



Burnt Ash
PRIMARY SCHOOL

Allergy Safety Policy

This policy should be read with:

- First Aid Policy
- SEND Policy
- SEND Information Report
- Supporting Children with Medical Needs and Managing Medicines in School Policy
- Safeguarding Policy
- Behaviour for Learning Policy
- Supporting pupils at school with medical needs, DfE. 2015
- Allergy safety in schools: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026)

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1. Introduction & Core Principles:

Burnt Ash Primary School is an inclusive community that provides a supportive educational and pastoral environment in which every child can succeed. We are committed to ensuring that pupils with allergies have the same opportunities as their peers, enabling them to participate fully in all aspects of school life, remain healthy, and achieve their academic potential.

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

The school promotes an allergy-aware culture that supports safety, inclusion, respect and understanding. Allergy safety is everyone's responsibility. Through education, awareness and shared responsibility, the school seeks to ensure that all members of the school community understand their role in helping to keep individuals with allergies safe.

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.

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. Pupils who have a skin reaction need monitoring for at least an hour.

Burnt Ash Primary School has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

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 should 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.

Whilst asthma and eczema are not the primary focus of this policy, they will be considered where they interact with allergy risk and will be managed through the school's Supporting Children with

Medical Needs and Managing Medicines in School Policy and, where appropriate, Individual Healthcare Plans.

2. Purpose and Scope:

Through this policy, the school aims to:

- Identify and support pupils with diagnosed allergies.
- To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity.
- To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
- To ensure that pupils, staff and parents understand how the school will support pupils with allergies.
- To support pupils with allergies, so that they have full access to education, including physical education, educational visits, meals, curriculum activities and clubs.
- To ensure that school staff involved in the care of children with allergies are fully informed and adequately trained by a professional in order to administer support or prescribed medication.
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs. To make reasonable adjustments, where required, to ensure that pupils with allergies are not substantially disadvantaged and are able to participate fully, safely and confidently in all aspects of school life.
- To ensure, in association with healthcare professionals, that Individual Healthcare Plans (including Care Plans, Allergy Action Plans and Asthma Cards) are in place for individual children where necessary.
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
- To keep, monitor and review appropriate records and ensure serious allergy incidents and near misses are recorded, reviewed and used to improve practice.

3. Legislation and guidance

This policy is based upon and should be read alongside the Department for Education statutory guidance Allergy Safety in Schools (July 2026) and Supporting Pupils at School with Medical Conditions. The school will implement the requirements and expectations set out within both documents.

The policy reflects relevant duties and expectations under:

- Department for Education, Allergy safety in schools: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026).
- Department for Education, Supporting Pupils at School with Medical Conditions (statutory guidance)
- Section 34 of the Children's Wellbeing and Schools Act 2026, which requires maintained schools, academies and PRUs to have an allergy safety policy;
- Section 100 of the Children and Families Act 2014, which places duties on governing bodies and academy proprietors to support pupils with medical conditions

- the Equality Act 2010, including the duty to make reasonable adjustments where allergy or a related condition constitutes a disability;
- the Health and Safety at Work etc. Act 1974 and associated health and safety duties;
- the Food Information Regulations 2014 and food allergen information requirements where schools provide or arrange food; the Early Years Foundation Stage statutory framework where the school provides early years provision;
- Keeping Children Safe in Education and the Trust Child Protection and Safeguarding Policy.
- Human Medicines (Amendment) Regulations 2017
- UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018

4. Roles and Responsibilities:

Designated Medical Lead: Stacey Sullivan

Deputy Allergy Lead: Lucy Mathieson

4.1 The Academy Trust:

- Ensure the school has a published Allergy Safety Policy and that it is reviewed at least annually
- Identify a Governor who has an oversight of medical conditions and allergy safety, and who reports to meetings
- Ensure allergy safety is considered within risk management arrangements and reviewed after serious incidents or near misses
- Seek assurance that training, IHPs, emergency arrangements and incident recording are effective.

4.2 Headteacher:

- Ensure the school complies with its duties under the Allergy Safety in Schools statutory guidance and other relevant legislation.
- Promote a whole-school culture that supports the safety, inclusion and wellbeing of pupils with allergies.
- Ensure that reasonable adjustments are made to support pupils with allergies in accordance with the Equality Act 2010.
- Appoint a named senior leader to act as Designated Medical Lead with responsibility for allergy safety and implementation of this policy
- Ensure this policy and the Academy Trust's Supporting Children with Medical Needs and Managing Medicines in School Policy and Allergy Policy are implemented
- Ensure effective systems are in place to identify pupils, staff and regular visitors with allergy
- Ensure relevant staff know which pupils have allergy, where emergency medication is kept and what action to take in an emergency
- Ensure prescribed and spare adrenaline auto-injectors (AAIs) are accessible and checked

- Ensure allergy-related serious incidents and near misses are reported to Governors and reviewed.

4.3 The Designated Medical Lead:

The Designated Medical Lead will:

- Ensure there are effective systems to collect allergy information during the enrolment process and that relevant information is shared with staff and catering teams before a pupil starts school.
- Work with the School Business Manager to maintain an accurate and up-to-date register of pupils and staff with allergies, including details of prescribed adrenaline auto-injectors, other emergency medication and the existence of Allergy Action Plans and Individual Healthcare Plans (IHPs).
- Ensure Individual Healthcare Plans (IHPs), Allergy Action Plans and Asthma Action Plans are created, reviewed and communicated to relevant staff.
- Work with parents/carers, pupils and healthcare professionals, where appropriate, to develop, implement and review IHPs.
- Ensure robust systems are in place for identifying pupils with allergies during mealtimes and all school activities in accordance with the Supporting Children with Medical Needs and Managing Medicines in School Policy.
- Ensure that 'Look Out For Me' boards and the 'Grab and Go' emergency folder are accurate, securely stored, readily accessible and reviewed at least termly.
- Ensure clear communication of the Allergy Safety Policy, information about pupils with allergies and the importance of recording and reporting incidents and near misses.
- Ensure that relevant staff understand which pupils have allergies, where emergency medication is located and the procedures to follow in an emergency.
- Ensure arrangements are in place to support pupils with allergies during educational visits, residential visits, extracurricular activities and extended school provision.
- Support and advise on risk assessments relating to curriculum activities, food provision, educational visits, extracurricular activities and extended provision where allergy risks have been identified.
- Ensure all staff receive appropriate allergy awareness and emergency response training and that allergy management is included within staff induction procedures.
- Ensure staff have opportunities to practise using trainer adrenaline auto-injectors regularly and at least annually.
- Promote allergy awareness amongst pupils, staff and the wider school community through assemblies, awareness events and educational activities.
- Liaise with:
 - Governors regarding implementation and effectiveness of this policy.
 - Health and Safety and Designated Safeguarding Leads to ensure allergy safety is embedded within wider school systems.
 - Healthcare professionals and external agencies where appropriate.
 - Parents/carers regarding allergy management, IHPs and Allergy Action Plans.

- Catering providers to ensure effective arrangements are in place for pupils with food allergies.
- Ensure that spare adrenaline auto-injectors (AAIs) are checked and the medication remains clear and colourless.
- Ensure appropriate allergen information is communicated to catering providers in a timely manner and facilitate discussions between parents/carers and catering staff where required.
- Review allergy-related incidents and near misses, identify lessons learned and implement improvements where necessary.
- Ensure serious allergy-related incidents are escalated appropriately and reported to relevant agencies where required.
- Monitor the effectiveness of allergy management arrangements across the school and identify areas for improvement.

4.4 The School Business Manager:

- Support the implementation of the Allergy Safety Policy and associated procedures.
- Work with the Designated Medical Lead to maintain an accurate and up-to-date register of pupils and staff with allergies, including details of prescribed adrenaline auto-injectors, other emergency medication and the existence of Allergy Action Plans and Individual Healthcare Plans (IHPs).
- Maintain secure and effective administrative systems for allergy-related records, ensuring that documentation is stored and managed in accordance with data protection requirements.
- Ensure updates received from parents/carers relating to allergy information, medication changes and healthcare plans are recorded promptly and shared with relevant staff.
- Maintain records of staff allergy training, induction and refresher training and monitor completion rates.
- Support the organisation and scheduling of allergy awareness and emergency response training.
- Ensure arrangements are in place for the procurement, storage, monitoring and replacement of spare adrenaline auto-injectors (AAIs).
- Ensure that spare adrenaline auto-injectors (AAIs) and other emergency allergy medication held by the school are checked at least monthly to confirm they are in date.
- Monitor expiry dates of spare emergency medication and coordinate replacements before expiry.
- Support the Designated Medical Lead in maintaining effective emergency information systems and records.
- Ensure appropriate signage, allergy awareness resources and emergency information systems are maintained.
- Liaise with catering providers regarding operational and contractual arrangements linked to allergy management and food safety.
- Ensure allergy safety considerations are incorporated into wider health and safety management arrangements where appropriate.

- Support the recording, investigation and retention of records relating to allergy-related incidents and near misses.
- Assist with the preparation of reports and assurance information for the Headteacher, Governors and Academy Trust.
- Support policy review processes and ensure key compliance actions arising from audits, reviews, incidents or near misses are recorded and monitored.

4.5 All Staff:

- Understand their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Complete allergy awareness and emergency response training so that they know how to identify pupils with an allergy and where to find relevant IHPs or emergency plans
- Teachers should contribute to and be aware of relevant Individual Healthcare Plans (IHPs)
- Implementing the pupils IHP
- Create an inclusive curriculum that is adapted to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Report near misses and incidents related to known allergies, allergic reactions, suspected reactions and medication issues
- All staff are responsible for checking allergy medication and notifying the Designated Medical Lead immediately if they become aware that an adrenaline auto-injector (AAI) is approaching its expiry date, appears damaged, has been exposed to extreme temperatures, or contains medication that is cloudy, discoloured or otherwise appears unsuitable for use.

4.6 Parents:

- Adhere to this policy
- Ensure that the school receives accurate and up-to-date medical information promptly so that Individual Healthcare Plans can be created or changed to reflect their medical needs
- Provide copies of Allergy Action Plans and Asthma Action Plans where appropriate
- Updating school when reactions happen outside of school or any changes to the pupil's allergy and its management.
- Must provide prescribed medication and equipment that is in date and in accordance with the pupil's IHP
- Work with the school to develop and review the IHP
- Must provide up to date information before the child is admitted to school

4.7 Pupils:

- Take increasing responsibility for managing their allergy in an age-appropriate manner, with support from parents/carers and school staff where required
- Be involved in discussions about their allergy support where it is appropriate for their age
- Be encouraged to develop self-management skills including, how to avoid exposure to a known allergen, the importance of not sharing food, and knowing how to get help when needed

- Carry prescribed medication where stated on their IHP and where this is considered appropriate for their age and stage of development.
- Treat the medical needs of others with respect and help promote an allergy-aware culture within the school community that is appropriate to their age
- Report any concerns relating to allergy safety to a member of staff

4.8 Catering Team:

- Maintain up-to-date information regarding the ingredients and allergens contained in all food provided
- Ensure compliance with current food safety and allergen legislation
- Implement procedures to minimise the risk of cross-contamination during food preparation, storage and serving
- Ensure that all catering staff receive appropriate training in allergen awareness and food safety
- Be aware of pupils with medically diagnosed food allergies and follow agreed procedures for providing safe meal options
- Communicate any menu changes, ingredient substitutions or potential allergen concerns to the school's Allergy Lead and other relevant staff in a timely manner
- Ensure that allergen information is readily available to staff responsible for supervising meals
- Follow the school's emergency procedures should an allergic reaction occur in the dining hall or during food-related activities
- Report any food labelling error, wrong meal, contamination concern, near miss or incident immediately.
- Liaise with parents directly where this is requested by the school in conjunction with the parent
- Review allergy and intolerance lanyards before serving pupils

5. Identification of Individuals with Allergies

At Burnt Ash we will collect detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission through the school's registration forms and, where necessary, additional communication with parents/carers. The school will also collect information on prescribed medication including adrenaline, whether asthma is present, emergency plans and if any reasonable adjustments are required from the school.

