crafts: Teachers must actively review ingredients in all materials used. Traces of milk, wheat, or soya can be present in common classroom supplies:
    - Play dough: Common commercial play dough contains wheat flour. Teachers must substitute certified gluten-free/wheat-free alternatives for the entire class if a student has a wheat allergy.
    - Glues and adhesives: Certain school glues contain milk, wheat, or soya proteins and must be avoided.
    - Recycled packaging (Junk Modeling): Old food packaging, egg cartons, and milk pots can contain allergen residues. Staff must ensure all craft materials are thoroughly cleaned or sourced from non-food packaging.

- Science and Biology: Experiments must not use food allergens (e.g. testing for starch using foods containing allergens).
- Environmental & Animal exposure: Bird feed containing nuts or sesame must not be used on site. School or therapy dogs require enhanced cleaning schedules, restricted geographic access, and immediate hand-washing protocols for pupils who interact with them.

4. Medication and Adrenaline Devices (ADs)

Adrenaline is the primary, life-saving drug for treating anaphylaxis. It acts instantly to open up the airways, reduce mucosal swelling, and raise blood pressure. Delayed administration of adrenaline is the single most common factor in fatal anaphylaxis.

4.1 The 'TWO Adrenaline Devices' Rule

Clinical consensus and statutory guidelines mandate that individuals at risk of anaphylaxis must always carry TWO adrenaline auto-injectors (AAIs) with them at all times. A single injector may misfire, be administered incorrectly, or a second dose may be required after 5 minutes if symptoms do not improve. This rule applies to all school journeys, classrooms, sports fields, playgrounds, wrap-around care, and school trips.

Pupils who are deemed competent must carry their two AAIs on their person (e.g. in a highly visible red drawstring bag). For younger pupils, their two AAIs must be stored in an unlocked, easily identifiable container in the central Health Centre or their classroom, ensuring they are always within 5 minutes of the pupil.

4.2 Emergency Spare Adrenaline Auto-Injectors (AAIs)

In accordance with the Human Medicines (Amendment) Regulations 2017, RGS Worcester purchases and stocks generic, non-pupil-specific emergency 'spare' AAIs from pharmaceutical suppliers without a prescription. These spare devices represent a critical, life-saving backup. They are not a replacement for a pupil's own prescribed medication. They are utilized in emergency situations when:

- A pupil experiences anaphylaxis for the first time without a pre-existing diagnosis (representing up to 20% of school anaphylaxis incidents).
- A pupil's personal AAIs are unavailable, expired, damaged, or misfire during an emergency.

4.2.1 Mandatory Storage and Location of Spare AAIs

To ensure that a spare AAI can be brought to a pupil and administered within the critical 5-minute window, RGS Worcester stocks and stores generic spares across multiple campus locations. Spares are always stocked and stored in PAIRS (to enable a second dose if needed) and are housed in bright orange boxes clearly labeled 'Emergency Anaphylaxis Kit':

Location	Kit Contents (Stored in Pairs)	Responsibility & Access
Health Centre (HC)	1 pair AAI (150mcg) + 2 pairs AAI (300mcg) + Antihistamines	Unlocked and accessible 24/7; checked monthly by School Nurse
Main Kitchen / Dining Hall	1 pair AAI (300mcg) + Emergency instructions	Unlocked; mounted on wall near service point; checked monthly
Tom Savage Hall (TSH)	1 pair AAI (300mcg)	Unlocked; mounted in central corridor; checked monthly
PAC (Performing Arts Centre)	1 pair AAI (300mcg) inside AED cupboard	Unlocked; accessible during all public events and performances
The Boat House (Sports Facility)	1 pair AAI (300mcg) in waterproof emergency kit	Unlocked; stored in central first aid station; checked monthly
Flagge Meadow (Sports Pavillion)	1 pair AAI (300mcg) inside AED cupboard	Unlocked; accessible to all sports coaches and matches
St Oswald's (Sports Facility)	1 pair AAI (300mcg) inside AED cupboard	Unlocked; accessible to all sports coaches and matches

All generic spares must be stored at room temperature, in strict accordance with manufacturer guidelines. They must never be refrigerated, frozen, or left in direct sunlight or near radiators, as extremes of temperature will rapidly degrade the adrenaline.

4.2.2 Management, Expiry, and Disposal of AAIs

The School Nurse is responsible for checking all spares on a strict monthly basis. The nurse will physically inspect each pen to ensure the liquid is clear and colourless and that the device is free from structural damage. Replacement devices must be secured at least one month prior to the printed expiry date.

