Elysian

Allergy Safety Policy

Date Reviewed: September 2026

Date of next review: September 2027

Elysian is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Contents

Purpose

This policy sets out Elysian's arrangements for preventing, recognising and responding to allergic reactions and anaphylaxis, and for supporting children and young people with allergies to participate safely and fully in education, therapy, animal-assisted interventions, training, visits and other activities.

It reflects the Department for Education's July 2026 statutory guidance on allergy safety in schools, the Children's Wellbeing and Schools Act 2026, and the safeguarding principles in Keeping Children Safe in Education (KCSIE) 2026. It also incorporates the safety lessons and policy direction associated with the campaign commonly referred to as "Benedict's Law", following the death of Benedict Blythe, including clear leadership, staff training, rapid access to adrenaline, individual planning, and learning from serious incidents and near misses.

The aims are to reduce avoidable exposure to known allergens; ensure rapid, competent emergency action; promote inclusion and wellbeing; clarify accountability; and create a culture in which allergy safety is understood as part of safeguarding and everyone's responsibility.

Scope

This policy applies to all sites and services operated by Elysian. This includes Elysian Animal Assisted Interventions Ltd, Elysian Animal Assisted Therapy and Learning CIC and Elysian Training and Development Ltd.

It applies to employees, agency staff, contractors, sessional workers, volunteers, young people, visitors and any person responsible for children or young people while participating in Elysian provision. It applies on Elysian premises, during transport arranged by Elysian, on off-site visits and trips, at external venues, during food-related activities, and during contact with animals, animal feed, bedding, hay, straw, latex or other potential allergens.

Where Elysian is not itself a school or statutory education provider, the 2026 school allergy duties may not apply directly. Elysian will nevertheless adopt the DfE allergy safety guidance as organisational good practice wherever relevant and will work with commissioning schools/settings so that responsibilities are explicit and no gap in allergy safety arises.

Definitions

Allergy

An immune-system reaction to a normally harmless substance, including food, insect stings, medicines, latex, animal dander/fur/feathers, pollen, mould or other contact or airborne allergens.

Anaphylaxis

A potentially life-threatening allergic reaction affecting Airway, Breathing and/or Circulation (ABC). It requires immediate emergency treatment with adrenaline and a 999 ambulance call.

Adrenaline device (AD)

A prescribed or emergency device used to administer adrenaline, including an adrenaline auto-injector (AAI).

Individual Healthcare Plan (IHP)

A live plan setting out the arrangements required to support an individual child or young person with an allergy, including prevention, access to medication and emergency response. Relevant Allergy Action Plans and Asthma Action Plans should be attached.

Near miss

An allergy-related event that did not result in serious harm but had the potential to do so, including accidental exposure, missing/inaccessible medication, incorrect food provision, delayed response or failures in communication.

Severe allergy / allergy-related disability

Some severe allergies may meet the Equality Act 2010 definition of disability. Elysian will consider and implement reasonable adjustments where required.

Food intolerance / coeliac disease

These are not allergic reactions and do not cause anaphylaxis, but may require strict dietary management and reasonable adjustments under wider medical-condition arrangements.

Policy Statement

Elysian will take reasonable and proportionate steps to identify, assess and manage allergy-related risks and will not knowingly place a child or young person at avoidable risk of exposure.

Allergy safety is a safeguarding matter. Consistent with KCSIE 2026, Elysian expects a child-centred approach, timely action, appropriate information sharing and accurate recordkeeping. Staff must follow this policy, the child or young person's IHP/Action Plan and Elysian safeguarding procedures.

Elysian will ensure that children and young people with allergies are not unnecessarily excluded from learning, therapy, animal-assisted activities, meals, trips or other opportunities. Individual risk assessment and reasonable adjustments will be used rather than blanket exclusion wherever safe and practicable.

Elysian will not describe a site or activity as completely "allergen free" or "nut free" unless this can genuinely be guaranteed. Controls will instead focus on known risks, clear food/allergen information, hygiene, supervision, cross-contact prevention and individual planning.

Bullying, teasing, coercion or deliberate exposure involving a person's allergy will be treated seriously under safeguarding, behaviour and anti-bullying procedures.

Roles and Responsibilities

Senior Leadership Team / Proprietors

Ensure this policy is implemented, resourced, reviewed at least annually and after serious incidents or near misses; ensure allergy risks are included in organisational risk management; and provide oversight, support and challenge.

Named Senior Allergy Safety Lead

A named senior leader will lead implementation, training, audit, incident learning, liaison with service leads and commissioning settings, and review of this policy. Allergy safety responsibility will not sit solely with catering or first-aid staff.

Service / Site Leads

Ensure local arrangements are workable; identify children and young people with allergies; confirm IHPs and medication are available before provision begins; brief relevant staff; manage site/activity risks; and escalate gaps immediately.

Designated Safeguarding Lead (DSL)

Ensure allergy-related concerns that indicate neglect, deliberate exposure, bullying, unsafe practice or wider welfare concerns are considered through Elysian safeguarding procedures and KCSIE-aligned information-sharing and recordkeeping arrangements.

An allergy incident or medical emergency will not automatically constitute a safeguarding referral. However, where circumstances indicate that a child may be at increased risk of neglect, abuse, exploitation, deliberate harm, or repeated failure to meet medical needs, the DSL will consider safeguarding action in accordance with KCSIE 2026.

All staff and volunteers

Complete required allergy awareness training; know how to summon help; recognise allergic reactions and anaphylaxis; know where emergency medication is located; follow IHPs/Action Plans; report incidents and near misses; and never delay emergency treatment while seeking managerial or parental permission.

Food providers / caterers

Comply with applicable food information law, provide accurate allergen information, prevent cross-contact, follow agreed dietary controls, and communicate any uncertainty or change before food is served.

Parents/carers and young people

Provide accurate and current information, prescribed medication and healthcare plans; notify Elysian promptly of changes; and work collaboratively on IHPs and risk assessments. Young people will be involved in decisions according to age, capacity and confidence.

Commissioning schools/settings

Share relevant allergy and medical information lawfully and in sufficient time, clarify who holds and administers medication, provide current IHPs/Action Plans where applicable, and agree emergency and trip arrangements with Elysian.

Procedures / Requirements

1. Identification and admission/referral

Before a child or young person begins provision, Elysian will seek information about allergies, asthma, prescribed adrenaline, dietary requirements, previous reactions and relevant healthcare plans. Information will be checked at transition points and when provision changes. Staff and visitors should also be encouraged to disclose allergies where this is necessary for their safety.

2. Individual Healthcare Plans and risk assessment

Any child or young person whose allergy requires Elysian to put additional or different arrangements in place will have those arrangements documented in an IHP or an equivalent plan agreed with the commissioning setting. Plans will be developed with the child/young person and parents/carers and will take account of healthcare advice. They will be reviewed at least annually and sooner after changes in condition, medication, healthcare advice, a serious incident or a near miss.

For Elysian's animal-assisted provision, individual risk assessment must consider animal dander, saliva, fur/feathers, hay, straw, bedding, feed, treats, insects/stings, latex, cleaning products, outdoor pollen/mould and any food used in activities. Controls may include alternative animals/activities, distance, ventilation, handwashing, clothing/PPE where appropriate, cleaning, substitution of feed/treats, or a non-animal alternative.

3. Staff training and awareness

All staff who may come into contact with children and young people will receive allergy awareness and emergency response training at induction and at least annually thereafter. Training will cover common allergens, recognising mild/moderate reactions and anaphylaxis, the ABC signs, emergency actions, use of adrenaline devices, asthma/allergy interaction, medication access, food/allergen controls, IHPs, inclusion, bullying and incident reporting. Practical drills will be used where appropriate.

All staff are trained to deal with allergies within their first aid training.

4. Medication and rapid access

Children and young people prescribed adrenaline should have rapid access to both prescribed doses at all times, including during meals, outdoor activities, animal sessions, transport and trips. Medication must not be locked away or stored where access is restricted. Storage must follow manufacturer instructions and expiry dates will be checked routinely.

Where Elysian provision takes place within a school, the school's arrangements for "spare" AAIs will be confirmed before sessions. Where Elysian itself is legally permitted to obtain or hold emergency adrenaline, it will do so in accordance with current medicines legislation and DfE/DHSC guidance. Elysian will not assume that school-only powers to purchase spare AAIs automatically extend to every Elysian setting.

Allergy emergencies form part of Elysian's wider first aid and emergency response arrangements.

5. Emergency response to anaphylaxis

Treat any reaction affecting Airway, Breathing or Circulation as anaphylaxis. If in doubt, treat as anaphylaxis. Give adrenaline immediately using the person's prescribed device where available, or an authorised spare device where lawful and available. Call 999 and request an ambulance. Do not wait for parental permission or for 999 to be called before giving adrenaline.

Keep the person lying down; if breathing is difficult they may sit up with legs extended. Do not allow them to stand or walk. Bring medication and help to them. If there is no improvement after 5 minutes, give a second dose of adrenaline if available. If the person has food allergy and asthma with sudden breathing difficulty, consider anaphylaxis first; a reliever inhaler must not be used instead of adrenaline for anaphylaxis. Follow the individual Allergy Action Plan and 999 instructions.

For a mild to moderate allergic reaction without ABC symptoms, follow the individual plan, administer authorised treatment where applicable, inform parents/carers, keep the child or young person under direct observation and do not leave them unattended. The DfE guidance advises observation for at least 60 minutes because symptoms can progress.

6. Food and allergen management

Food provided by or on behalf of Elysian must have accurate allergen information and be managed to reduce cross-contact. Staff must not guess ingredients or rely on appearance. Changes to recipes, suppliers or packaging must trigger a fresh check. Food brought in for occasional events or activities should have clear allergen information as good practice.

Food-sharing will be managed carefully. Children and young people must not be pressured to eat food where allergen information is uncertain. Handwashing with soap and water, cleaning of surfaces/equipment, separate utensils/storage where needed, and supervision will form part of controls.

7. Visits, trips, transport and external venues

Allergy needs will be included in trip/activity risk assessments. Prescribed medication must travel with the child or young person and remain rapidly accessible. A suitably briefed/trained adult must be present. The venue, transport arrangements, food provision, emergency access and mobile coverage will be considered. A child will not be routinely excluded or required to have a parent attend solely because of allergy.

8. Information sharing and confidentiality

Relevant allergy information will be shared with staff who need it to keep the child or young person safe, in a controlled and respectful way. Health information is special category data under UK GDPR. Information sharing will be proportionate, recorded where appropriate, and consistent with Elysian data protection and safeguarding arrangements.

9. Wellbeing, inclusion and safeguarding

Staff will be alert to anxiety, stigma, isolation, bullying or deliberate allergen exposure. Concerns will be addressed promptly. Where allergy-related events or unsafe care raise safeguarding concerns, the DSL will consider action under Elysian safeguarding procedures, including liaison with the commissioning school/setting and external agencies where required.

10. Serious incidents and near misses

All serious allergy incidents and near misses must be recorded promptly and escalated to the Service/Site Lead and Named Senior Allergy Safety Lead. Parents/carers and the commissioning setting will be informed as appropriate. Statutory reporting obligations, including RIDDOR, food safety reporting, safeguarding referrals or other notifications, will be considered case by case.

A proportionate review will identify what happened, whether the IHP/risk assessment/policy was followed, whether medication and information were accessible, and what changes are required. Learning will be communicated and tracked to completion. A serious incident or near miss will trigger consideration of an immediate policy and IHP review.

Compliance and Monitoring

The Heads on each site will maintain oversight of allergy safety through at least annual audit and ongoing monitoring. This will include training completion, identification of known allergies, currency of IHPs/Action Plans, medication accessibility and expiry checks, site/activity risk controls, food/allergen arrangements, trip planning, incident and near-miss themes, and completion of corrective actions.

Senior leaders will receive assurance on compliance and significant risks. Where Elysian works on school premises, local arrangements will be checked against the host school's allergy safety policy and any differences or gaps will be resolved before provision starts.

The policy will be made available to staff, parents/carers, commissioners and children/young people in an accessible form as appropriate. Relevant staff will confirm awareness through induction and annual training.

Non-Compliance / Breaches

Failure to follow this policy may place a child or young person at serious risk and will be addressed promptly. Immediate safety action will take priority, followed by management review.

Staff breaches may be managed under Elysian supervision, capability, disciplinary, safeguarding or whistleblowing procedures as appropriate. Deliberate exposure, concealment of an incident, falsification of records, failure to summon emergency help, or reckless obstruction of access to medication may constitute serious misconduct and/or a safeguarding concern.

Contractor, caterer or partner non-compliance may result in corrective action requirements, suspension of activity or contract escalation. Regulatory or statutory notifications will be made where required.

Exceptions

There are no exceptions to the requirement to respond immediately to suspected anaphylaxis, call 999 and follow the individual emergency plan.

Any proposed variation from routine allergy controls must be based on an individual risk assessment, healthcare advice where relevant, and the child or young person's needs. It must be authorised by the responsible Service/Site Lead and, for significant variations, the Heads on each site. Variations must not reduce legal duties, safeguarding standards or reasonable adjustments.

Related Documents / References

External legislation and guidance

• Department for Education, Allergy safety in schools: statutory guidance (July 2026).

• Children's Wellbeing and Schools Act 2026, section 34 (allergy safety provisions in schools), amending section 100 of the Children and Families Act 2014.

• Department for Education, Keeping Children Safe in Education 2026 (in force from 1 September 2026).

• Department for Education, Supporting pupils at school with medical conditions (current statutory guidance, pending further update).

• Department for Education / Department of Health and Social Care guidance on emergency adrenaline auto-injectors in schools.

• Human Medicines (Amendment) Regulations 2017; Equality Act 2010; Health and Safety at Work etc. Act 1974; Children Act 1989; Education Act 2002; UK GDPR/Data Protection Act 2018; Food Information Regulations 2014; and applicable Food Standards Agency allergen guidance.

• Schools Allergy Code, developed by The Allergy Team, Benedict Blythe Foundation and Independent Schools' Bursars Association (best-practice resource).

Elysian related documents

• Safeguarding and Child Protection Policy

• Medical Conditions / Administration of Medication procedures

• First Aid Policy

• Health and Safety Policy and risk assessment procedures

• Educational Visits / Off-site Activities procedures

• Food Safety procedures

• Data Protection / Information Sharing Policy

• Anti-Bullying / Behaviour procedures

• Incident, Accident and Near-Miss Reporting procedures.

Review and Revision

This policy will be reviewed at least annually by the Heads on each site and Senior Leadership Team, and sooner where there is a serious allergy incident or near miss, significant change in legislation or statutory guidance, new clinical or medicines guidance, a material change in Elysian provision, or evidence that existing controls are ineffective.

The next scheduled review is September 2027. Because the 2026 DfE guidance anticipates further regulations and equivalent requirements for independent and non-maintained special schools, Elysian will monitor developments and update this policy when those changes take effect.

Approval

Approved by: Strategic Senior Leadership Team

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