The Luccombe Hub

Medical Conditions, Allergy & Anaphylaxis Safety Policy

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Applies To	All staff, volunteers, contractors, learners, parents/carers

1. Introduction and Purpose

The Luccombe Hub is committed to providing a safe, inclusive, and supportive environment for all learners, including those with allergies and severe allergic conditions. Children with Special Educational Needs (SEN) may face additional challenges in recognising, communicating, or responding to allergic symptoms, which makes the vigilant and consistent application of this policy especially important.

This policy sets out how the school will:

- identify learners with known or suspected allergies
- assess and manage the risks those allergies present in the school environment
- train all relevant staff to respond quickly and competently
- store and administer emergency medication safely
- communicate effectively with parents, carers, and healthcare professionals

> **⚠ Why This Matters for SEN Settings**
>
> Many learners in SEN schools have communication, cognitive, or sensory differences that mean they may be unable to report symptoms, self-administer medication, or avoid allergens independently. The school takes a whole-environment approach and does not rely on children to manage their own safety.

2. Scope

This policy applies to:

- All learners on roll, including those attending part-time or on outreach placements
- All school staff (teaching, support, ancillary, and administrative)

- Supply staff, volunteers, and contractors working on the premises
- External professionals visiting the school
- Learners on school trips, residential visits, and off-site activities

It covers allergic reactions to:

Category	Common Examples in This Setting
Food	Peanuts, tree nuts, milk, eggs, wheat/gluten, soya, fish, shellfish, sesame, lupin
Environmental allergens	Pollen (grass, tree, weed), mould spores, house dust mites
Animals	Cat and dog dander, horses, rabbits, guinea pigs, hamsters, latex from rubber gloves
Insect stings/bites	Bee and wasp venom, ant bites
Medications	Penicillin, aspirin/NSAIDs, local anaesthetics
Contact materials	Latex, certain metals (nickel), cleaning chemicals, adhesives, face paints
Plants	Nettles, chrysanthemums, primulas, euphorbias, giant hogweed
Other	Exercise-induced anaphylaxis, cold urticaria, unspecified/complex presentations

3. Key Definitions

Term	Definition
Allergy	An immune-system response to a substance (allergen) that is normally harmless. Reactions can range from mild (rash, sneezing) to life-threatening.
Anaphylaxis	A severe, rapid-onset systemic allergic reaction that is potentially life-threatening. Requires immediate administration of adrenaline (epinephrine) and emergency services.
Allergen	A substance that triggers an allergic reaction in a sensitised individual.
Adrenaline auto-injector (AAI)	A pre-filled syringe device (e.g. EpiPen, Jext, Emerade) used to deliver a measured dose of adrenaline in an emergency.
Individual Healthcare Plan (IHP)	A written plan agreed with parents/carers and healthcare professionals describing a pupil's medical condition, treatment, and emergency response.
Emergency Allergy Protocol (EAP)	A one-page summary of an individual pupil's allergy triggers, early warning signs, and step-by-step emergency response, kept in agreed locations.

4. Roles and Responsibilities

4.1 Headteacher / Senior Leadership Team

- Ensure this policy is implemented, reviewed annually, and communicated to all stakeholders
- Appoint a named Allergy Lead (see 4.2) with sufficient time and resource to fulfil the role
- Ensure sufficient trained staff are available at all times, including on trips and at lunch
- Secure appropriate funding for training, equipment, and medication storage
- Report to governors on policy compliance and any allergy-related incidents

4.2 Allergy Lead

- Maintain a confidential register of all learners with identified allergies
- Co-ordinate the development and review of Individual Healthcare Plans and Emergency Allergy Protocols
- Oversee staff allergy and anaphylaxis training (minimum annual refresher)
- Ensure AAIs and other prescribed medications are in date, correctly stored, and accessible
- Liaise with school catering, site management, and external providers about allergen controls
- Manage and document all allergy-related incidents and near-misses