Disposal of Used or Expired AAIs: Adrenaline auto-injectors contain active medicines and exposed needles. Once an AAI is used, it must never be thrown into general waste. It must either be handed directly to the arriving ambulance paramedics, or disposed of in a yellow clinical sharps bin. RGS Worcester is registered with the Local Authority for the secure provision and monthly collection of clinical sharps bins.

5. Emergency Treatment and Response Protocol

All staff must be fully prepared to act immediately. In the event of an allergic reaction, do not wait for the School Nurse to arrive. Follow these protocols without delay.

5.1 First-Line Contact with a Suspected Allergen

If a pupil has been exposed to a known allergen, implement the following immediate first aid actions depending on the route of exposure:

- Oral Ingestion: Immediately instruct the pupil to rinse their mouth thoroughly with water and spit out any solid food particles. Do not encourage vomiting.
- Topical/Skin Contact: Place the affected skin under a cold running tap for up to 5 minutes. Pat dry gently. If localized redness, itching, or hives occur, apply antihistamine cream (Antisan) with parental consent.
- Observation: Contact the Health Centre immediately. If the reaction is mild and does not involve the ABC symptoms, administer oral Cetirizine tablets (10mg) in accordance with the pupil's medical notes and keep under continuous observation for at least 60 minutes, as mild symptoms can rapidly escalate into anaphylaxis.

5.2 Universal Emergency Anaphylaxis Protocol

If a pupil displays any sign of anaphylaxis (ABC symptoms), or if there is serious breathing difficulty following allergen exposure, execute the following steps instantly:

Step	Required Immediate Action	Clinical Rationale and Notes
1	KEEP CHILD FLAT — DO NOT MOVE THEM Lie the child flat on their back with their legs raised to support blood pressure. If they are struggling to breathe, they may be propped up slightly, but this must be for as short a time as possible.	NEVER let a person suffering from anaphylaxis stand or walk around (even to the medical room). Standing up causes a sudden, catastrophic drop in blood pressure which can lead to fatal cardiac arrest.
2	ADMINISTER ADRENALINE AUTO-INJECTOR Use the pupil's own prescribed AAI first. If unavailable, use the school spare from the nearest Emergency Kit. Pull off the safety cap, swing and push the pen firmly at a 90° angle into the outer muscle of the thigh. Hold for 10 seconds (or as instructed on the device), remove, and massage the site for 10 seconds.	Adrenaline is extremely safe and lifesaving. It works within seconds to open airways and stabilize blood pressure. It can be administered through clothing if necessary.
3	CALL 999 IMMEDIATELY State clearly: 'ANAPHYLAXIS' (pronounced ana-fil-axis). Give precise details of the school location, building, and the allergen if known.	An ambulance must always be called when adrenaline is administered. Professional paramedics must take over care.
4	ADMINISTER SECOND AAI IF NO IMPROVEMENT If the child's condition does not improve, or deteriorates further after 5 minutes, administer a second AAI into the opposite thigh.	Up to 15-20% of severe reactions require a second dose of adrenaline before emergency services arrive.
5	COMMENCE CPR IF NO SIGNS OF LIFE If the child collapses and shows no signs of breathing or a pulse, immediately commence Cardiopulmonary Resuscitation (CPR).	Begin chest compressions and rescue breaths without delay.

6	NOTIFY PARENTS AND HEADMASTER Contact parents as soon as possible to inform them that their child is being transported to the hospital. Inform the Headmaster and DSL.	Parents should meet the school staff and child directly at the hospital.

5.3 Co-existence of Asthma and Allergies

A large proportion of food-allergic pupils are also diagnosed with asthma. Wheezing is a common symptom of both asthma attacks and food-induced anaphylaxis. In an emergency, it can be difficult to distinguish between the two. RGS Worcester staff must adhere to this absolute clinical rule:

> **Clinical Rule: Adrenaline First**
> If a pupil with a known severe food allergy suddenly experiences a severe asthma attack or sudden, extreme breathing difficulty, ALWAYS ADMINISTER ADRENALINE FIRST. Adrenaline is a powerful bronchodilator and is entirely safe to give in both conditions. Once the AAI has been administered, you may administer the pupil's prescribed salbutamol reliever inhaler (or the school's emergency spare salbutamol inhaler with spacer) if they continue to wheeze. NEVER administer an asthma inhaler instead of adrenaline to treat suspected anaphylaxis.

