Al-Furqaan Prep School

Allergy Safety Policy

Approved By:	Governors
Reviewed By:	SLT
Last Reviewed:	September 2026
Next Annual Review:	September 2027

Allergy Safety Policy

Purpose:
To ensure the safety and well-being of all pupils by identifying, managing, and reducing the risks associated with allergies. It aims to create a safe environment where children with allergies can learn and play without fear of exposure to allergens, and where staff are prepared to respond effectively in case of an allergic reaction.

Responsibility:
The Governing Body, SLT, teachers, and staff are responsible for implementing the allergy policy and ensuring the safety of all pupils with allergies.
Named Senior Leader Responsible for Allergy Safety: Mrs. Zaheda Pathan
Named Governor for Allergy safety: Mr. Khalil Mamaniat

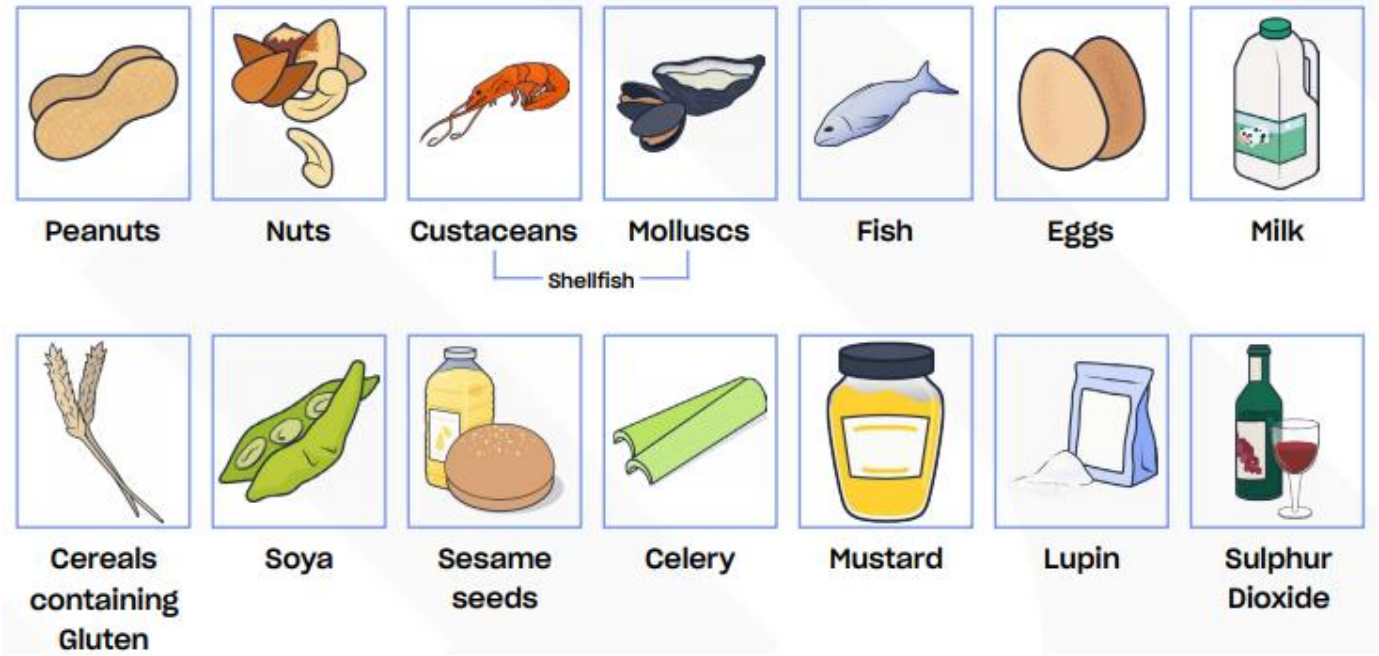
1. Introduction

This policy demonstrates Al-Furqaan Prep School's commitment to reducing the risk to pupils and staff with allergies, intolerances, coeliac disease and wider food hypersensitivities. Throughout this policy, we aim to highlight the procedures the school will follow to ensure that we are doing everything we can to maintain safety and that all staff are appropriately trained and able to deal with situations where pupils experience allergic reactions.
Pupils can be allergic to many different things around them - these are called allergens.
Common allergens include:

- Food - such as nuts, milk, dairy products and wheat.
- Plants - such as oil or pollen.
- Airborne allergens - such as spores, pollen, dust mites, animal skin cells and fur
- Insect stings or bites - such as bees, wasps, hornets or ants.
- Medication - such as penicillin, anti-inflammatory drugs or contrast medication.
- Metals - such as nickel and cobalt.
- Chemicals - such as those used in preservatives, fragrances, hair dyes and nail polishes.
- Latex - such as rubber gloves or aprons.