4.3 Teachers and Facilitators

- Be familiar with the IHP and EAP of every pupil in their care
- Never leave a pupil with a severe allergy unsupervised or without access to their AAI
- Apply allergen-control measures in the classroom (e.g. no nut-based products in craft activities)
- Monitor learners for early signs of allergic reaction and act without delay
- Administer emergency medication as trained, in accordance with the pupil's EAP
- Complete post-incident documentation and inform the Allergy Lead and parents/carers

4.4 Food Tech/Preparation

- Follow allergen labelling regulations and catering protocols at all times
- Maintain clear records of all ingredients used and flag changes in recipes
- Prepare allergen-free meals safely to avoid cross-contamination
- Never provide food to a pupil with dietary restrictions without checking against the allergy register
- Attend allergen awareness training as part of induction and annually thereafter

4.5 Site / Facilities Manager

- Control the school environment to minimise contact with environmental allergens (e.g. plant selection in grounds, pest control, cleaning products used)
- Ensure animals, plants, and materials known to be triggers are risk-assessed before being brought on site
- Maintain emergency medication storage in good order (temperature, security, access)

4.6 Parents and Carers

- Inform the school of any known or suspected allergy before the pupil's start date, and immediately upon new diagnosis
- Provide up-to-date prescribed medication (AAIs, antihistamines, inhalers) labelled with the pupil's name
- Engage with the IHP / EAP development process and sign to confirm agreement
- Notify the school promptly of any changes in the pupil's condition, treatment, or prescribed medication
- Ensure the pupil's medication is in date; replace at least one month before expiry

4.7 Learners (where appropriate to ability and understanding)

The Luccombe Hub recognises that many of its learners may have limited capacity to self-manage. Where a pupil has the understanding and ability to do so, the school will:

- Teach age- and ability-appropriate self-awareness about their allergy
- Support the pupil to communicate symptoms using their preferred communication method (verbal, AAC, picture symbols, Makaton, PECS)
- Never place sole responsibility for allergy management on the child

5. Identification and Risk Assessment

5.1 Allergy Register

The Allergy Lead maintains a secure, up-to-date register of all learners with identified allergies. The register records:

- Name and date of birth
- Diagnosis (allergen(s), severity, and route of exposure)
- Prescribed medication and dosing instructions
- Location of medication
- Date of last IHP review
- Emergency contact details

5.2 Individual Healthcare Plans (IHPs)

An IHP is written for every pupil with a diagnosed allergy or condition that requires medication or other clinical management during the school day. IHPs are:

- Developed collaboratively with the pupil's parents/carers and, where possible, their GP or specialist
- Written using accessible, jargon-free language
- Reviewed at least annually, or sooner following a reaction, change of treatment, or new information
- Held securely and made available to all staff working with that pupil

5.3 Emergency Allergy Protocols (EAPs)

Each pupil at risk of anaphylaxis has a one-page EAP that includes:

- A photograph of the pupil
- Identified allergen(s)
- Symptoms of mild-to-moderate and severe (anaphylactic) reaction
- Step-by-step emergency instructions specific to that pupil
- Medication to administer and when
- Emergency contacts and when to call 999

EAPs are posted in agreed locations (classroom, dining room, medical room, staff room) and are included in supply and cover packs.

SEN-Specific Consideration: Communication Profiles

When developing IHPs and EAPs for learners with communication, sensory, or cognitive differences, staff must consider how the pupil communicates pain or discomfort, whether they are likely to seek help, and how to observe behavioural changes that may signal a reaction (e.g. increased distress, self-stimulatory behaviour, or withdrawal in a non-verbal pupil).

5.4 New Learners and Mid-Year Diagnoses

For new learners, the admissions form will request allergy and medical information as part of the standard enrolment process. For mid-year diagnoses, parents/carers must notify the school immediately. The Allergy Lead will update the register and arrange an IHP meeting within five school days.

6. Allergen Controls in the School Environment

6.1 Food and Catering

- Menus are planned with awareness of the learners' collective allergen profile
- Allergen information is available for every meal and snack served
- The 14 major allergens (as defined in UK Regulation (EU) No 1169/2011) are declared on all school food
- Dedicated utensils, preparation areas, and where necessary, separate meal services are provided for learners with food allergies
- Food brought in from home for celebrations or events is handled in accordance with the school's food-from-home guidance
- Packed lunches are not shared between learners
- Staff are instructed not to use food as a reward or motivator without checking the allergy register

6.2 Classroom and Activity Materials

- Craft activities, science experiments, and cooking sessions are checked against pupil allergy registers before planning
- Common allergens in craft materials (latex gloves, nut-based modelling compounds, wheat-based play dough, latex balloons) are replaced with suitable alternatives for affected classes
- Sensory resources are reviewed for allergen content (certain tactile materials, scented items, natural fibre products)
- Gardening and outdoor learning activities involving plants are assessed for contact or pollen risks

6.3 Animals in School

The Luccombe Hub recognises that some learners have strong therapeutic relationships with animals, and also that animals can be significant allergen sources. The following controls apply:

- No animals are brought onto the school site without prior risk assessment
- Where an animal is kept on site (e.g. therapy dog, classroom pet), the allergy register is checked and parental consent is sought
- Learners with known animal allergies will not be required to participate in animal activities and a safe alternative will be provided
- Animal contact areas are cleaned thoroughly and are not used for food consumption

6.4 Grounds and Plants

- The site manager avoids planting high-pollen-producing plants or plants known to cause contact dermatitis in accessible outdoor areas
- Learners with severe pollen allergies are informed about high-pollen days (Met Office forecast) and additional measures are considered (e.g. remaining indoors at lunch)
- Giant hogweed, common rue, and other plants with toxic sap are not planted on site and are removed if found

7. Cross-Contamination, Hand Washing, and Surface Cleaning

Cross-contamination — the unintended transfer of an allergen from one surface, object, or person to another — is one of the most common causes of allergic reactions in school settings. In a SEN environment, learners may mouth objects, touch surfaces repeatedly, have limited awareness of hygiene boundaries, or require close personal care, all of which increase the risk. This section sets out the school's controls to prevent cross-contamination and maintain a safe environment.

7.1 Understanding Cross-Contamination in a SEN Setting

⚠ SEN-Specific Risk Factors for Cross-Contamination

Mouthing of objects, hands, or surfaces is common among learners with autism, sensory processing differences, or developmental delay.

Learners may touch their face, eyes, or mouth after handling allergen-containing materials without awareness of the risk.

Close physical contact during personal care (intimate care, physiotherapy, handling) can transfer allergens between learners and staff.

Shared sensory resources, fidget toys, and communication aids may pass between multiple learners without cleaning.

Learners with limited communication cannot alert staff to accidental allergen contact.

7.2 Food Cross-Contamination Controls

Preparation and Serving

- Allergen-free meals are prepared first, before other meals, using dedicated utensils, chopping boards, and cookware that are clearly colour-coded or labelled
- Separate serving utensils are used for each dish and are never returned to a serving container after contact with a pupil's food
- Staff handling allergen-free food wash hands thoroughly before preparation and wear fresh gloves where appropriate
- Allergen-free meals are covered and clearly labelled (pupil name and allergen-free status) from preparation through to serving
- Food is never plated on surfaces that have been in contact with allergens without thorough cleaning and drying first

Dining Area

- Learners with severe food allergies are seated at a designated allergen-aware space; this is implemented without stigmatising or isolating the pupil
- Table surfaces are wiped down with a damp cloth and allergen-safe cleaning product before a pupil with a food allergy is seated
- Food sharing between learners is not permitted; staff supervising mealtimes actively monitor and intervene if necessary
- Packed lunches from home are stored separately and not placed in contact with other learners' food
- Spills involving food allergens are treated as a contamination incident: the area is cleared, cleaned immediately, and dried before further use