5.4 Statutory 'No-Blame' Clinical Reassurance for Staff

RGS Worcester acknowledges that administering emergency medication can cause anxiety among staff. In line with the statutory guidance, we provide absolute reassurance to our employees:

- The law recognises that emergency rescuers act under extreme, lifethreatening pressure. Anyone is legally permitted to administer adrenaline to save a life, and the Human Medicines Regulations do not require advance consent for spare AAIs to be used in an emergency.
- Staff are protected under the school's comprehensive liability insurance. Mistakes, hesitation, or imperfect injection techniques do not amount to serious or wilful misconduct. The school's expectation is simply that staff act reasonably and to the best of their ability in an emergency.

6. Explicit List of Unacceptable Practices

To ensure that RGS Worcester maintains only the highest standards of safety and inclusion, the following actions are strictly prohibited and constitute unacceptable practice. Any breach will be investigated under staff conduct policies:

- Preventing pupils from easily accessing and administering their emergency medication (prescribed AAIs and asthma reliever inhalers) when and where necessary.
- Sending a child who becomes unwell to the Health Centre or school office unsupervised, or requiring a pupil experiencing suspected anaphylaxis to walk or stand up.
- Ignoring the views of the child, their parents, or the advice of qualified healthcare professionals.

- Assuming that every child with the same allergic condition requires identical support or adjustments.
- Assuming that older pupils or teenagers do not require support or supervision simply because they are able to take increasing responsibility for managing their allergy.
- Assuming that a child does not have an allergy because they do not yet have a formal clinical diagnosis (e.g. while medical investigations are under way).
- Excluding pupils from school meals, celebrations, curriculum activities, or school trips due to their allergy, or requiring parents to accompany their child as a condition of attendance.
- Penalising pupils for their attendance record if their absences are related to their medical condition (e.g. hospital appointments or post-reaction recovery). Allergy-related non-attendance must be excluded from any 100% attendance awards.
- Requiring parents or carers to attend the school site to administer medication or provide medical support to their child.

7. School Trips, Sporting Fixtures, and External Visits

RGS Worcester is committed to ensuring that pupils with allergies are fully included in all aspects of school life, including residential trips, sporting fixtures, and outdoor excursions.

7.1 Trip Planning and Risk Assessments

For any school trip, the Trip Leader must complete a detailed risk assessment addressing potential allergen exposure. The leader must:

- Check the Health Centre medical database and obtain a dedicated Trip Pack containing pupil IHPs, emergency contact details, and clinical Allergy Action Plans.
- Review the itinerary, transport, and dining arrangements to identify risks (e.g. contact with allergens at restaurants, food factories, or outdoor camps) and establish control measures.
- Verify that all pupils at risk of anaphylaxis are carrying their own TWO personal AAIs before departure. Pupils who fail to produce their personal medication will not be allowed to board the transport.
- In consult with the School Nurse, determine whether to carry a set of the school's emergency spare AAIs, ensuring that the spare AAIs remaining on the home campus are not depleted.

7.2 Sporting Fixtures

When arranging home or away sporting fixtures, the PE department and coaches must:

- Formally notify the host school in advance that a team member has a severe allergy and communicate specific dietary requirements.
- Ensure that coaches carry a mobile phone and have the pupil's emergency contact details and care plans readily accessible on the field.
- Confirm that the pupil's two personal AAIs are present in their sports kit bag at the side of the field or pitch during matches.

8. Serious Incidents and 'Near Misses' Framework

RGS Worcester operates a 'no-blame' safety culture. We recognise that recording and reflecting on incidents and 'near-misses' is the most powerful tool to prevent future fatalities.

8.1 Definitions

- Serious Incident: Any event where a pupil, staff member, or visitor with an allergy is harmed or placed at immediate and significant risk of harm (e.g. accidental ingestion of an allergen requiring AAI administration and hospital transport).
- Near Miss: An event that did not result in harm, but had the clear potential to do so under slightly different circumstances (e.g. a pupil with a peanut allergy is served a biscuit containing peanut butter, but notices the label or is stopped by a peer before ingesting it).

8.2 Recording and Learning Lessons

Every incident and near-miss must be recorded in the Accident Book as soon as feasible. The written report must specify: Who was affected; What happened, when and where; Why the incident occurred; How staff responded; whether emergency services were called; and how the incident concluded.

Following any event, the SLT Allergy Safety Lead will lead a collaborative review. The pupil and their parents must be given the opportunity to participate, discuss the report, and contribute their views. The review will determine whether the current policy, individual IHPs, or catering procedures were followed and whether they need revision.

