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Allergy Safety Policy

Name of document	Allergy Safety Policy
First published	June 2026
ISBA Staff	CM
Last updated	4 September 2026
Professional advisers (where relevant)	This Template Policy has been drawn up by The Allergy Team and reviewed by Paediatric Allergy Consultant, Professor Adam Fox OBE.
Summary of most recent amendments	**September 2026**: Updated to reflect final version of new guidance: Allergy Safety in Schools (July 2026) **June** 2026: Substantial update in line with draft allergy guidance. The template will be reviewed, and may be further updated, when the regulations for Benedict's Law are published and equivalent regulations are introduced through the Independent School Standards (expected early in 2027). **Important note:** The template provides suggested wording and some prompts, all of which should be considered carefully before adoption. There is further guidance contained in the footnotes, which should generally be removed before issuing the policy.
Key search terms	Allergies, Allergy policy, Benedict's Law
Linked documents	N/A
Previous versions	June 2026, October 2025; August 2024; November 2023

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Introductory note

Independent schools vary widely in terms of their size, pupil population, location, provision, and practice. ISBA's Template Policy, created in partnership with The Allergy Team, is offered as guidance to help schools to prepare an **Allergy Safety Policy** that suits their own circumstances and community. Schools will need to review each commitment carefully and ensure they implement the plans and procedures needed to underpin them.

Legislative landscape

From September 2026, Local Authority maintained schools, academies and pupil referral units in England must have an Allergy Safety Policy and regard to statutory guidance called Allergy Safety in Schools (July 2026), under Benedict's Law (part of the Children's Wellbeing and Schools Act 2026). The Government intends to set out Regulations, which will place equivalent statutory duties on independent schools, in early 2027.

Benedict's Law states that schools must have an Allergy Safety Policy that is a stand-alone document which is reviewed annually (or sooner if there is an allergy-related incident in school or other reason for review). The policy must be readily accessible to parents and staff and published on the school's website. Hard copies should be available on request. Staff should be made aware of, and understand the policy, as part of annual allergy awareness training.

In addition to having an Allergy Safety Policy, Benedict's Law will introduce statutory duties for schools to:

- have a named senior leader responsible for allergy safety
- ensure all staff receive regular allergy awareness training
- stock "spare" adrenaline devices for use in emergency situations
- record serious incidents and "near misses" relating to allergy safety

This template has been drawn up with the Allergy Safety in Schools guidance in mind and will be renewed in early 2027 when the regulations are formalised.

Why is an allergy safety policy important?

Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital that the whole school community understands allergy, knows how to reduce the risk of an allergic reaction and knows what to do in an emergency.

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response where instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Most allergic reactions are mild, causing minor symptoms, but some can be very serious and cause anaphylaxis which is a life-threatening medical emergency.

People can be allergic to almost anything, but serious allergic reactions are caused most commonly by food, insect venom (such as a wasp or bee stings), latex and medication.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or "near miss" can have widespread consequences.

Severe allergies may fall under the definition of disability under the Equality Act. Whether or not this is the case for an individual child, schools need to consider whether the arrangements they have in place are consistent with their own Diversity, Equity and Inclusion and/or Equal Opportunities policies (or equivalents).

Having a robust Allergy Safety Policy ensures that everyone:

- is clear on procedures
- is able to encourage inclusivity for children with allergy
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs.

Governing bodies are responsible for ensuring the school has an Allergy Safety Policy. A named member of the senior leadership team (the Designated Allergy Lead) should be responsible for allergy safety, including driving the implementation of the Allergy Safety Policy and contributing or leading the review of the policy. Governing bodies do not need to appoint a named governor overseeing allergy safety, however it is good practice to do so.

The Schools Allergy Code

Having an Allergy Safety Policy is already recommended by the Schools Allergy Code. The Code sets out what best practice looks like in terms of allergy management in schools and provides practical guidance on how to implement it. It was developed by The Allergy Team, Benedict Blythe Foundation and the ISBA and is recommended by the Department for Education.

You can download the Schools Allergy Code here.

Support from The Allergy Team

Managing allergies effectively requires trained leadership, confident staff, and robust systems - all underpinned by a well-written and implemented policy.

The Allergy Team is the UK's leading specialist organisation supporting schools with allergy management. Its directors were asked to co-produce the draft statutory guidance and their sector-leading staff allergy training was used to inform DfE officials during the process. The Allergy Team provides comprehensive support to help schools implement best practice:

- **Designated Allergy Lead training** – essential training for allergy leads to coordinate allergy management confidently and effectively throughout settings.
- **Allergy training for governors** – equips allergy governors with specialist knowledge for rigorous oversight of school procedures and policies.

- **Managing Allergy and Asthma in School** – gold standard whole-school training for all staff,.
- **Schools Allergy Register** – comprehensive audit and recognition programme that transforms your school into a recognised allergy-safe environment.

They provide expert guidance on:

- Meeting compliance set out in statutory guidance and Benedict's Law
- Allergy Safety Policy review and implementation
- Managing spare adrenaline devices
- Getting inclusion and safety right on educational trips
- Running anaphylaxis drills
- Addressing your school's specific challenges

Contact them: schools@theallergyteam.com | www.theallergyteam.com

About this template policy – note for schools

This Template Policy has been drawn up by The Allergy Team and reviewed by Paediatric Allergy Consultant, Professor Adam Fox OBE.

Schools should use this template to draw up their own Allergy Safety Policy and review their practices regarding allergy management. No policy can contain an exhaustive list of procedures and scenarios or prevent all allergic reactions. This Template Policy is subject to The Allergy Team's Terms and Conditions which can be found on their website (theallergyteam.com), and which contain, among other things, limitation on The Allergy Team's liability.

This is general guidance that should be adapted for your school as appropriate. In some places we have used square brackets and highlighted suggested text to help. **There is also guidance contained in the footnotes, which should generally be removed before issuing the policy**.

This template should be used in conjunction with reading Allergy safety in schools (July 2026).

Where the Template Policy refers to corresponding documents, such as another policy, schools should ensure that those documents are also up to date and meet statutory requirements.

The template was last updated in September 2026.

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ALLERGY SAFETY POLICY

Clavering Primary School

September 2026

September 2027

[AUTHOR / PERSON RESPONSIBLE FOR THIS POLICY: R. Allsop

CONTENTS

1. AIMS AND OBJECTIVES

This policy outlines Clavering Primary School's approach to allergy management, in line with the Department for Education's guidance published in July 2026 (Allergy safety in schools). It also anticipates Benedict's Law coming into force in 2027.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies reviewed at least annually and published to pupils, staff and parents, a Designated Allergy Lead on the senior leadership team, mandatory staff training, a stock of spare adrenaline devices, and the recording of serious incidents and "near misses".

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside the Medical Conditions Policy and other related policies:

Medical Conditions in School

Safeguarding

Health and Safety

Medicines in School

Mental Health

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and, instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance or coeliac disease. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system. Coeliac disease is a serious autoimmune condition where the body reacts to gluten but does not cause acute reactions.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food, referred to as the "main 14" in this template. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURneffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional[1], detailing a person's allergy and their treatment plan[2].

ALLERGIC RHINITIS: An allergic reaction to something in the environment such as pollen, dust mites or animal dander that causes a blocked or runny nose, sneezing, itchy eyes and sometimes a sore throat, headaches and disrupted sleep. Hay fever is allergic rhinitis triggered by pollen.

ASTHMA: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.[3]

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[1] This is a healthcare professional who has seen the child, this can include an allergy consultant, nurse or GP

[2] The BSACI Allergy Action Plan paediatric templates include versions for: people without a prescribed adrenaline device, and people prescribed with different brands of adrenaline device. Paediatric Allergy Action Plans - BSACI

[3] The Asthma and Lung UK Asthma Action Plan template is commonly used. https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

ECZEMA: A common skin condition, often linked to allergy, causing dry, itchy, sore skin.

