Allergy Safety Policy

Allergy Safety Policy

Person responsible for the implementation of the policy at the school	Helen Crees-Headteacher
Review Frequency	Annually or when an incident is experienced
Date	September 2026
Approved by	Board of trustees
Date of next review	September 2027
Purpose	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.
Links with other policies	Safeguarding Behaviour Anti-bullying Health and Safety

Introduction and Core Principles

In line with Benedict's Law, Aurora Academies Trust is 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.

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

Aurora Academies Trust has a whole school awareness approach, because it ensures all staff and students 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 are 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. Asthma training is needed by all staff, and 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.

Aurora Academies Trust 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.

Emergency Treatment and Management of Anaphylaxis

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.

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:

- 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.

Minimising Risk and 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 **Heron Park Primary Academy** 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.

Heron Park Primary Academy 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.

Heron Park Primary Academy completes a school wide allergy risk assessment (Appendix 1) 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
- Identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identifying 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 adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

Heron Park Primary Academy will ensure that the risk of exposure is minimised by:

- All school staff allergy training every year
- Educating PTAs (Parent Teacher Associations) 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

Food Provision and Catering:

Aurora Academies Trust will ensure the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations.

Heron Park Primary Academy will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring school caterers provide information on food allergens to parents/carers.
- Provide student's allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identify students with allergies at point of service by placing photos confidentially in the kitchen. Aspens staff check the allergies before service.
- 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 students not to food share, trade food or share utensils or food containers with the reasons why.
- Paediatric First Aid trained personnel are in the hall with the children.

When staff provide food for the students (e.g. as part of the curriculum/awards), 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 (for example brought in as treats or to celebrate birthdays) the permission of parents/carers of students with allergies will be sought in advance to ensure inclusion and safety for them. To enable the school to do this, permission of any food to be brought in for sharing will be required - for example treats for birthdays or other celebrations should not be brought into school without advance notice. This is essential so that ingredients can be checked, allergy risks assessed and appropriate permission be given before food is shard with pupils.

These procedures also apply to school led breakfast and after school provision. Where this is provided by a third party, **Heron Park Primary Academy** ensures that this policy is shared and the third-party provider meets the same procedures.

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

Students 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 students receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

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 in the classroom, 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.

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.

Heron Park Primary Academy holds spare adrenaline devices for use in emergency situations. 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.

School type	***AAI for children under age 6 years*** *(150 micrograms)* *e.g. EpiPen Junior, Jext 150*	***AAI for individuals over 6 years of age*** *(300 micrograms)* *e.g. EpiPen, Jext 300*
State-funded nursery school	One pair of "spare" devices	n/a
Primary school	One pair of "spare" devices	One pair of "spare" devices
Special school	*One pair of "spare" devices***	*One pair of "spare" devices***

Heron Park Primary Academy holds:

Epipen X2 0.3mg (6 years plus)
Epipen X2 0.15mg (0-6 years)

These are located in:
First Aid room in the main administration area.
Care suite near the dining hall
They are stored in a green grab box with a big orange sticker and labelled **'Emergency Adrenaline pen'**
The Allergy lead 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 Site Managers office 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 order to receive a sharps box the school should register with the Local Authority which will be collected by them.

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 can be good practice for the school, college or setting 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. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Student self-management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container this would be a medical holster organized with the family. If this is not appropriate, the adrenaline device would be stored in the child's classroom with spare devices in the school locations, described above, which are less than 5 minutes away from the pupil.

Older students and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis

can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Staff Training and Emergency Response

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. 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 student 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 student 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 students prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand 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

Emergency preparedness

Heron Park Primary Academy 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

Heron Park Primary Academy will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.
During fire drills and lockdown practices, **Heron Park Primary Academy** will ensure that a student's adrenaline device is 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.

Roles and Responsibilities:

Allergy lead and governing body:
Aurora Academies Trust is responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and

sets out the emergency response plan for cases of anaphylaxis. Aurora Academies Trust will monitor this policy through regular updates from the trust safeguarding lead.