8.3 Mandatory External Reporting Pathways

In addition to internal logging, the school must adhere to statutory external reporting requirements:

- Local Authority Environmental Health: If unsafe, mislabeled, or cross-contaminated food was supplied directly by the school's catering department, the incident must be reported immediately to the local authority environmental health team, as the school is operating as a registered food business.
- Health and Safety Executive (HSE) under RIDDOR: Employers must report any incident arising out of or in connection with a work activity which resulted in death or immediate transport to hospital for treatment. For example, if a member of staff mistakenly serves a pupil a food item containing their known allergen, resulting in severe harm and hospitalisation, this is reportable. Natural medical emergencies (e.g. a spontaneous asthma attack) are not reportable, but incidents caused by school work activity are.

9. Wellbeing, Mental Health, and Inclusion

Living with a severe allergy can cause significant anxiety for pupils and parents. RGS Worcester actively works to reduce this anxiety and foster a supportive, inclusive school culture.

9.1 Stigmatisation and Allergy Bullying

Allergy bullying, which includes making fun of dietary needs, deliberate exposure to known allergens, or threats to force-feed an allergen, is extremely serious. RGS Worcester treats any instance of allergy bullying as a severe safeguarding and disciplinary issue. Staff are trained to actively monitor, prevent, and address any peer stigmatisation.

9.2 Practical Anxiety Reduction and Inclusion Strategies

To promote mental health and make allergy safety part of our positive culture, RGS Worcester implements several good practice strategies:

- Kitchen Tours: New joiners with severe food allergies and their parents are invited to have a private tour of the kitchen and dining hall to meet the Chef and catering staff, see the preparation areas, and understand the safety protocols. This helps build trust and reduces mealtime anxiety.
- Allergy Champions: We appoint 'Allergy Champions' among staff and senior students (not just within catering) to act as a supportive point of contact and share feedback.
- Inclusive Events: All class celebrations, birthday treats, and PTA events must be planned inclusively from the outset. Rather than separating an allergic pupil or providing them an alternative, staff must source treats that are safe for the entire group, eliminating social isolation.
- Safeguarding Referral Threshold: The DSL will make a safeguarding referral if there is ongoing concern of neglect, for example, if parents repeatedly fail to provide essential, in-date AAIs, placing their child at significant risk of harm.

10. Staff Training and Emergency Preparedness

No allergy policy is effective unless staff are fully trained and confident to act in an emergency.

10.1 Annual Staff Training Scope

All staff present on site must complete annual allergy awareness and emergency response training. This includes permanent teaching staff, support staff, catering teams, temporary/supply teachers, peripatetic sports coaches, and regular volunteers. The training covers:

- The clinical spectrum of allergy, co-existing conditions, and the difference between allergy, coeliac disease, and food intolerance.
- Recognising mild, moderate, and severe ABC symptoms of anaphylaxis.
- How to locate and administer adrenaline auto-injectors (all three commercial brands: EpiPen, Jext, and Emerade) using trainer devices.
- How to report reactions and log near-misses.

10.2 Simulated Allergy Safety Drills

To maintain a high state of readiness, RGS Worcester conducts simulated emergency allergy safety drills frequently, in the same way as standard fire drills. A simulated case of sudden anaphylaxis is used to test

staff response times, communication, AAI retrieval, and emergency services contact. The drill results are logged, analysed, and used to inform policy reviews.

Additionally, during all scheduled fire drills and lockdown practices, pupils must have their personal AAIs with them in their bags or on their person to ensure that real evacuations do not leave pupils stranded without their emergency medication.

11. Policy Review and References

This policy is a live document. It is reviewed at least annually by the Designated Allergen Lead and Assistant Head (Pastoral & Safeguarding) and formally endorsed by the Board of Governors. More frequent reviews will occur immediately following any serious incident, near-miss, or the publication of updated statutory guidance.

11.1 Key References

This policy is strictly grounded in the following reference standards:

- Department for Education: 'Allergy Safety in Schools' Statutory Guidance (July 2026)
- Anaphylaxis UK: 'Allergy Safety Model School Policy' (July 2026)
- Children's Wellbeing and Schools Act 2026 (Section 34)
- The Human Medicines (Amendment) Regulations 2017
- British Society for Allergy & Clinical Immunology (BSACI) and sparepensinschools.uk
- The Benedict Blythe Foundation (benedictblythe.com)

Sponsor – Assistant Head Pastoral & Safeguarding
Reviewed and Endorsed by the Board of Governors: September 2023
Full review annually: June 2024, June 2025, Assistant Head (Pastoral & Safeguarding) and Director of Safeguarding, June 2026 in collaboration with Health & Safety Lead.

Appendix A: Individual Healthcare Plan (IHP) Template

This Individual Healthcare Plan (IHP) is a school-owned document co-created by RGS Worcester, the pupil, and parents. It describes how the school will manage risks and support the pupil on a day-to-day basis. The pupil's clinical Allergy Action Plan (signed by a GP/consultant) and/or Asthma Plan must be physically attached to this document.