The 14 Food Allergens

There are 14 food allergens as contained within the law:



Al-Furqaan Preparatory School will take appropriate steps to ensure that allergen information is available for food provided by the school, including school lunches.
Information relating to the 14 regulated allergens will be provided in accordance with applicable food information and labelling requirements. Where food is prepacked for direct sale (PPDS), it will be labelled with the name of the food and a full ingredients list, with any of the 14 regulated allergens emphasised.
Allergen information for school meals will be made available to parents/carers through the school's agreed meal ordering or menu system and will be accessible to staff responsible for supporting pupils with allergies.
Allergic reactions can range from mild to severe, with the most severe being anaphylaxis. Symptoms occur when the body reacts to usually harmless ingredients. Mild reactions may include itching, sneezing or skin rashes; however, anaphylaxis is a severe reaction that requires immediate treatment with an adrenaline auto-injector (AAI).

2. Background Information

Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease.

What is an allergy?	➢ An adverse reaction by the body's immune system to a specific allergen. ➢ An allergic reaction can occur even after being exposed to just a trace of the allergen and can be life-threatening. ➢ Symptoms of an allergy are often mild but can be very severe. ➢ The most common symptoms include sneezing, itchy skin and rashes, stomach cramps, nausea and vomiting. Symptoms of anaphylaxis include difficulty breathing, a drop in blood pressure and a loss of consciousness. ➢ Allergies can present themselves differently, and each person may show different symptoms. ➢ These are most likely to occur either while eating or soon after eating the allergenic food but, in some cases, can develop hours - or even days - later. We will address this difference later.
What is an intolerance?	➢ An adverse reaction by the body to a specific food ingredient. ➢ It is unrelated to the immune system and, therefore, is not life-threatening. Instead, the body has difficulty digesting certain foods, usually when consumed in large amounts. ➢ Symptoms of food intolerance include bloating, stomach cramps and diarrhoea. These usually develop gradually within a few hours of eating the offending ingredient.
What is coeliac disease?	➢ Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed. ➢ The villi in the small intestine are attacked and damaged by the body's immune system, meaning the body cannot absorb some nutrients from food. ➢ The only way to prevent symptoms of coeliac disease is to avoid consuming gluten altogether, as even trace amounts can affect the individual.
Who does it affect and how?	➢ Allergies can develop at any age and are dependent on a multitude of factors. Similarly, food intolerances and Coeliac disease can occur at any stage in a person's life. Currently, there is no known 'cure' for food

	hypersensitivities - instead, they are conditions that need to be managed throughout an individual's life ➢ Allergic reactions can be life-threatening, known as anaphylaxis. They occur because the body's immune system has overreacted to an allergen. They can cause swelling of the airways, and the person will need immediate medical attention. ➢ Severe allergies can be triggered by even trace amounts of the allergen. ➢ If you work with food, you are legally responsible for providing correct allergen information about the ingredients in the food you handle, provide or serve.

3.Roles and responsibilities

Staff responsibilities:

- All staff must complete allergy training annually and, on an ad-hoc basis for any new members of staff.
- Staff must familiarise themselves with pupils in their care who have allergies and understand how to respond to any reactions they may experience
- Mealtimes will be supervised with care, and pupils with severe allergies will receive further vigilance. Particular attention should be paid to the risk of cross-contamination.
- School trip leaders must inform accompanying staff of pupils with allergies and ensure that they carry the required medication. This will be checked carefully on the morning of the trip. Pupils without medication should not attend the trip.
- The school office will be responsible for maintaining records of pupil medication and ensuring the safe storage of all medication.
- The school office will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication provided by them is in date, however the School office will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school office will keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Spare AAIs will be checked monthly to ensure they are present, accessible, undamaged and within their expiry date.
- The school will not participate in reintroducing an allergen to a pupil. However, support for progressing through an allergen ladder may be provided, contingent on written communication and approval from the parent/carer and healthcare professional.
- All staff are responsible for reporting and recording allergy-related accidents, incidents and near misses, accurately on the 'Allergy Incident & Near Miss Form' (AFPS 14) These will be reviewed by SLT to identify any learning, necessary changes to practice or further risk-reduction measures. Significant incidents and relevant learning will be reported to the Governing Body.