EURNEFFY: EURneffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions (including allergy), history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. If the pupil has an Allergy Action Plan or an Asthma Action Plan this should be contained within the IHP.

"NEAR MISS": An event that did not result in harm but had the clear potential to do so, for example when an allergic reaction was averted (e.g. accidental exposure identified before ingestion, or ingestion of a known allergen without reaction).

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the school site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline devices. These should be held as a back-up, in case pupils' prescribed adrenaline devices are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.[4]

SERIOUS INCIDENT: Where someone with an allergy is harmed or placed in immediate or significant risk of harm including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

4. ROLES AND RESPONSIBILITIES

Clavering Primary School takes a whole-school approach to allergy management.

4.1 Governing Body

The governing body is responsible for the strategic oversight of allergy safety across the school working in partnership with the Designated Allergy Lead who leads on day-to-day

[4] Currently only EpiPen and Jext pens are legally available for schools to hold as spares but legislation is likely to change soon, making EURneffy (approved for use in the UK in 2025) available to purchase.

implementation. Julia Mackintosh is the lead governor for allergies, as part of her Safeguarding Governor role. The governing body is responsible for:

- Ensuring the school has an allergy safety policy in place which is accessible, published on the school's website, available in hard copy on request and awareness of it is raised with staff, pupils and parents;
- Ensuring allergy-related risks are included on the school's risk register and actively managed
- Ensuring the policy sets out arrangements to reduce the risk of contact with known allergens and emergency response plans for anaphylaxis;
- Ensuring the policy is reviewed at least annually, and considering review after any serious incident or "near miss";
- Satisfying itself that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving periodic reports on serious incidents and "near misses"; and
- Ensuring the school's complaints process allows complaints to be raised and investigated following a serious incident or "near miss", including a prolonged failure to put agreed arrangements in place.

4.2 Designated Allergy Lead

The Designated Allergy Lead is Ros Allsop (Headteacher). They report to Julia Mackintosh, Safeguarding Governor. They are responsible for:

- Creating and leading the publication and implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy and asthma awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff[5];

[5] Although the Designated Allergy Lead will have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school nurse or administrator.

- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures[6];
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or "near misses", reporting these to the governing body and appropriate authority (e.g. under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy at least annually; and
- Ensuring there is an anaphylaxis drill at least [once a year] and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team and governing body as appropriate.

4.3 School nurse/ Healthcare team/ Medical Lead

Jackie Snelling, Office Manager, is responsible for:

- Coordinating the paperwork (including creating the Individual Healthcare Plan and collating any Allergy Action Plans and Asthma Action Plans) and collecting information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;
- Working with HR to keep an updated list of staff with allergies (and creating an Individual Healthcare Plan if necessary) and ensuring arrangements are in place to support them before they start;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs;

[6] Consider obtaining and recording confirmation from staff that they have read and understood the policy.

- Ensuring the information from families is up-to-date and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date[7];
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock and location of spare adrenaline devices, including brand, dose and expiry date;
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary;
- Ensuring staff (and pupils where appropriate) can practice with trainer adrenaline devices and arranging refresher training as required e.g. before school trips; and

4.4 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity[8];
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergency medication if the child is to be left without parental supervision; and
- There is liaison with the child's previous school, or future school, to ensure a smooth transition between settings.

4.5 All staff

All school staff (this includes all staff present when pupils are expected to be on site, including permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with

[7] While it is the responsibility of parents/carers to ensure medication is up to date, the nursing team/medical lead should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school

[8] This should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten or if a child is likely to be left at the school without a parent/carer

no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel) are responsible for:

- Championing and practising allergy and asthma awareness across the school;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication, including carrying it on their behalf if necessary[9];
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Office Manager (Jackie Snelling) or Allergy Lead (Ros Allsop)
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for a match or trip

4.6 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy Safety Policy and considering the safety, inclusion, and wellbeing of pupils with allergies;
- Providing the school, Jackie Snelling, Office Manager, with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the

[9] This may depend on the age of the pupils and the management of adrenaline devices in the school

school of any related conditions, for example asthma, allergic rhinitis (hay fever) or eczema;

- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice;
- Encouraging their child to be allergy aware;

4.7 Parents of children with allergies

In addition to paragraph 4.6, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan, provide an accompanying Allergy Action Plan/ Asthma Action Plan
- Provide consent to the school to administer spare adrenaline devices (and inhalers, if applicable) in an emergency;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, at all times, including on the journey to and from school;
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management;
- Support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic;

4.8 All pupils[10]

All pupils at the school should:

- Be allergy aware;

[10] This section should be tailored to the age and capability of pupils at the school.

- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.

[Older pupils should:

- learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and

4.9 Pupils with allergies

In addition to paragraph 4.8, pupils with allergies, as appropriate to their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline devices with them at all times;
- Understanding how and when to use their adrenaline device and only using them for their intended purpose;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Ensuring they have their medication with them on the journey to and from school; and

5. INFORMATION GATHERING, SHARING AND DOCUMENTATION

5.1 Register of pupils and staff with an allergy

The school has a register of pupils and record of staff who have an allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed. The register includes whether they have an Individual Healthcare Plan, and an Allergy or Asthma Action Plan.

5.2 Individual Healthcare Plans

The school will arrange for a pupil with an allergy to have an Individual Healthcare Plan if:

- they have an allergy which has a functional impact on them in school;
- they are at risk of harm as a result of their allergy; and
- they require arrangements which are additional to or different from those made generally[11].

The information on this plan[12] includes:

- The child's name, date of birth, class, a photograph and emergency contact details;
- Known allergens, risk factors for allergic reactions and any adaptations needed;
- The child's understanding of their allergy, if the child is able to take responsibility for their condition including in an emergency and if they are likely to know they are having an allergic reaction;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine, inhalers etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their health, learning or wellbeing;
- What support or adaptations the school has put in place, including how the risk of exposure to allergens will be managed, or arrangements needed to ensure participation in educational visits; and
- A copy of their Allergy and/or Asthma Action Plan.[13]

[11] This is likely to include anyone with a food allergy, whether they have a prescribed adrenaline device or not. There are further examples on page 47 and 48 of the guidance.

[12] There is a template IHP designed for pupils with allergies created by the government.

[13] See definitions for the BSACI templates.

5.3 Visitors:

Where possible, visitors will be asked in advance of their visit whether they have any allergy the school should be aware of, particularly where they are likely to be offered food, for example at parents' events, open days, sports fixtures or work experience placements.

Where a visitor discloses a known allergy, the school will consider practical steps to keep them safe, including making relevant staff aware and considering any adjustments needed to food served during the visit.

5.4 Information sharing

- Staff will know which pupils have allergies, what they are allergic to, their triggers and other relevant information. Where appropriate they will also know which staff and visitors have allergies.
- When relevant to do so, information may be shared with external organisations, for example for the purposes of keeping pupils, staff and visitors safe14.
- Information will be shared in line with our [insert name of policy, for example Data Protection or Privacy] policy.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity. The School will ensure compliance with the Equality Act 2010.