A.1 Pupil and Emergency Contact Details

Field	Pupil Information & Details	Administrative Verification
Pupil Full Name:		Attach Current Photograph Here (Must be updated annually by parents)
Date of Birth:		
Year Group / Class:		
Known Allergies / Triggers:		Allergens:
Does pupil carry personal AAIs?	Yes [ ] / No [ ]	Brand: EpiPen / Jext / Emerade
Parent 1 Name & Phone:		Relationship:
Parent 2 Name & Phone:		Relationship:
GP Name and Clinic Phone:		Clinic Address:

A.2 Daily Risk-Mitigation and Support Adjustments

Outline specific preventative adjustments required across different areas of the school day:

School Area	Specific Preventative Action and Controls Required	Responsible Staff
School Catering	Specialist allergen-safe menu; second-person meal check; specific colored tray.	Catering Staff / Duty Staff
Classrooms (Art/Science/Food)	Wheat-free play dough; non-food packaging for crafts; no food-based science triggers.	Subject Teachers
Physical Education / Sports	AAIs kept in sports bag at pitch-side; host school notified for fixtures.	PE Department / Coaches

School Trips & Excursions	HC medical trip pack; full risk assessment completed 2 weeks prior.	Trip Leaders
School Transport	AAIs carried in school bag; driver trained in anaphylaxis emergency response.	Transport Drivers

A.3 Emergency Response and Medication Storage

- In the event of an allergic reaction: Follow the attached clinical Allergy Action Plan instantly.
- Adrenaline Device Storage: Location of pupil's personal AAIs and backup named device in the Health Centre.
- Emergency Spare Consent: Yes [ ] / No [ ] — Parent consent is provided for staff to administer the school's generic 'spare' AAIs if the pupil's personal devices are unavailable or misfire.

This plan has been discussed, agreed, and signed by:

SLT Allergy Safety Lead Signature: ..... Date: .....

Parent / Carer Signature: ..... Date: .....

School Nurse Signature: ..... Date: .....

Appendix B: Emergency Incident and Near-Miss Recording Log

This log must be completed by the responding staff and School Nurse immediately following any allergic reaction (incident) or near-miss. Completed logs are submitted directly to the SLT Allergy Safety Lead to initiate a lessons learned review.

B.1 Primary Incident Information

Information Field	Incident / Near-Miss Records and Details
Name of Affected Individual:	
Role in School:	Pupil [ ] / Staff [ ] / Visitor [ ]
Date and Time of Event:	Date: _____ Time: _____ AM/PM
Specific Location of Event:	Classroom [ ] / Kitchen [ ] / Sports Field [ ] / Off-site Trip [ ] / Other: _____
Type of Event:	Serious Incident (Harm / AAI Administered) [ ] / Near-Miss (Caught before exposure) [ ]
Suspected Allergen / Trigger:	Food (specify): _____ / Insect Sting [ ] / Contact [ ] / Unknown [ ]

B.2 Narrative of Event and Response

Provide a chronological narrative of the event. Explain how the exposure occurred, what symptoms appeared, and what actions were taken:

Time	Clinical Symptoms Observed	Treatment Administered & Responding Staff
	ABC Symptoms (Airway, Breathing, Circulation)	
	Adrenaline administered? Yes [ ] / No [ ] If yes, time first dose given: _____ Time second dose given: _____	Administered by: _____ Brand & Dose used: _____
	Emergency Services (999) called? Yes [ ] / No [ ] If yes, time called: _____ Time ambulance arrived: _____	Responding Paramedics Handover notes: _____
	Antihistamine administered? Yes [ ] / No [ ] If yes, specify name and dose: _____	Administered by: _____

B.3 Mandatory Notification and Lessons Learned Review

- Parent / Carer Notified? Yes [ ] / No [ ] — Time Notified: _____ PM/AM
- School Nurse & SLT Allergy Lead Notified? Yes [ ] / No [ ] — Date: _____
- Statutory External Reporting Required?
  - Local Authority Environmental Health (Unsafe food provided by kitchen): Yes [ ] / No [ ] / N/A [ ]
  - HSE under RIDDOR (Hospitalisation due to work-related exposure): Yes [ ] / No [ ] / N/A [ ]
  - Date of External Reporting (if applicable): _____

Lessons Learned & Action Taken: (Provide details of the review with parents/pupil, IHP updates, and changes to preventative controls):

_____

_____

_____

SLT Allergy Safety Lead Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____