EYFS – Food and Allergy Checks

- Before a child is admitted to Nursery or Reception, the school will obtain information from parents/carers about any known food allergies, intolerances and special dietary requirements. This information will be shared with all relevant staff involved in preparing, handling, serving or supervising food.

For each meal and snack, a designated member of staff will be responsible for checking that the food provided is suitable for each child with identified allergies or dietary requirements. Staff must check the child's current allergy information and any relevant Individual Healthcare Plan or Allergy Action Plan before food is provided. Any uncertainty about the suitability of food must be resolved before it is given to the child.

Parent/Carer responsibilities:

- Parents and carers must provide the school with accurate and up-to-date information regarding their child's allergies at the time of admission and throughout their attendance. This information should include details of all previous severe allergic reactions, history of anaphylaxis, and prescribed medications.
- Parents are responsible for ensuring that any required medication is supplied, in date, and replaced as necessary.
- Parents and carers must ensure that appointments with GPs or allergy specialists are attended as required and keep the school informed of any changes in allergy management.
- Parents/carers should provide the school with a signed Allergy Action Plan for their child.

4. Allergy Action Plan (IHP)

Pupils with allergies will have an appropriate Individual Healthcare Plan (IHP) where their needs require one. A British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan, completed by an appropriate healthcare professional, will form part of or be linked to the pupil's IHP where appropriate and will provide clear information on recognising and responding to an allergic reaction.

The school will not create or alter a clinical Allergy Action Plan. The school will work with parents/carers and relevant healthcare professionals to ensure that the pupil's individual arrangements, medication and emergency procedures are clearly documented and understood by relevant staff.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

Transition into EYFS

Prior to admission, parents/carers of children with allergies will be invited to meet with relevant staff to discuss their child's needs, provide medical documentation and agree any necessary adjustments.
Individual healthcare plans and allergy action plans will be reviewed before the child's start date to ensure all staff are prepared and any required medication is available on site.
Transition information will be shared securely with relevant members of staff on a need-to-know basis.

5.Emergency Anaphylaxis response plan

Symptoms of anaphylaxis
The symptoms of anaphylaxis can occur very quickly and become life-threatening, so it is vital to recognise when a pupil is experiencing this type of reaction.

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.

Think ABC:

- Airways: Swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- Breathing: Difficulty breathing, often indicated by wheezing or noisy, laboured breathing or an odd, repetitive cough after ingesting food.
- Consciousness: Dizziness, feeling faint, tired or confused or having pale/clammy skin may indicate issues with circulation, which is known as an "altered conscious state."

Anaphylaxis can occur rapidly and may not always follow a known or witnessed exposure to an allergen. If anaphylaxis is suspected, adrenaline should be administered without delay. If in doubt, give adrenaline. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

THIS IS CONSIDERED A MEDICAL EMERGENCY, AND THE EMERGENCY ANAPHYLAXIS RESPONSE PLAN MUST BE FOLLOWED:

- Lay the child flat with their legs raised where appropriate. If the child is experiencing breathing difficulties, allow them to sit with their legs outstretched if this helps their breathing.
- Administer the adrenaline auto-injector without delay, noting the time. The AAI should be given into the muscle in the outer thigh. Take care to read specific instructions on the AAI.
- Following administration of adrenaline, maintain an appropriate position. Do not allow the child to stand or walk, even if they appear to have recovered. If the child becomes unconscious but is breathing normally, place them in the recovery position.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, or the pupil's symptoms worsen, a second AAI should be administered where available, in the outer thigh of the opposite leg if possible.
- If the pupil stops breathing, commence CPR and locate the defibrillator (if there is one).
- Call parents/carers as soon as possible.

Do not leave the pupil unattended whilst waiting for the ambulance. Remain as calm as possible and reassure the pupil.
All pupils must go to the hospital following anaphylaxis, even if they appear to have recovered as a reaction can reoccur after treatment. If one or two of their AAIs has been used, the hospital will need to replace them before the child is discharged.

6. Supply and storage and care of medication

Parents and carers must ensure that all medication, including adrenaline auto-injectors (AAIs), is provided, clearly labelled with the child's name, and replaced promptly before expiry.
Older pupils may carry their medication, including AAIs, if appropriate. In such cases, both the pupil and staff must know the exact storage location for quick access in an emergency.

All medication held by the school will be stored safely, securely, and in accordance with the manufacturer's instructions, the pupil's Individual Healthcare Plan, or other medical guidance. Medication, including AAIs, will remain readily accessible to staff and will not be locked away in a way that could delay emergency administration.

AAIs will be stored in accordance with the manufacturer's instructions, protected from direct sunlight, excessive heat and extreme cold, and in a location that allows immediate access in an emergency. Arrangements will be made to ensure pupils' prescribed AAIs are accessible during lessons, breaktimes, lunchtimes, physical activities, and off-site events.
All staff will be trained and made aware of the location of all medication.

7. The storage and use of spare adrenaline auto-injectors in school

The school provides spare Adrenaline Auto-Injectors (AAIs) that can be used in emergencies without a prescription for children at risk of anaphylaxis. These spare devices are available for use when a child's own AAI is unavailable, out of date, not functioning properly (e.g., due to being expired), or if the child is experiencing anaphylaxis for the first time.

Given the age and individual needs of pupils attending Al-Furqaan Preparatory School, including pupils in EYFS, KS1 and KS2, prescribed AAIs will be kept readily accessible in accordance with each pupil's Individual Healthcare Plan and Allergy Action Plan. Where appropriate, arrangements for a pupil to carry their own AAI will be considered on an individual basis, taking account of the pupil's age, maturity, understanding and ability to use the device safely, in consultation with parents/carers and relevant healthcare professionals.
Where a pupil is experiencing suspected anaphylaxis and their own prescribed AAI is unavailable, School-held spare adrenaline auto-injectors will be used in accordance with current statutory guidance, the school's emergency procedures and staff training. Staff must not delay the administration of adrenaline while seeking confirmation from parents, carers or healthcare professionals. 999 must be called immediately following administration.

Spare AAIs are stored in the following location(s):
1. 2x 300mcg AAIs – Main School Staffroom -Designated First Aid Unit
2. 2x 150mcg AAIs – EY Main Office, Nursery – Designated First Aid Box

8. Staff Training

All staff members share responsibility for ensuring effective allergy management within the school. It is essential that all staff are familiar with their roles and work collaboratively to promote a safe environment for children with allergies.
All staff will complete allergy awareness and anaphylaxis training annually.
The training will cover:

- Background information regarding allergies and food hypersensitivities.
- Symptoms of allergic reactions, including anaphylaxis.
- Anaphylaxis emergency response plans, including how to correctly administer an AAI.
- How to reduce the risk of a pupil experiencing an adverse reaction, including the catering arrangements in school and relevant food ban policies.
- How to manage and understand allergy action plans.
- School activities, including:
  - Food Tech.
  - School trips.
  - Projects involving food.

9. Inclusion and Safeguarding

The school is committed to ensuring that all pupils with allergies and hypersensitivities may require an additional layer of safeguarding to ensure they are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The following steps aim to ensure that all pupils with allergies feel safe and confident when attending school:

- All pupils will receive lessons linked to allergy awareness, allowing them to support their peers effectively, with kindness and understanding.
- Staff will take care to ensure that they keep up-to-date information regarding pupil allergies and hypersensitivities.
  - Those with allergies outside of the 14 named food allergens will be documented for all staff to be aware of.
- Staff will engage with all training provided with care and attention.
- Additional monitoring is provided at meal times.
- Within EYFS, staff supervision arrangements will ensure that children with known allergies are appropriately monitored during meal times and snack times. Staff will support younger children to avoid sharing food, drinks, utensils or containers.
- Staff will reinforce good handwashing routines before and after eating to reduce the risk of accidental allergen exposure.
- Further planning and attention are given to pupils with allergies and hypersensitivities when attending extracurricular trips, sports events and projects, including informing any external caterers.

Early Years Foundation Stage (EYFS)
The school recognises that younger children in the Early Years Foundation Stage may not yet have the developmental understanding or communication skills to recognise, articulate or

manage allergic symptoms independently. Consequently, additional safeguards are implemented within EYFS to minimise risk and ensure prompt adult intervention.
These safeguards include:

- Enhanced adult supervision during meal times, snack times and activities involving food;
- Age-appropriate allergy awareness education;
- Clear communication between parents/carers and EYFS staff regarding any changes to a child's allergy status;
- Appropriate staff deployment to ensure trained personnel are always available;
- Consideration of allergies during all EYFS activities, including sensory play, cooking activities and celebrations involving food.

All EYFS staff will be familiar with the individual healthcare plans and allergy action plans of children in their care.

10. Catering

The school will comply with applicable food allergen information and labelling requirements. Information relating to the 14 regulated allergens will be clearly identified on food provided by the school, and PPDS food will be appropriately labelled with a full ingredients list.