Allergy information and existing care plans are shared as part of a pupil's transition. Burnt Ash Primary School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Burnt Ash Primary School work with parents/carers and the pupil if appropriate to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

A register of pupils with known allergies will be maintained and this will be reviewed at least termly and updated immediately when new medical information is received. This will identify whether the pupil has an IHP, Allergy Action Plan, Asthma Action Plan, prescribed

adrenaline auto-injectors (AAIs) and/or dietary arrangements. Relevant information will also be collected for staff, regular volunteers and visitors where necessary to maintain a safe environment.

Staff: Staff emergency contact forms 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. Staff with allergies will also be identified on the 'Look Out for Me' board and be in the 'Grab and Go' folder.

Visitors and regular volunteers: All visitors and regular volunteers are required to sign in on arrival. As part of this process, they are made aware of the school's allergy safety arrangements and are asked to notify the school office of any allergies or medical conditions that may require support or consideration while on the school premises.

Regular contractors and service providers working within the school will be informed of relevant allergy safety arrangements where this is necessary to reduce risk. This may include contractors undertaking maintenance work, cleaning services, catering contractors, peripatetic providers and other external organisations working on site. Where appropriate, contractors will be made aware of allergy-related risk reduction measures, emergency procedures and arrangements for accessing emergency assistance.

6. Information Sharing:

UK GDPR does not prevent the sharing of a pupil'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 the 'Look out for Me' board.

7. Pupil Individual Healthcare Plans (IHPs) and Allergy Action Plans:

7.1 Individual Healthcare Plans (IHP):

An Individual Healthcare Plan will be put in place for any pupil whose allergy has an impact on their health, safety or access to education, who is at risk of harm as a result of allergy, or who requires arrangements that are additional to or different from those made generally. This includes pupils prescribed adrenaline, pupils with a history of anaphylaxis, pupils whose allergy requires risk-reduction arrangements, and pupils whose allergy requires adjustments to food provision, curriculum activities, trips or clubs.

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil 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 pupils.

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.

Burnt Ash will ensure that:

- Pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan
- Pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- Individual healthcare plans are created whilst pupils are waiting for a diagnosis

The Individual Healthcare Plan will set out:

- known allergens and likely routes of exposure;
- symptoms and emergency response;
- medication, dosage, storage, access and self-management arrangements;
- risk-reduction measures and reasonable adjustments;
- food, catering and mealtime arrangements;
- curriculum, celebration, club, trip and visit arrangements;
- staff who need to know and any training required;
- communication arrangements with parents/carers and healthcare professionals.

IHPs will be reviewed at least annually and whenever there is a change in medical need, an incident, a near miss or other significant change to arrangements. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school. Parents are responsible for notifying the school without delay of any changes to their child's allergy, medical condition, prescribed medication, emergency treatment plan, or healthcare requirements.

7.2 Allergy action plans:

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil'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 medication including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupil annually so that the pupil is recognisable.

Allergy action plans are issued for pupils who have an immunoglobulin E (IgE) food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

8. Risk Assessment and Allergy Management

The school is committed to identifying, assessing and managing allergy risks in a proactive and proportionate manner. Risk assessments form an essential part of the school's approach to allergy safety and help ensure that pupils with allergies can participate safely and fully in all aspects of school life.

Risk assessments will be reviewed regularly and whenever there is a significant change to a pupil's medical needs, school environment, activities or arrangements.

8.1 Whole-School Allergy Risk Assessment

The school will maintain and review a whole-school allergy risk assessment which considers the potential risks posed by allergens across the school environment and identifies measures to minimise those risks.

The whole-school risk assessment will consider:

- Food preparation, storage and serving arrangements.
- Dining halls and eating areas.
- Classrooms and curriculum activities involving food.
- Cooking, food technology and tasting activities.
- Educational visits and residential visits.
- Before and after-school clubs.
- School events, celebrations and fundraising activities.
- The use of animals within the curriculum.
- Exposure to insect stings and environmental allergens.
- The presence of non-food allergens, including latex and certain cleaning or art materials.
- Medication storage and accessibility.
- Emergency response arrangements.
- Staff training needs and staffing arrangements.

The school will adopt an allergy-aware approach and seek to minimise the risk of exposure to allergens through effective planning, communication, training and supervision. The school will not normally implement blanket bans on specific foods or allergens unless supported by an individual risk assessment and appropriate medical advice.

Findings from the whole-school risk assessment will be reviewed at least annually and following any serious allergic reaction, anaphylaxis incident or significant near miss.

8.2 Individual Risk Assessments

Where a pupil has a diagnosed allergy, the school will consider whether an individual allergy risk assessment is required in addition to the pupil's Individual Healthcare Plan (IHP).

Individual risk assessments will be developed in partnership with parents/carers, healthcare professionals where appropriate, and relevant school staff.

The assessment will take account of:

- The nature and severity of the allergy.
- Known allergens and potential triggers.
- Previous allergic reactions, including any history of anaphylaxis.
- The pupil's age and ability to self-manage their condition.
- Emergency medication requirements.
- Areas and activities where allergen exposure may occur.
- Dining arrangements and food provision.
- Curriculum activities and practical lessons.
- Educational visits, residential visits and sporting activities.
- Before and after-school provision.
- Any reasonable adjustments required to ensure the pupil's safety and inclusion.

Control measures identified through the assessment will be implemented by relevant staff and reviewed whenever:

- New medical information becomes available.
- The pupil experiences an allergic reaction or near miss.
- There is a change to the pupil's healthcare needs.
- The pupil transfers to a new class, key stage or educational setting.
- New activities, visits or arrangements are introduced.

Individual risk assessments should support inclusion and participation and should not unnecessarily restrict a pupil's access to educational opportunities.

8.3 Dynamic Risk Assessment Processes

The school recognises that not all allergy risks can be identified in advance and that staff may need to make decisions in response to changing circumstances.

Staff are therefore expected to undertake dynamic risk assessments when planning or supervising activities where allergens may be present.

Dynamic risk assessment may be required when:

- New food items are brought onto the school site.
- Curriculum activities are amended at short notice.
- External visitors provide activities or workshops.
- Educational visits are altered.
- School events involve food or animals.

- Unexpected environmental risks arise.
- A pupil's medical needs change before a planned activity.

When conducting a dynamic risk assessment, staff will:

1. Identify any potential allergen risks.
2. Consider which pupils may be affected.
3. Take reasonable and proportionate steps to reduce identified risks.
4. Ensure emergency medication remains accessible.
5. Seek advice from senior leaders, the Allergy Lead or parents/carers if necessary.
6. Record significant decisions or additional controls where appropriate.

Where staff are uncertain about the safety of an activity, advice should be sought before proceeding.

The safety of pupils with allergies must be considered in all planning and decision-making processes, while ensuring that pupils are supported to participate fully and as independently as possible in school life.

9. Minimising Exposure to Allergens

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 Burnt Ash Primary 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 pupil 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.

Burnt Ash Primary School is allergy aware ensuring that the staff and pupils 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.

Burnt Ash Primary 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 adaptations to remove allergens that pose a risk for the whole group not just the pupil 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, pupils, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- 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 adaptations to remove/reduce allergens that pose a risk.

Burnt Ash Primary School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Burnt Ash Primary School will ensure that the risk of exposure is minimised by

- All school staff allergy and anaphylaxis training every year
- Educating pupils through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations - FOBA) about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil 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 pupil's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

10. Food Provision and Catering

Burnt Ash Primary School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensure the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the pupils to check independently
- Provide pupil's allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identify pupils with allergies at point of service by ensuring children wear specific-coloured lanyards indicating if they have an allergy (red lanyard) or intolerance (yellow lanyard), with the lanyard detailing if a child has a prescribed auto-injector pen. Their lanyard is checked by school and catering staff before food is distributed.
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teach pupils not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, Burnt Ash Primary School, ensures that this policy is shared and the third-party provider meets the same procedures.

Ensuring that FOBA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that FOBA members who are serving food have a basic awareness of allergen management (signpost to free FSA training)

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

11. Medication, prescribed AAls and spare adrenaline devices

11.1 Medication, prescribed AAls

People at risk of anaphylaxis must have two adrenaline devices which are kept in class medical boxes. The school ensures that adrenaline auto-injectors and other emergency allergy medication remain readily accessible throughout the school day. When pupils move to different locations around the school site, including playgrounds, sports facilities, halls and outdoor learning areas, arrangements will be made to ensure that emergency medication accompanies them or can be accessed without delay. Auto-injectors are available for all off-site visits, educational visits, sporting fixtures and residential visits.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions so must be administered within 5 minutes. 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.

11.2 Spare Adrenaline Devices

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.

Burnt Ash Primary School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Burnt Ash Primary School holds:

KITT Medical Anaphylaxis housing two 300mcg and two 150mcg adrenaline auto-injectors.

These are wall-mounted and located:

1. by the door to the school office
2. in the dinner hall

3. outside nursery/7W provision classroom
4. in After-school club

The School Business Manager will ensure that prescribed spare adrenaline auto-injectors (AAIs) and emergency allergy medication held by the school are checked at least monthly for expiry dates and signs of deterioration, including checking that the medication remains clear and colourless where this is visible. The School Business Manager will ensure replacement devices are obtained in sufficient time and, wherever possible, at least one month before the existing device expires. The Designated Medical Lead will ensure that effective arrangements are in place for the monitoring, availability and replacement of emergency allergy medication.

Adrenaline devices that are used will be 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 order to receive a sharps box the school should register with the Local Authority which will be collected by them.

12. Recognising Allergic Reactions, Emergency Treatment and Management of Anaphylaxis

12.1 Mild to Moderate Reaction:

What to look for:

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.

12.2 Severe Reaction (Anaphylaxis)

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.

The term for this more serious reaction is anaphylaxis. 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 (please also refer to 'First Aid Treatment Flow Chart' which is located near the entrance/exit of all rooms in the building):

- Keep the individual where they are, call for help and do not leave them unattended.
- Lie the 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.
- Administer an adrenaline auto-injector immediately if anaphylaxis is suspected and note the time given. AAls 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 there is no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.
- Anyone experiencing suspected anaphylaxis must be assessed by emergency medical professionals and taken to hospital as advised by emergency services.

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

13. Staff Training and Competency

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a pupil can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know 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 pupil may have different ones to the spare adrenaline
- How to report an allergic reaction including (Mild to moderate, Anaphylaxis, Near miss/incident)
- Understand their responsibilities in risk reduction to ensure that pupils prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a pupil's wellbeing

- Understand the school's allergy safety policy and how to check if a pupil is on the record of those with a known allergy and how to use an allergy or asthma action plan

13.1 Emergency preparedness

Burnt Ash 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

Burnt Ash Primary School will communicate key messages regarding risk reduction leading up to trips and end of term celebrations. During fire drills and lockdown practices, Burnt Ash Primary School will ensure that a pupil's adrenaline device is with them. Emergency evacuation arrangements will include consideration of access to emergency medication wherever reasonably practicable.

The school maintains a "Grab and Go" emergency folder containing up-to-date allergy information, Individual Healthcare Plans, Allergy Action Plans and emergency contact details. The folder is located in the school office in a holder by the door and is reviewed regularly. During evacuations, lockdowns, educational visits and other emergency situations, a designated member of staff will be responsible for ensuring that the folder and any required emergency medication accompany pupils where appropriate. The contents of the folder will be checked at least termly (against a list generated by Arbor) and whenever there is a change to a pupil's medical needs.

14. Educational Visits, External Visits and extended Provision

Burnt Ash Primary School ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activities. 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 pupil is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.

Where transport is provided by the school or by a third-party contractor, allergy information, emergency medication arrangements and emergency procedures will be communicated as part of travel planning. The trip leader will ensure that staff supervising transport know which pupils have allergies, where emergency medication is located and how to respond in the event of an allergic reaction or suspected anaphylaxis.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure. If parents do not supply the school with the required medication for residential trips then the pupil will not be able to attend.

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

group leader will carry additional spare adrenaline devices and inhalers for the trip ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Burnt Ash Primary School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

15. Incident Reporting and Near Misses

For the purposes of this policy, a serious incident includes:

- any episode of anaphylaxis;
- administration of adrenaline;
- hospital treatment following an allergic reaction;
- accidental exposure presenting a significant risk of harm

Burnt Ash Primary School adopts a 'no blame' approach to serious incidents and near misses, using them as opportunities to learn, improve procedures and strengthen allergy safety.

Burnt Ash Primary School is 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 retained.

Burnt Ash Primary School use Appendix 4 prompt sheet in conjunction with CPOMS 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.

Burnt Ash Primary School will share the report with the pupil's parents/carers, the pupil 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. Burnt Ash Primary School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil'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.

Following any serious allergic reaction or anaphylaxis incident, the school will undertake a formal review of the circumstances, identify lessons learned and implement any necessary amendments to policy, risk assessments, training or Individual Healthcare Plans.

16. Safeguarding, Inclusion and Wellbeing

Burnt Ash Primary School is committed to making reasonable adjustments for pupils with allergies where required. Adjustments will be proportionate to risk, informed by Individual Healthcare Plans and risk assessments, and designed to ensure that pupils with allergies are able to access education, school activities, trips, clubs, meals and wider school life without being placed at a substantial disadvantage.

16.1 Safeguarding

Burnt Ash Primary School recognises that a safeguarding referral may be needed if an incident highlighted 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, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

16.2 Wellbeing and Support

At Burnt Ash allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Burnt Ash Primary School:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promotes "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new joiners or anxious pupils
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

17. Unacceptable Practice:

Burnt Ash Primary 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.
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting 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.

18. Monitoring, Review and Quality Assurance:

This policy will be published on the school's website and made available to parents, staff and visitors on request. Staff will be made aware of the policy as part of annual training and induction.

This policy will be reviewed at least annually by the school and sooner where there is a change in statutory guidance, a serious incident, a near miss, significant change in school provision or evidence that arrangements are not effective. The Academy Trust will receive assurance that the policy is implemented and that learning from incidents has been acted upon.

Schools will maintain evidence of compliance with statutory guidance, including training records, allergy registers, Individual Healthcare Plans, risk assessments, medication checks and incident investigations.

Appendices:

Appendix 1 - Whole-School Allergy Risk Assessment

Date: _____

School: Burnt Ash Primary School

Assessment Date: _____

Review Date: _____

Completed By: _____

Purpose: To identify and minimise the risk of exposure to allergens and ensure effective emergency responses to allergic reactions and anaphylaxis.