[14] A child or young person's health information is special category data. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary. See Information sharing advice for safeguarding practitioners - GOV.UK

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/ carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The catering team and school staff will endeavour to ensure pupils are not segregated from peers at mealtime;
- The school has two robust procedures in place to identify pupils with food allergies, these are a visual check from a member of staff familiar with the pupils who have allergies. Photos of pupils with allergies are also available. The children have coloured trays and wrist bands
- The school will provide allergen information clearly and accessibly. All staff have written copies of the information and photographs with pupil information is on the wall in the staffroom, kitchen and in Cloverleaf Club.
- Information on allergens will be available for the pupil to check independently;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients which involve the introduction of a known allergen this will be communicated to pupils with dietary needs, and their parents, by Miss O'Brien, the School Catering Manager and care is taken around products with Precautionary Allergen Labelling or 'May Contain' labelling.
- The School adhers to the 'Safer Eating' Early Years Foundation Stage statutory guidance - whilst children are eating there will always be a member of staff in the room with a valid paediatric first aid certificate, food is prepared in a way to prevent choking and children are always within sight and hearing of a member of staff whilst eating.

- Food provided at Cloverleaf Club, our breakfast club and after school club, will follow these procedures. Miss O'Brien is part of the wrap around staff.
- The school is a Nut Free School.

7.2 Food brought into school

- To support allergies and the inclusivity around this, class treats will not be food based and food/sweets for birthdays will not be brought in from home for the class
- Cooking lessons will take place and the foods involved will be checked by the kitchen and office staff (oversee HCP) and the class teacher will liaise with the parent
- School events that involve food. The foods will be checked by the kitchen and office staff (oversee HCP) and the class teacher/Friends of Clavering representative/Office staff member will liaise with the parent

7.3 Food bans or restrictions

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen; and
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 Food hygiene for pupils

- The school will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped; and
- Throwing food is not allowed.
- Surfaces are cleaned carefully in the food technology room when cooking, to limit cross-contamination in preparation and the storage of food

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies;

- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Devices section for School Trips and Sports Fixtures.

9. INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The school, Darren Abrahams, along with Midday Supervisors will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them[15].]

10. ANIMALS

It's normally the dander (flakes of skin), saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;

[15] If the school keeps bees and has a pupil with a bee sting allergy advice should be sought on how to manage this.

- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. ASTHMA

The school understands that it is vital that pupils with asthma keep it well- controlled. As well as increasing the risk of asthma attacks, poor asthma control can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.

- Pupils with asthma should have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan[16].
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan, and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
- Where a pupil is able to manage their asthma themselves, they should keep their inhaler on them. If they cannot, it should be stored in a clearly labelled, easily accessible location; and
- The school will consider air quality and ventilation as part of its wider health and safety arrangements.
- The school holds *a spare emergency inhaler, which is stored in the medical room. It is checked regularly to ensure it is in date and working. Asthma plans are held in school including written parental consent and IHPs. Parents are informed if it is used.*

12. ALLERGIC RHINITIS, HAY FEVER AND ECZEMA

- Pupils with more serious hay fever will be supported through reasonable adjustments where needed, for example wearing sunglasses during sport, having a window closed during high-pollen periods, or receiving additional medication during the school day;
- Most pupils with allergic rhinitis or eczema manage their condition at home and will not need an Individual Healthcare Plan; pupils with more severe or harder-to-manage symptoms will be considered for one;

[16] Allergy and Lung UK have a template Asthma Action Plan here: https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan]

- Pupils with eczema may be supported by staff, if needed, to apply moisturiser or emollient during the school day;
- Staff will be mindful that allergic rhinitis or eczema-related sleep disruption can affect a pupil's concentration and behaviour, and will make reasonable adjustments.

13. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Uniform policies take into account that children may need emergency medication near them at all times.

14. ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

14.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have rapid access to two, in-date devices at all times;
- Devices are stored safely and are accessible in the classroom. They are labelled with the pupil's Allergy Action Plan. Generic spares are stored in the medical area of the school office
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away or in rooms with restricted access;[17]

[17] All staff should have unrestricted access to adrenaline devices.

- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date devices should be disposed of as sharps.

14.2 Spare adrenaline devices[18]

This school has 4 spare adrenaline devices. These can be used on someone presenting with anaphylaxis for the purpose of saving a life if they do not have their own prescribed adrenaline devices, or if their prescribed adrenaline devices are not available.[19]

The locations of spare adrenaline devices are clearly signposted. These are: in the medical area of the school office

The Allergy Lead and Lead Nurse (Headteacher and Office Manager) are responsible for:

- Deciding how many spare devices are required[20];
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline devices. See government guidance above; and
- Distribution around the school site and clear signage.

14.3 Adrenaline devices on off-site activities

- No child with prescribed adrenaline devices will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline devices will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures;

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[18] You may want to include spare asthma inhalers in this section too.

[19] It is good practice for schools to routinely obtain prior consent for the use of spare adrenaline devices (documented on a pupil's Allergy Action Plan and/or IHP), however the Human Medicines Amendment Regulations 2017 do not require consent to have been obtained to use the spare devices in an emergency. Schools should not delay giving adrenaline to check if consent has been obtained.

[20] Spare adrenaline devices should be accessible anywhere on the school site within 5 minutes. There is a table to help schools decide how many devices they need of each dose in the Allergy Safety in Schools guidance on page 40. You may want to consider a couple of spare adrenaline devices in grab bags for school trips/ matches as well as around the site if your school has large grounds.

- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

15. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected adrenaline should be administered without delay, using the school's spare devices if needed[21].
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in an ambulance until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the school's wider Emergency Response Plan.

16. TRAINING

The school is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should include all staff (as outlined in section 4.5)[22], including regular cover staff. New staff will receive training as part of the Induction process.

This training will cover:

- Understanding allergy and that it includes multiple conditions (food allergy, asthma, eczema, allergic rhinitis etc) is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;[23]

[21] In an emergency, if using a spare device it is not necessary to check whether prior consent has been given, in order to avoid delays in treatment.

[22] First Aid training is not sufficient.

[23] Staff should be given the opportunity to practise with a training adrenaline auto-injector

- How to treat an asthma attack using a reliever inhaler;
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan (including knowing where to find information on allergy triggers);
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- How to report an allergic reaction or "near miss".

All staff in the school will take part in an anaphylaxis drill once a year. This involves an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the school response.

17. SERIOUS INCIDENTS, "NEAR MISSES" AND REPORTING ALLERGIC REACTIONS

The school will log all allergic reaction incidents and "near misses" in the Accident Book as soon as is feasible after they occur.

- Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded.
- All incident reports should be shared with the pupil's parents or carers[i24](and where appropriate, the pupil themselves), who will be given the opportunity to discuss the incident and contribute their views to the review.
- Periodically reports of incidents and near misses should be shared with the governing body.
- The Allergy Safety Policy and any relevant procedures will be considered in light of the incident and will be updated if needed. Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:

[24] The parents or carers of a child aged up to sixteen should be notified of the incident or "near miss" as soon as possible. In the case of a young person (CYP) aged over sixteen, the school or college should confirm that they agree that their parents or carers should be informed.

- schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
- incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- the relevant healthcare professional or team where an incident related to the delivery of an action plan they issued.

- Following any incident or "near miss", the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or "near miss" not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.
- The school's complaints procedure allows concerns about how a serious incident or "near miss" was handled to be raised and investigated, including where there has been a prolonged failure to put agreed arrangements in place.

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REFERENCE LIBRARY

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations. You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

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RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C – Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit up with legs outstretched and give adrenaline.
3. Pupils may be able to administer adrenaline themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
4. If you are using an adrenaline auto-injector it is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. If you are using an adrenaline nasal spray (EURneffy). Hold the device with two fingers on the sides and thumb underneath, place into nostril and press firmly with your thumb until the dose is delivered.
6. Make a note of the time you gave the first dose.
7. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
8. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
9. Call the pupil's emergency contact.

10. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes (into the **other thigh** if using an adrenaline pen, or into the **same nostril** if using a nasal spray) using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
11. Start CPR if necessary.
12. Hand over used devices to paramedics and remember to get replacements.
13. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

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