Classroom and Cooking Activities

- Food used in cooking, craft, or sensory activities is checked against the class allergy register before the session; allergen-containing ingredients are substituted where a risk is identified
- Common allergen-containing craft materials (wheat-based clay, nut-based art supplies, egg-based paints) are replaced with allergen-free alternatives for classes that include affected learners
- Surfaces used for food-based activities are cleaned before and after the activity using the school's approved allergen-removing cleaning product

7.3 Non-Food Cross-Contamination Controls

- Shared resources — fidget tools, communication aids, soft toys, sensory items — are cleaned between users according to the schedule in 7.5
- Latex-free gloves are used throughout the school; latex-containing products are not purchased
- Staff and learners wash hands after contact with animals, plants, or craft materials that may be allergen sources
- Clothing soiled with allergen-containing substances (e.g. food, animal dander) is changed promptly; spare clothing is available on site
- Pet or therapy animals are kept in designated areas; learners with animal dander allergies are not required to enter those areas

7.4 Hand Washing

Hand washing is the single most effective way to remove allergens from skin and prevent their transfer to the mouth, eyes, or other surfaces. The school applies the following hand hygiene requirements:

When Hands Must Be Washed

Situation	Who	Method
Before and after eating or handling food	All learners and staff	Soap and water (minimum 20 seconds)
Before preparing or serving food	Catering and support staff	Soap and water; fresh gloves if required
After contact with animals, plants, or outdoor environments	All learners and staff	Soap and water
After handling allergen-containing craft or sensory materials	All learners and staff	Soap and water
After cleaning a spill or contaminated surface	Staff	Soap and water; remove gloves first
After personal care or intimate care	Staff	Soap and water; change gloves between learners
Before and after administering medication	Staff	Soap and water or alcohol gel if sink unavailable

Hand Washing Technique

Staff follow and teach the NHS six-step hand washing technique:

- Step 1 — Wet hands with warm running water and apply soap
- Step 2 — Rub palms together
- Step 3 — Rub the back of each hand with the other hand, fingers interlaced

- Step 4 — Rub between fingers and around thumbs
- Step 5 — Rub fingertips of each hand in the other palm
- Step 6 — Rinse thoroughly with running water and dry completely with a disposable paper towel

Hands must be dried fully: damp hands spread more contaminants and can rehydrate dried allergen residues on surfaces.

SEN Adaptations for Hand Washing

Supporting Learners Who Find Hand Washing Difficult

Some learners may resist hand washing due to sensory sensitivities, anxiety, or limited understanding. The school will use these strategies:

• Visual schedules and social stories to build hand washing as a predictable, reassuring routine

• Graduated exposure for learners with sensory aversions to water or soap (e.g. starting with wipes, progressing to running water)

• Preferred soap fragrance or unscented soap to reduce sensory barriers

• Hand-over-hand support from staff where the pupil is unable to self-wash

• Allergen-free hand wipes as a temporary measure where a sink is not immediately accessible, followed by soap and water at the earliest opportunity

• Note: alcohol-based hand gel does NOT remove allergen proteins; soap and water must be used whenever possible

Facilities

- Handwashing sinks with warm running water, liquid soap dispensers, and disposable paper towels are available in all classrooms, dining areas, food preparation areas, and changing rooms
- Soap is allergen-free (fragrance-free, nut-oil-free) as far as practicable; the Allergy Lead approves any change of soap product
- Hand sanitiser gel is provided as a supplement to (not a replacement for) hand washing; gel is checked to ensure it does not contain allergen-derived ingredients
- Staff report any soap, towel, or facility shortages to the site manager immediately

7.5 Surface Cleaning

Regular and responsive surface cleaning removes allergen residues that can persist on hard surfaces for hours or days. The school's cleaning regime distinguishes between routine scheduled cleaning and reactive (incident-response) cleaning.