Allergy Risk Assessment:

Area/Activity	Hazard Identified	Persons at Risk	Existing Control Measures	Further Action Required	Responsible Person	Risk Rating (Low/Medium/High)
Admissions and enrolment	Allergy information not obtained or shared	Pupils with allergies	Allergy information collected on admission forms and reviewed before pupil starts school	Audit records termly		
Classroom activities	Use of allergenic foods or materials during lessons	Pupils with allergies	Staff check planned activities for allergen risks and provide alternatives where necessary	Include reminder in planning guidance		
Lunchtime	Accidental exposure to food allergens	Pupils with food allergies		Review dining procedures annually		
Packed lunches	Allergens brought from home	Pupils with allergies	Parents informed of school's allergy arrangements and expectations	Monitor emerging risks		
Celebrations and food events	Unplanned distribution of food	Pupils with allergies	No food shared without staff approval; ingredients checked; parents consulted where needed	Include in staff induction		
Educational visits	Exposure to unfamiliar foods and environments	Pupils with allergies	Visit-specific risk assessments completed; medication carried; trained staff present	Review procedures annually		

Breakfast and after-school clubs	Staff unaware of allergy needs	Pupils with allergies		Confirm information termly		
PE and outdoor learning	Delayed access to emergency medication	Pupils with allergies				
Trips and residential visits	Severe allergic reaction away from school	Pupils with allergies	Individual risk assessments and emergency plans in place	Conduct pre-visit planning meetings		
Visitors, volunteers and supply staff	Lack of awareness of allergy procedures	Pupils with allergies	Allergy procedures included in induction and visitor information	Monitor compliance		
Medication storage	Adrenaline auto-injectors unavailable or expired	Pupils requiring AAIs	Regular medication checks undertaken; spare AAI available at various points around the school (Kitt Medical)	Monthly audit		
Emergency response	Delay in recognising and treating anaphylaxis	Pupils, staff and visitors	Annual allergy awareness training; emergency procedures displayed	Conduct emergency practice scenarios		

Emergency Preparedness Checklist:

Control Measure	In Place (Yes/No)	Date Checked	Checked By
Register of pupils with allergies maintained and updated			
Individual Healthcare Plans (IHPs) in place where required			
Allergy Action Plans available and accessible			
Prescribed adrenaline auto-injectors available and in date			
Spare adrenaline auto-injectors available across the school			
Staff trained in allergy awareness and emergency response			
New staff receive allergy induction training			
Supply staff informed of allergy procedures			

Emergency procedure posters displayed in key locations			
Medication storage locations clearly identified			
Allergy incidents and near misses recorded and reviewed			
Educational visit allergy procedures implemented			
Catering arrangements reviewed and allergen information available			
Parents informed of allergy safety arrangements			
Annual review of Allergy Safety Policy completed			

Appendix 2 - Individual Healthcare Plan Template

Individual Pupil Healthcare Plan

For children with an allergy or who have experienced an allergic reaction

All sections MUST be completed

Pupil Information

Name:	Date of Birth:
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Family/Carer Contact Information

Parent/carer name:	Relationship to child - e.g. Mother:
Emergency phone number:	Alternative emergency contact name and number:

Pupil's Allergy—please tick

Food allergy ☐

Non-food allergy ☐

What is the pupil allergic to:
Signs and symptoms of an allergic reaction. Describe what it looks like, what actions you take and any aftercare e.g. Administer anti-histamine or auto-injector pen



Appendix 3 – Allergy Action Plan

Note – allergy action plan for anaphylaxis will note which type of auto-injector pen a child has been prescribed – Epi-pen, Jext or Emerade.

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited,
can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

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

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2 Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

- 3 In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available

- 4 Commence CPR if there are no signs of life

- 5 Stay with child until ambulance arrives, **do NOT** stand child up

- 6 Phone parent/emergency contact

*** IF IN DOUBT, GIVE ADRENALINE ***

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

Emergency contact details:

Additional instructions:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:



Date:

Name of pupil/staff/visitor:

Date and time:

Location:

Known allergen involved / suspected allergen:

Description of incident or near miss:

Symptoms observed:

Medication administered and time given:

999 called? Hospital attended?:

Parents/carers informed and time:

Immediate actions taken:

Learning identified:

IHP/policy/risk assessment updated?:

Completed by / date:
