Allergy Policy

Document Owner and Approval

COO is the owner of this document and is responsible for ensuring that this policy document is reviewed in line with Gateways' policy review schedule.

This policy was approved by the Chair of Trustees and the CEO on 18/11/2025.

Version History Log

Version	Description of Change	Date reviewed	Author
1	Initial issue		J Sager
2	Updated with Benedict Law guidance	August 2026	J Sager (reviewed by N Cohen)

Contents

Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

Gateways has a whole Gateways awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding

the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensu re procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Gateways understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Emergency Treatment and Management of Ana phylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh (via clothes if necessary) or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device. A second dose should be administered, if required, to the other thig
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up or sit stand them up or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and **Gateways** will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the teaching

kitchen (Sara's kitchen) for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Gateways is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Gateways completes a Gateways wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

Gateways will ensure that allergy is included in all Gateways risk assessments to identify risks and plan control measures to minimise the risk of exposure.

An allergy risk assessment template is provided in the Education Team folder.

Gateways will ensure that the risk of exposure is minimised by

- All staff completing allergy training every year
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

Food Provision and Catering

Gateways will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Providing student's allergen information to the cookery teachers and any staff responsibly for purchasing food (e.g. for breakfast bar, enrichment activities)
- Teach students not to food share, trade food or share utensils or food containers with the reasons why

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from Gateways and when on visits or trips.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in the first aid cabinet in the Education Office.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

Gateways does NOT hold spare adrenaline devices for use in emergency situations, as these are currently only available to registered Gateways. This should be made clear to all staff at induction and to all parents at enrolment.

Student self-management

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container which should be clearly labelled.

However, symptoms of anaphylaxis can come on very suddenly and staff need to be prepared to administer medication if the young person is unable to do so.

Staff Training and Emergency Response

All staff and volunteers will be trained in allergy awareness and emergency response. Training will be provided by Gateways and completed on an annual basis.

Emergency preparedness

Gateways will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

During fire drills and lockdown practices, Gateways will ensure that a student's adrenaline device is with them.

Roles and Responsibilities

Board of Trustees

- The Board of Trustees is responsible for ensuring that this policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis.
- Gateways has a named Trustee (Nicki Cohen) who works closely with the Health and Safety Officer (a role taken by the Chief Operating Officer) and reports any serious incidents at Board meetings.
- Gateways includes the risks pertaining to students and staff with allergy on the Gateways's risk register.

Allergy Lead

Gateways has a named member of the executive leadership team (Jemma Sager) who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The allergy lead is responsible for:

- Systems to collect allergy information during the enrolment process, ensuring that this information is shared where required.
- Holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan

- Ensuring that systems are robust for the identification of students during cookery classes or food-related activities
- Communication about:
  - the policy
  - the students who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents
- Communication with:
  - Trustees to provide updates about the policy implementation
  - Designated Safeguarding Leads to keep allergy safety as part of their roles
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Cookery class teachers/leads
  - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
- That Individual Health Plans (IHPs) are created and communicated
- Training
  - Ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.

All Staff

Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents

Responsible for:

- Adhering to this policy
- Providing Gateways with the information they need to create individual health care plans
- Updating Gateways about any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at Gateways at all times

Identification of Individuals with Allergies

Admissions Data Collection: Gateways collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission via questions on the referral form and a medical questionnaire sent at enrolement.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way while maintaining appropriate data privacy.

Transition: Allergy information and existing care plans are shared as part of a student's transition**.** Gateways will request allergy information from the previous setting and will consider whether any of the arrangements are suitable to implement. Gateways work with parents/carers and the student if appropriate to write a new IHP Staff will provide information about students for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: will be asked about allergies when they sign in.

Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or Gateways need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the Gateways.

Some allergies will have little or no impact on the individual while they are on Gateways' premises, or will not pose a risk them, and they will not require arrangements which are additional to or different from those made generally. In principle, if the following criteria apply, an Individual Healthcare Plan will NOT be required:

- If the arrangements or support which are required would be available to any individual as part of the setting's normal policies
- If the child or young person only needs non-prescription medication and the setting's medical conditions policy would permit them to carry and administer it, an IHP may not be required

If an allergy meets the following criteria, an Individual Healthcare Plan should be created in relation to their allergy which is kept in the first aid drawer at Reception:

- They have an allergy which has a functional impact on them in their setting
- They are at risk of harm as a result of their allergy
- They require arrangements which are additional to or different from those made generally.

An IHP will identify exact risk-mitigation measures that need to be followed.

IHPs are Gateways owned documents that are co-created by Gateways, parents/carers and students. A template is available at the end of this document. They should include advice advice received from health professionals involved in management of the child's allergies.

Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually.

Gateways will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan

- individual healthcare plans are created whilst students are waiting for a diagnosis

Trips and External Visits

Gateways ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage of adrenaline for the duration of the Gateways trip.

Staff leading Gateways trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

Serious Incidents and "Near Misses"

Gateways approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

Gateways is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Gateways will record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately in the Accident book held in the Operations Office. The incident or near miss will be reviewed and a report written.

Gateways will share the report with the student’s parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Gateways will confirm what it has learned from the incident and outline any actions it is taking as a result. The student’s IHP will be updated if necessary.

Wellbeing and Support

At Gateways allergy safety is a priority and actions to ensure that students are included and safe are embedded into the Gateways' culture. Students with an allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Gateways:

- plans Gateways celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- has proactive engagement with new joiners with known allergies, setting out the Gateways, college or setting's policies and the support available

Safeguarding

Gateways recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a Gateways or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

Gateways staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the Gateways will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing a student from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every student with the same condition requires the same support;
- assuming that students do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the student or their parents or carer;

- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a student does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a student who becomes unwell to find a first aider without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- requiring parents / carers (or otherwise making them feel obliged) to attend the Gateways, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of Gateways life, including external visits and trips, e.g. by requiring parents to accompany the child.

Policy Review and Publication

This policy is published on the Gateways website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Template Individual Healthcare Plan **NAME – Individual Healthcare Plan for allergy**	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.* *Note whether the allergy is known to be airborne*	
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*	
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*	
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*	

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate. Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**: