Allergy Safety and Anaphylaxis Policy

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History of most recent reviews:

Date	Review	Who is Responsible?
October 2024	Policy adopted from BCC model.	Finance Committee
September 2026	Title amended and Policy updated to incorporate new Statutory Guidance	Finance Committee

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1. Statement of intent

Air Balloon Hill Primary School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

This School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, in line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. We will work to minimise the risk of exposure to allergens within the school setting, encourage self-responsibility and have robust plans for an effective response to possible emergencies whilst ensuring inclusivity for all pupils.

Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

2. Equalities statement

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

Our school is clear about the need to actively support pupils with medical conditions to participate in school life and will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

3. Context

Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

Schools have a legal duty to support pupils with medical conditions, including allergies

4. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Equalities Act 2010
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.
- The Early Years Foundation Stage (EYFS) statutory framework.
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2026) 'Allergy Safety in Schools' statutory guidance
- DfE (2015) 'Supporting pupils at school with medical conditions' which is currently being updated following a consultation process and will become DfE (2026) 'Supporting children and young people with medical conditions and allergy'

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Administering Medication and Supporting Pupils with Medical Conditions Policy
- Allergen and Anaphylaxis Risk Assessment

5. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity. Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing
- For younger pupils, becoming pale or floppy

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

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

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

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

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

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

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

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

6. Signs and Symptoms of Allergic Reactions

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

Mild to moderate allergic reaction symptoms may include:

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

These symptoms are treated with antihistamines.

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

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

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

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

Action:

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

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

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

7. Food allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required. Where possible, this information must be provided as written documentation supplied to the parent/carer by a recognised medical practitioner. Upon receipt of the information from parents, the school will provide the child with an adapted meal choice suitable for the food allergy reported. Alternatively, parents can provide a packed lunch for their child.

When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers

- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.

Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy-free and gluten-free options available for pupils with allergies and intolerances.

To ensure that catering staff can appropriately identify pupils with specific dietary needs, pupils will wear rainbow-coloured wrist bands to denote they have a food allergy. Additionally, photographs of children with an allergy (including their type of allergy) will be displayed on the wall in the serving area so that they are visible to all kitchen staff.

All food tables will be disinfected before and after being used with anti-bacterial cleaning products being used.

The school's in-house catering team is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved. All foods used will be clearly labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with the precautionary "may contain" labelling.

8. Food allergen labelling

The school will adhere to allergen labelling guidance for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be re-completed every three years, or as soon as there are any revisions to related guidance or legislation.

Declared allergens

The following allergens will be declared and listed on all PPDS (prepacked-for-direct-sale) foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is printed on the packaging itself.

The Kitchen Manager will be responsible for monitoring food ingredients, packaging and labelling on a daily basis and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

9. Animal allergies

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen being spread.

10. Seasonal allergies

The term ‘seasonal allergies’ refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

Pupils will be encouraged to wash their hands after playing outside.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school’s nearby proximity, reporting any concerns to the Site Manager.

The Site Manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a pupil is stung or bitten by an insect, first aid will be given immediately and medical attention sought as appropriate.

11. Identification of Individuals with Allergies

Admissions Data Collection: Our school collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission as part of the New Starter Details Form which is requested prior to a pupil starting school with us.

Information Sharing: UK GDPR does not prevent the sharing of a student’s health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through our MIS system, printed lunch registers and teacher hand-over notes for Supply Teachers.

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

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

Visitors and regular volunteers: will be asked about allergies ahead of their visit wherever possible. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

New pupils with allergies will be invited have a tour of the kitchen and dining areas so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall

12. Allergy Action Plans (AAPs) and Individual Healthcare Plans (IHPs)

Allergy Action Plans

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

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

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

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

IHPs will be reviewed annually in September or when staff change however, they will always be reviewed if an incident or near miss occurs. IHPs will to be brought to the attention of supply staff and be passed on during transition to a new school.

Air Balloon Hill Primary School will ensure that:

- students with an allergy action plan and/or an asthma plan have an Individual Healthcare Plan

- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an Individual Healthcare Plan
- Individual Healthcare Plans are created whilst students are waiting for a diagnosis

13. Adrenaline auto-injectors (AAIs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

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

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Air Balloon Hill Primary School has purchased a Kitt Medical Anaphylaxis Kitt with spare AAIs for emergency use. Emergency use may include: children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date, or they may need multiple doses of adrenaline before the emergency services arrive); or they may need to be used on someone experiencing anaphylaxis for the first time. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

You should never use a child's prescribed AAI on another person, as this leaves the child vulnerable.

Air Balloon Hill Primary School holds **Kitt Medical Jext Adrenaline Pens**

These are located in the **Welfare Room**

They are stored in an **orange and white emergency grab-box attached to the wall and labelled 'Anaphylaxis Kitt'**

There is an emergency break-glass panel next to the Kitt for the key required to remove the Kitt from the holder.

The Kitt Medical AAIs provide age-based devices, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline

The Welfare Room First Aider is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box, kept in the Welfare Room or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.
- If the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It is good practice to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. Consent will be obtained as part of the introduction or development of a pupil's IHP. If consent has been given to administer a school supplied AAI to a pupil, this will be recorded in their IHP. However**, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.**

14. School trips

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

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure and will ensure that the medication is stored securely and will be easily accessible at all times. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The school will only provide additional spare adrenaline devices should the risk assessment for the trip deem it necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

15. Medical attention and required support

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the Welfare First Aider and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

Parents will provide the Welfare First Aider with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a pupil with a known allergy will be made aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

The Assistant Headteacher with responsibility for inclusion and SEND is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

The Assistant Headteacher with responsibility for inclusion and SEND has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

16. Risk Assessments

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and our school will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

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

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

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

Air Balloon Hill Primary School will ensure that the risk of exposure is minimised by

- Providing all school staff with annual allergy awareness training
- Educating students through awareness assemblies and within PSHE
- Providing information and guidance to the school's PTA (Parent Teacher Association) about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the student's allergy

- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

17. Safeguarding:

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

18. Roles and responsibilities

The governing board is responsible for:

- Ensuring the school has a strategic vision for the management of allergy risk assessment and emergency procedures
- Delegating the day-to-day responsibility for the effective delivery of this Policy to the Headteacher
- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on a regular basis, and after any incident where a pupil experiences an allergic reaction.

The Headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to the risk of allergies in pupils and their child's specific allergies, where appropriate.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding
- Creating an inclusive curriculum and ensuring it contains age-appropriate content so all pupils/students can learn about allergies and how everyone can support those who have them

- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

Air Balloon Hill Primary School has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

Our Allergy Lead is **Sally King – School Business Manager**

The allergy lead is responsible for:

- Systems to collect allergy information during the enrolment process, ensuring that this information is shared with staff in the school kitchen. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the student starting
- Holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- Ensuring that systems are robust for the identification of students at mealtimes
- Communication about:
    - the policy
    - the students who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents
- Communication with:
    - governors to provide updates about the policy implementation
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - Catering staff; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal.
    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
    - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Ensuring that IHPs are created and communicated
- Training
    - Ensuring that all staff receive annual training and that allergy is included in induction even for short term members of staff.
    - Ensuring that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

The Welfare First Aider is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.
- Monitoring and maintaining the school's supply of adrenaline auto-injectors (AAIs) - making sure these are checked and in date, with replacements being secured before the current ones expire

All staff members are responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Attending relevant training regarding allergens and anaphylaxis.
- Supporting the creation of the students IHP (if requested)
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

The Kitchen Manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.

- Reporting to the Kitchen Manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing school with the information they need to create individual health care plans
- Keeping the school up-to-date with their child's medical information – including any changes to their child's allergies or allergic reaction symptoms.
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Providing written consent for the use of a school supplied AAI.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Being mindful of the contents of packed lunches and snacks in relation to other pupils and also advising their child/ren not to share food with other pupils.
- Ensuring that the student always has in date medication with them at school

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

19. Staff training

All staff, including teaching staff, support staff, catering staff and others who may oversee students including at breakfast or after school clubs will be trained in allergy awareness and emergency response including how to administer an AAI, and the sequence of events to follow when doing so. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training. It is not intended that contractors with no pupil-facing responsibilities (e.g. builders, electricians or other ad hoc maintenance personnel) are required to complete training.

In line with Benedict's Law, training will include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Awareness that allergy includes multiple co-existing conditions: asthma, eczema, hay-fever

- Understanding the difference between food allergy, intolerance and coeliac disease
- Understanding that a student can be allergic to any food, not just the top 14 allergens
- Knowing the symptoms of allergic reactions and how to treat
- Knowing the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
    - All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline
- How to report an allergic reaction including
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Understanding their responsibilities in risk reduction to ensure that students prevented from coming into contact with their allergens
- Understanding the impact that allergy can have on a student's wellbeing
- Understanding the school's allergy safety policy and
    - How to check if a student is on the record of those with a known allergy
    - How to use an allergy or asthma action plan

Training will be undertaken by all staff prior to the start of the 2026/27 academic year and as an annual refresher every September going forward. New staff joining during the year will be required to complete the training as part of their induction.

Relevant staff, e.g. kitchen staff, will also be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

20. Emergency Preparedness

Air Balloon Hill Primary School will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Our school will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, staff will ensure that a student's adrenaline device is taken with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

The Welfare First Aider will be responsible for taking the emergency AAI kit to the evacuation point.

21. Serious Incidents and 'Near Misses'

Air Balloon Hill Primary School approaches serious incidents and "near misses" in a "no blame" culture, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

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

Our school uses Medical Tracker to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

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

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

22. Unacceptable practice

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

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

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management.

This includes excluding children and young people from rewards for attendance where their non-attendance is the result of a medical condition.

- requiring parents / carers (or otherwise making them feel obliged) to attend the school, to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

23. Monitoring and review

The headteacher is responsible for reviewing this policy in line with the governors policy review schedule. This policy will be reviewed **annually**

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

24. Further Reading

Kitt Medical – https://www.kittmedical.com/

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

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

Benedict's law: https://benedictblythe.com/benedicts-law and https://www.anaphylaxis.org.uk/education/benedicts-law

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

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

Department for Education Supporting pupils at school with medical conditions – Supporting pupils at school with medical conditions

Food:

Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Appendix 1 - Allergies and Intolerances Notification Form

School Meals

Allergies and Intolerances – Notification Form 2026/7

The school is committed to providing quality meals for all children, including those who have special dietary requirements. If your child has any special dietary needs, please complete this form and return it to the school office.

An allergy is an immune system response to a substance known as an Allergen. For example, allergens can be food, insects, medication or plants. A food intolerance is an unpleasant digestive response to a food.

If you need to check or amend the information at any time, please do not hesitate to contact the school office.

Please provide as much detail as possible when completing the form. After receiving the completed form, our Kitchen Manager may contact you to discuss your child's dietary needs in more detail and to provide information about our school menu to support your child's dietary needs. Another member of staff may also contact you to discuss an Individual Healthcare Plan for Allergies.

Information on the food allergens in our menu can be found on our school website - https://www.abhps.com/school-meals/ or a paper copy can be requested from the school office.

CHILD'S DETAILS			
Child's Full Name:			
Date of Birth:			Male / Female * (please delete as appropriate)
Year Group:		Class:	

Allergy / Intolerance: (please tick one of the following as applicable)

My child has a food allergy and has an Allergy Action Plan (AAP) provided by a medical professional	
My child has a food allergy but does not have an AAP	
My child has a food intolerance and does not require an AAP	

IMPORTANT: If your child has an Allergy Action Plan, please attach a copy to this form on return.

My child's Allery / Intolerance is to the following allergen/s:

Celery		Cereals containing Gluten (e.g. wheat, rye, barley, and oats)	
Crustaceans (including prawns, crabs and lobsters)		Eggs	
Fish		Lupin	
Milk (or Dairy)		Molluscs (e.g. mussels and oysters)	
Mustard		Peanuts	
Sesame		Soya	
Sulphur Dioxide and Sulphites		Tree Nuts (e.g. almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios, macadamia nuts)	
Other Allergy / Intolerance (please specify):			

School Meals

Allergies and Intolerances – Notification Form 2026/7

What is your child's reaction to the allergen(s)? Please give as much information as possible.	
What treatment should be provided if your child is exposed to the allergen?	
If a modified diet is required, please provide details:	
If the allergen is food, what would be the reaction if they:	
Touch the food	
Ingest the food	
Ate items processed in the same factory as the allergen	

Does your child have medication **prescribed by a GP** for their allergy?

Yes	
No	

If yes, what medication do they have:

Adrenaline Auto-Injector (e.g. EpiPen or Jetx Pen)	
Antihistamine (liquid of tablet)	
Other Medication (please give details at the bottom of the form)	

If your child has an allergy (with an Allergy Action Plan), a member of staff will contact you to complete an Individual Heathcare Plan for Allergies. This form will provide us with more details about your child's allergy and how we can best support them in school.

Adrenaline Auto-Injectors

The school holds a supply of Adrenaline Auto-Injectors (AAIs) in case of an emergency or if your child's own medication fails however, if your child has an AAI prescribed to them, we do expect you to provide us with 2 that can be kept in their classroom emergency grab bag for them to use if needed. If you have not already arranged for medication to be provided, please do so as soon as possible and hand into the school office / Welfare Room.

If we have further questions about this allergy, how can we contact you?

PARENT/CARER DETAILS	
Contact Name:	
Mobile Phone Number:	
Email Address:	