Approved Cleaning Products

- The Allergy Lead, in consultation with the site manager, approves a list of cleaning products effective at removing allergen proteins from surfaces
- Plain washing-up liquid and warm water, or a commercially prepared allergen-specific surface cleaner, are the default choices

- Dry wiping alone (e.g. a dry cloth or dry paper towel) does not remove allergens and is insufficient; surfaces must be wiped with a wet cloth and then dried
- Products containing allergen-derived ingredients (e.g. wheat-based thickeners, nut-based surfactants) are not used in school; the site manager checks ingredient lists before purchasing new products
- Cleaning products are stored safely out of reach of learners

Scheduled Cleaning Routine

Area / Item	Frequency	Method
Dining tables and chairs	Before and after each mealtime	Wet wipe with allergen-safe cleaner; dry with disposable cloth
Food preparation surfaces (catering)	Before and after each use	Allergen-safe cleaner, rinse, dry
Classroom tables used for food or craft	Before and after each activity	Wet wipe with allergen-safe cleaner; dry
Shared sensory resources and fidget tools	Daily (or between users for high-risk learners)	Wipe with allergen-safe cleaner; allow to dry fully before next use
Communication aids (AAC devices, PECS boards)	Daily	Damp wipe; follow manufacturer guidance for electronics
Door handles, light switches, and high-touch points	At least daily	Damp wipe with multi-surface cleaner
Toilet and personal care areas	After each use by a pupil with severe allergies	Full clean with approved product; fresh gloves for each pupil
Animal contact zones	After each session	Thorough clean; restrict access until fully dry

Reactive (Incident) Cleaning

When an allergen spill or contamination incident occurs, staff must:

- Remove the allergen source immediately — collect food debris or remove contaminated materials
- Put on disposable gloves before touching the contaminated area
- Wipe the surface with a wet cloth and allergen-safe cleaning solution; do not dry-wipe
- Rinse the surface with clean water and dry thoroughly with a disposable cloth or paper towel
- Dispose of gloves, cloths, and debris in a sealed bag in the general waste bin
- Wash hands thoroughly with soap and water after removing gloves
- Do not allow learners to return to the area until it has been cleaned and fully dried
- Record the incident on the school's incident log and inform the Allergy Lead

Staff Responsibilities for Cleaning

- All staff are responsible for reporting spills and contamination immediately — they do not wait
- Class teachers and facilitators are trained in reactive cleaning of surfaces following allergen spills during the school day
- Caretaking staff carry out scheduled deep cleans of classrooms, dining areas, and shared spaces
- The site manager conducts a termly audit of cleaning products to ensure compliance with the approved list

8. Medication Management

8.1 Prescribed Medication

- All prescribed allergy medication must be brought to school in its original pharmacist-labelled container
- Medication is handed to a teacher or Allergy Lead on arrival and is stored in the agreed secure, accessible location
- Written consent to administer medication is obtained from parents/carers (via the IHP or separate consent form) before any medication is given
- Records of all medication administration are maintained and parents/carers are informed on the same day

8.2 Adrenaline Auto-Injectors (AAIs)

- Where a pupil is prescribed two AAIs, both devices are kept with the pupil (or in the nearest accessible location agreed in the IHP) at all times, including during PE, trips, and breaks
- AAIs are never locked away or kept in a location inaccessible to staff
- Expiry dates are checked by the Allergy Lead at least termly; parents/carers are notified at least one month before expiry
- Staff designated to administer AAIs receive hands-on training using a trainer device, with annual competency checks
- Following administration of an AAI, 999 is called immediately even if the pupil appears to recover. A second AAI may be given after five minutes if symptoms return or do not improve

8.3 School's Spare AAIs (Resus Council UK Guidance)

The Luccombe Hub holds spare AAIs (EpiPen 300mcg and/or EpiPen Jr 150mcg) for emergency use under the provisions of the Human Medicines (Amendment) (No.2) Regulations 2014. These spare devices:

- Are for use only when a pupil's own device is unavailable, expired, or has already been used
- May be used on any pupil at risk of anaphylaxis where their prescriber has confirmed this in the IHP
- Are checked termly and replaced before expiry

- Are stored in a clearly labelled, unlocked cabinet in the main school office or on the Farm, at The Granary and Milton Mills and The Trip Bag for Abavia to be brought back in the afternoon.

Emergency Response — At a Glance

1. Recognise the signs of anaphylaxis (see Section 9).
2. Administer the pupil's prescribed AAI into the outer thigh. Call 999 immediately.
3. Lay the pupil flat with legs raised (unless breathing is difficult — then sitting up is safer).
4. If no improvement after 5 minutes, administer the second AAI.
5. Stay with the pupil until the ambulance arrives. Do not leave them alone.
6. Contact parents/carers and the Allergy Lead.
7. Complete an incident record before the end of the school day.

9. Recognising Allergic Reactions

9.1 Mild to Moderate Reaction

Symptoms may include one or more of the following:

System Affected	Signs & Symptoms
Skin	Itching, hives (urticaria), redness, swelling (localised angioedema), rash
Eyes / Nose	Watery or itchy eyes, runny nose, sneezing
Mouth / Throat	Tingling or itching in the mouth, mild swelling of the lips or tongue
Digestive	Nausea, abdominal cramps, vomiting, diarrhoea
Behavioural (SEN note)	Increased agitation, self-injurious behaviour, withdrawing from activities, distress without obvious cause

Action: Administer antihistamine if prescribed and appropriate for mild symptoms if permission is sought and this is okay to do this. Monitor closely. Inform parents/carers. If symptoms worsen, treat as anaphylaxis.

9.2 Anaphylaxis — Severe Allergic Reaction

Anaphylaxis is an emergency. Suspect anaphylaxis when ANY of the following develop, especially if an allergen has been involved:

System Affected	Signs & Symptoms
Airway	Swelling of the throat/tongue, hoarse voice, stridor (high-pitched breathing sound)

Breathing	Difficulty breathing, wheeze, increased respiratory rate, use of accessory muscles
Circulation	Rapid or weak pulse, fall in blood pressure, pale/clammy skin, collapse
Neurological	Confusion, dizziness, loss of consciousness, limpness
Skin (often but not always)	Widespread urticaria, flushing, angioedema
Behavioural (SEN note)	Sudden extreme distress or unresponsiveness in a pupil with limited communication; limpness; loss of eye contact

Action: Administer AAI immediately[1]. Call 999. See emergency response summary above.

10. Staff Training

- All new staff receive allergy and anaphylaxis awareness training as part of their induction, before working unsupervised with learners
- All staff receive annual allergy refresher training covering: allergy types and triggers, recognising reactions, administering AAIs, completing incident records
- Designated staff (typically all class-based staff in a SEN setting) receive hands-on AAI administration training with annual competency sign-off
- SEN-specific modules cover: observing behavioural changes as symptoms, communication strategies, supporting anxious or non-compliant learners during treatment
- Training is delivered by a qualified healthcare professional or an Allergy UK / Anaphylaxis UK approved trainer
- Training records are maintained by the Allergy Lead and are available for inspection
- Supply and agency staff are briefed on relevant IHPs and EAPs before taking a class

11. School Trips, Residential Visits, and Sporting Activities

All off-site activities require an enhanced risk assessment that specifically addresses allergy management. This includes:

- Confirming that at least one member of each trip group is trained to administer an AAI
- Ensuring all AAIs and relevant medication accompany the pupil and are not stored in a bag inaccessible during the trip
- Providing trip leaders with a copy of the EAP for each pupil with a known severe allergy
- Pre-checking catering arrangements at venues for allergen information
- Considering environmental allergens at the destination (animals, plants, insect activity)

[1] The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

- Ensuring mobile phone coverage or an alternative means of calling 999 is available at all times
- Informing parents/carers of arrangements and obtaining consent