Pupils with allergies and food hypersensitivities will be identified through a list provided to all catering staff and supervisors. Where appropriate, pupils may also be issued with an allergy awareness badge to assist staff and volunteers in recognising their needs, particularly during trips, in-house events and other activities. The badge is an additional visual aid and does not replace the school's allergy records, individual healthcare plan (IHP), Allergy Action Plan or the need for staff to be appropriately briefed.

The school will also operate within relevant guidance relating to food allergens safety, including:

- Careful measures will be in place to avoid allergenic cross-contamination, including two-step
  cleaning procedures and separate preparation areas for allergenic ingredients.
- Parents/carers who provide packed lunches and water bottles must ensure that these items are clearly labelled with the child's name.
- Open communication is always taught and encouraged; this includes pupils communicating with catering staff and supervisors to ensure that the food they consume is suitable and safe for them.
- Pupils can ask for additional reassurance if they have any concerns over a dish offered to them.

11. Extra-curricular Activities

The school is committed to ensuring that pupils with allergies and hypersensitivities are included in extracurricular activities such as school trips and excursions.

The trip/excursion leader will check allergies and hypersensitivities for all pupils and communicate this to other staff. They will also lead additional planning and preparation, involving parents/carers/ other staff within the school to ensure that the activity remains safe for the pupil.

Trip leaders will be trained to confidently administer AAIs and ensure that staff members supervising children who carry an AAI are also trained.
External venue staff—i.e., staff at a centre for an overnight stay—will have all allergies and hypersensitivities communicated to them clearly. They will be encouraged to advise on how they will provide/cater for pupils safely ahead of the planned trip, and the suitability of these arrangements will be checked by staff and agreed upon by parents.

In some cases, where external catering cannot satisfactorily reassure that they can accommodate pupils with food allergies or hypersensitivities, parents/carers may be asked to provide food and drink for the pupil.

Additional risk assessments must be completed for these pupils for activities such as sports days where insect stings could occur or lessons involving food, such as food technology, baking or creative lessons where food ingredients or boxes are used.

EYFS Snack and Food Activities
Before undertaking any cooking activities, food tasting experiences, celebrations involving food, or sensory activities using edible ingredients, EYFS staff will review children's allergy information and complete an appropriate risk assessment where required.
Alternative ingredients and activities will be considered to ensure that children with allergies can participate safely and inclusively wherever possible. Parents/carers will be informed in advance of any planned activities involving food that may present an increased risk.

EYFS – Mealtime Supervision and Paediatric First Aid
Children in Nursery and Reception will always be within sight and hearing of a member of staff while eating.
The school will ensure that a member of staff holding a current Paediatric First Aid qualification is present in the room whenever EYFS children are eating, in accordance with the EYFS statutory framework recommendation.
Staff will supervise children carefully, taking account of their age, developmental stage, individual needs and any known allergies or dietary requirements. Arrangements for choking prevention, emergency response and incident recording within EYFS are detailed in the school's First Aid Policy.

12. Communication and Allergen Awareness

The school aims to foster an environment of allergy awareness. Pupils are encouraged to understand allergies, coeliac disease and food intolerances and develop an empathetic approach towards their peers. The school also strongly welcomes and encourages open communication between staff, parents/ carers and all other relevant medical professionals as we work towards providing the best care possible for pupils with allergies and hypersensitivities.

13. Risk Assessment

The school will conduct individual risk assessments for pupils with allergies and hypersensitivities.
These will be reviewed annually to see if there has been a change in the child's allergy status.
Additional risk assessments will be conducted for school trips and excursions, considering the new level of risk presented by a different environment.

Allergy risks will also be considered as part of the school's wider whole-school risk management arrangements, including catering, activities, events, educational visits and other circumstances where food or potential allergens may be introduced into the school environment.

School and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

14. Publication and Communication

This policy will be published on the school website and made available to staff and parents/carers. Staff will be made aware of their responsibilities through induction, annual allergy awareness training and ongoing communication. Pupils will receive age-appropriate allergy awareness education.

15. Policy Review

The school will review recorded allergy incidents, near misses and AAI administration during the annual review of this policy. Patterns, recurring risks and learning will be identified and used to inform staff training, risk assessments, individual healthcare plans and improvements to school procedures where appropriate.

16. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)
https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Documents:
AFPS 14 Allergy Incident & Near Miss Form
IHP Decision Checklist