

OnTrak Allergy Safety Policy

Policy owner OnTrak	
Approved by	Adrian Woods
Approval date	September 2026
Review date	September 2027
Applies to	All OnTrak staff, learners, volunteers, contractors, visitors, catering providers and off-site activities

1. Purpose and principles

OnTrak is committed to providing a safe, inclusive environment for anyone with an allergy. This policy explains how we identify and reduce allergy risks, support individual needs, respond to allergic reactions and learn from incidents and near misses.

OnTrak will take allergies seriously, make reasonable adjustments, involve the individual and their parent or carer where applicable, protect personal information, and avoid excluding anyone from learning, work, meals, trips or activities because of an allergy wherever safe participation can be arranged.

Scope

This policy covers food, medicine, latex, insect-sting and other diagnosed or suspected allergies, including the risk of anaphylaxis. It applies on OnTrak premises, during transport, work placements, visits, residentials, events and any activity organised or supervised by OnTrak.

This policy does not replace clinical advice. An individual's healthcare or allergy action plan takes priority where it contains specific instructions.

2. Leadership and responsibilities

The designated allergy safety lead is **Adrian Woods and Staff** They will oversee implementation, maintain arrangements for training and records, coordinate policy review and report significant issues to Adrian Woods

OnTrak will

- identify people with allergies at admission, enrolment, induction or recruitment and whenever circumstances change;

- ensure that an Individual Healthcare Plan or allergy action plan is prepared where required, with input from the individual, parent or carer and relevant healthcare professional;
- complete proportionate risk assessments for premises, food provision, activities, transport, placements and visits;
- make prescribed emergency medication readily accessible and check that suitable trained staff are available;
- provide allergy awareness and emergency-response training to relevant staff at least annually and during induction;
- share necessary information promptly with staff who need it, while respecting confidentiality; and
- record, report and review allergic reactions, medication use and near misses.

Staff and volunteers will

- follow this policy, individual plans, training and emergency instructions;
- check allergy information before providing food, medication or an activity involving a possible allergen;
- know how to summon help and where emergency medication is stored;
- never delay emergency treatment while trying to contact a manager or family member; and
- report concerns, exposures, reactions and near misses immediately.

Individuals and parents or carers should

- provide accurate, current information, including known triggers, symptoms, prescribed treatment and emergency contacts;
- supply prescribed medication in its original labelled packaging and replace it before expiry;
- notify OnTrak promptly of changes; and
- work with OnTrak to agree safe, inclusive arrangements.

3. Identification and individual planning

Allergy information will be collected using OnTrak's standard records and reviewed at least annually, at transition points and after any change, incident or near miss. Records must state the allergen, typical symptoms, level of risk, prescribed medication, where it is kept, emergency contacts and any required adjustments.

An Individual Healthcare Plan should be considered for anyone whose allergy may require active management, emergency medication, specialist arrangements or coordinated support. The plan should be clear, accessible to relevant staff and available during off-site activities. It should include:

- known allergens and routes of exposure;
- usual mild, moderate and severe symptoms;

- avoidance measures and food or activity arrangements;
- the exact emergency response and prescribed medicines;
- the person authorised to administer medication and the person's ability to self-manage;
- arrangements for trips, transport, placements and transitions; and
- consent and information-sharing arrangements.

Photographs or allergy alerts may be used only where necessary, proportionate and agreed through the individual plan.

4. Reducing exposure

OnTrak cannot guarantee an allergen-free environment. It will instead use practical, evidence-based controls and clearly communicate residual risk.

- Food providers must keep accurate ingredient and allergen information, check substitutions and comply with applicable food-information requirements.
- Food prepared for a person with an allergy must be protected from cross-contact through clean hands, surfaces and utensils, separate preparation where appropriate, and clear identification.
- Staff must not guess whether food is safe. If reliable allergen information is unavailable, the food must not be served to the person at risk.
- Food sharing is discouraged where it creates a foreseeable risk. Handwashing and cleaning routines will be used after eating or allergen-related activities.
- Risk controls must cover non-food exposures, including craft materials, cosmetics, cleaning products, animals, latex, medicines and insect stings.
- Blanket "allergen-free" claims or bans will not be used unless a documented risk assessment supports them and the control can be implemented consistently.
- Bullying, teasing, coercion or deliberate exposure involving an allergy will be treated as a safeguarding and behaviour concern.

5. Training and communication

All staff who may be present while learners or service users are on site will receive allergy awareness training appropriate to their role at least annually. New, temporary, agency, catering, transport and cover staff will receive essential information before taking responsibility.

Training will cover common triggers, prevention, the difference between allergy and intolerance, recognition of mild or moderate reactions and anaphylaxis, the person's emergency plan, calling 999, safe positioning, adrenaline auto-injector use, medication storage and record keeping. Staff expected to use a particular auto-injector must receive practical instruction appropriate to that device.

Relevant allergy information will be communicated before food service, staff cover, room changes, transport, visits, placements and emergency evacuation. Visitors and external providers will receive proportionate instructions.

6. Emergency response

Possible mild or moderate reaction

Possible signs include an itchy or tingling mouth, hives or an itchy rash, swelling of the lips, face or eyes, abdominal pain, vomiting or an unexpected change in behaviour. Stay with the person, follow their individual plan, summon a trained colleague, locate their emergency medication, give any prescribed antihistamine as directed and monitor continuously for signs of anaphylaxis.

Suspected anaphylaxis

Signs can include swelling of the tongue or throat, difficulty swallowing, a hoarse voice, persistent cough, wheeze, difficult or noisy breathing, sudden confusion or drowsiness, dizziness, collapse, loss of consciousness, or pale, blue or grey skin, lips or tongue. Anaphylaxis can occur without a rash.

1. **Give the prescribed adrenaline auto-injector immediately** in line with the person's plan and device instructions. If in doubt and anaphylaxis is suspected, do not delay adrenaline.
2. **Call 999**, say "anaphylaxis", give the exact location and follow the call handler's instructions.
3. Lay the person flat with legs raised. If breathing is difficult, allow them to raise their shoulders or sit up slowly. If pregnant, position them on their left side. Do not let them stand or walk, even if they improve.
4. Stay with them, send someone to direct the ambulance, contact the parent, carer or emergency contact, and begin CPR if there are no signs of life.
5. If symptoms have not improved after five minutes, give a second auto-injector if available, preferably into the other thigh.
6. Send the used device, remaining medication and individual plan with the person to hospital. A person treated for suspected anaphylaxis must be assessed in hospital even if they recover.

Never delay emergency treatment while seeking consent, contacting a manager or parent, finding paperwork, or waiting for a more senior member of staff.

7. Medication and emergency equipment

- Prescribed adrenaline auto-injectors and other emergency medicines must be immediately accessible, clearly identified, stored at the correct temperature and never locked away where access could be delayed.

- Two in-date auto-injectors should be available where prescribed. Expiry dates, condition and location will be checked monthly and before off-site activities.
- Individuals who are assessed as competent may carry and self-administer their medication, with suitable backup arrangements recorded in their plan.
- After use, staff must record the time, device and dose, retain the device safely for ambulance staff or dispose of it through an approved sharps route as directed, and arrange prompt replacement.
- If OnTrak is legally eligible and chooses to hold spare auto-injectors, a separate protocol will define purchase, storage, checks, eligible use, consent, training and record keeping. Spare devices do not replace an individual's prescribed medication.

8. Trips, transport, placements and events

A named lead will review allergy arrangements before each off-site activity. The risk assessment must consider food, travel time, remoteness from emergency care, communication, staff competence, medication access, overnight arrangements and the ability of third-party providers to meet the person's needs.

The individual's plan and medication must travel with them and remain immediately accessible. The activity must not proceed until safe arrangements are in place. Alternative arrangements should preserve dignity and participation rather than isolate the person.

9. Recording, reporting and learning

All allergic reactions, emergency medication administration, ambulance call-outs, exposures and near misses must be reported through OnTrak's incident process as soon as possible. Records should include what happened, suspected trigger, symptoms, treatment, timing, outcome, people informed and immediate controls put in place.

The allergy safety lead will review each significant event promptly, involve the individual and parent or carer where appropriate, preserve relevant food labels or evidence, consider safeguarding and statutory reporting duties, and update risk assessments, plans, training or procedures. Serious incidents will be escalated to **Adrian Woods** and relevant authorities where required.

Concerns and complaints

Concerns should be raised with **Mr Adrian Woods Operations Manager**. Complaints will be managed under OnTrak's complaints procedure without disadvantaging the person who raised them.

Monitoring and review

This policy will be reviewed at least annually and sooner following a legal or guidance change, a serious reaction, a near miss, an identified control failure or a material change to

OnTrak's services. The review will consider training completion, plan currency, medication checks, incidents, near misses and feedback.

10. Related guidance and documents

- [Department for Education: Allergy safety in schools](#) (statutory guidance and templates, England, 2026)
- [Department for Education: Allergy guidance for schools](#)
- [Department of Health and Social Care: Using emergency adrenaline auto-injectors in schools](#)
- [MHRA: Adrenaline auto-injectors – guidance and resources for safe use](#)
- [NHS: Anaphylaxis](#)

Related OnTrak documents: safeguarding policy; first aid policy; medicines procedure; food safety arrangements; incident reporting procedure; educational visits or off-site activities procedure; equality policy; complaints procedure; and data protection policy.