12. Incident Recording and Review

12.1 Reporting

Any allergic reaction — whether treated at school or not — must be recorded on the school's incident form on the day it occurs. The record must include:

- Date, time, and location
- Pupil details and known allergens
- Description of the suspected trigger and route of exposure
- Symptoms observed (including onset time)
- Treatment administered and time of administration
- Response to treatment
- Whether 999 was called and the outcome
- Name(s) of staff involved

12.2 Post-Incident Review

Following any severe reaction or anaphylaxis, the Allergy Lead will convene a post-incident review within five school days to:

- Understand how the exposure occurred
- Identify any failures in controls and implement improvements
- Review and update the pupil's IHP and EAP as necessary
- Consider whether additional staff training is needed
- Determine whether the incident meets the threshold for reporting under RIDDOR 2013

13. Communication with Families

- Parents/carers of learners with severe allergies are contacted on the same day as any allergic reaction, even if minor
- The school provides parents/carers with a copy of this policy at enrolment and when it is significantly updated
- The school sends home written guidance on allergen control measures relevant to families (e.g. guidance on packed lunches, birthday treats)
- Where a new pupil with a severe allergy joins the school, the class is notified in general terms (without identifying the individual) and relevant measures are put in place
- The school does not publicise individual learners' medical information without written parental consent, in accordance with UK GDPR

14. Equality, Inclusion, and SEN Considerations

Under the Equality Act 2010, a severe allergy may constitute a disability. The school is committed to making reasonable adjustments so that learners with allergies can participate fully in all aspects of school life on an equal basis with their peers.

In a SEN setting, the school additionally recognises that:

- Learners may be unable to self-manage or self-report, increasing the duty of care on staff
- Sensory processing differences may alter the way a pupil experiences or reports allergic symptoms
- Behavioural presentations linked to allergy may be misattributed to the pupil's primary diagnosis; staff are trained to consider allergy as a differential
- Anxiety about allergic reactions may affect wellbeing and participation; pastoral support is available
- Visual supports, social stories, and structured teaching approaches are used to support allergen-safe behaviour where appropriate

15. Relevant Legislation and Guidance

Document / Legislation	Relevance
Supporting Learners with Medical Conditions in Schools (DfE, 2015)	Statutory guidance requiring schools to have a policy and IHPs for learners with medical conditions
Equality Act 2010	Prohibits discrimination; requires reasonable adjustments for learners whose allergy constitutes a disability
Human Medicines (Amendment) (No.2) Regulations 2014	Permits schools to purchase and hold spare AAIs without a prescription
Food Information Regulations 2014 (UK)	Requires declaration of 14 major allergens in food provided to consumers, including schools
Health and Safety at Work etc. Act 1974 / COSHH 2002	Requires risk assessment and control of substances hazardous to health, including allergens
UK GDPR / Data Protection Act 2018	Governs handling of learners' sensitive medical information
RIDDOR 2013	Requires reporting of certain workplace incidents, which may include severe anaphylaxis
Anaphylaxis UK & Resuscitation Council UK Guidelines	Clinical and procedural best practice for anaphylaxis management in schools
Schools (Allergy Safety) Bill 2026	Currently going through Parliament – expected Royal Assent & implementation Sept 2026

16. Policy Review and Version Control

This policy will be reviewed annually by the Allergy Lead and Headteacher, and following any of the following:

- A severe allergic reaction on the school premises or during a school-organised activity
- Changes to relevant legislation or DfE/NHS guidance
- Changes to the school's pupil population that affect risk
- Concerns raised by parents/carers, staff, or external agencies

Version	Date	Author	Summary of Changes
1.0	1 August 2026	Marcus Monier-Williams	Initial publication

17. Approval and Signatures

Role	Name (print)	Signature	Date
Principal	Henri Monier-Williams		

This policy should be read in conjunction with the Luccombe Hub's First Aid Policy, Medicines Policy, Health and Safety Policy, and SEND Policy.