Heron Park Primary Academy includes the risks pertaining to students and staff with allergy on the school's risk register.

Heron Park Primary Academy 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.

The allergy lead/Lead First Aider is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared with 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
- ensures 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:
  - the board of trustees 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
  - Caterer; 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
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- Training
  - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
  - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

All Staff:
Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks

- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents:

Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

Identification of Individuals with Allergies

Admissions Data Collection: **Heron Park Primary Academy** collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. This is done through Arbor/Parent Meetings/Creating IHCPs and updating MediTracker with the agreed plans.

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: CPOMS and MediTracker

Transition: Allergy information and existing care plans are shared as part of a student's transition. Heron Park Primary Academy will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. **Heron Park Primary Academy** 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 as part of the induction.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. 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. This will be shared by a visitor on the sign in app. The visitor will be asked to notify someone if they declare this when they sign.

Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

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 medication 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 Immunoglobin E (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. The IHP 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.

It is good practice to review IHPs annually or when staff change; however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Heron Park Primary Academy 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 with 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

School Trips and External Visits

Heron Park Primary Academy ensures that students 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 student is safe and included, alternative activities will be planned. This will include the safe storage of 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. 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. **Heron Park Primary Academy** will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Heron Park Primary Academy will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy.

Serious Incidents and "Near Misses":

Heron Park Primary Academy approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

Heron Park Primary 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 seized and retained.

Heron Park Primary Academy uses Meditracker 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 be reported to East Sussex County Council Health and Safety. The school will also complete an internal report form.

Heron Park Primary Academy 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. **Heron Park Primary Academy** will confirm what it has learned from the incident and outline any actions it is taking as a result. The student’s IHCP will be updated if necessary.

If unsafe food was provided by the appointed catering company, operating on behalf of the school as a food business, the incident must be reported to the local authority environmental health team.

Wellbeing and Support

At **Heron Park Primary Academy** allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school’s culture. Students 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.

Heron Park Primary Academy:

- regularly communicate to students, 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 students 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” who can act as a point of contact for students and staff with allergies and they can share feedback and support new joiners or anxious students
- invites new joiners with allergies to have a tour of the canteen 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

- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

Safeguarding:

Heron Park Primary Academy 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.

Unacceptable practice

Heron Park Primary Academy 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 100% 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, 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.

Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

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

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

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

Appendix 1 - Whole School Allergy Management Risk Assessment

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
<u>Storage:</u> Location of each student's medication Location of generic 'spare' AAI Consider: • is there consistency of container throughout the school to make it easily identifiable? • Is the student able to self-carry their own medication? • Is the back-up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication? • Is the students and back up medication always accessible regardless of the time of day?	• X2 Emergency Adreneline boxes clearly labelled and located in both first aid rooms. • Students will be able to access an EPI Pen and carry it with them if it has been agreed on their IHCP. If children are not transporting their own pen (as this is age-dependent), they will still be able to access their own device which will be located within their learning areas. • Spare AAI's are located within 5 minutes of where the students will be. • All back up medication is accessible 24/7	**Rare**	**Major**
<u>Training:</u>			
Check that the course has medical input/review Training should be updated annually Ideally all staff would be trained. If this is decided against, a rationale based	• All staff receive annual training this is then recorded on a training matrix managed by the H&S Coordinator / Allergy lead person	**Unlikely**	**Moderate**

on risk assessment should be produced. Consider: Will there always be a member of staff available to administer an AAI throughout the school day who is not further than 5 minutes away from the student at any given point. Course must include: • Signs and symptoms of allergy & anaphylaxis • Emergency response • Administration of adrenaline auto-injectors • Prevention of reactions Ideally would include: • Types of allergen: food and non-food • Curriculum • Trips & visits including sports • Reporting and recording AllergyWise® for Schools is a low cost, CPD certified course that is clinically reviewed and assured to be up to date.	• All Heron Park staff are trained to deliver AAI's and recognise the symptoms • All Emergency AAI's are located within 5 minutes from any student at any given point within the premises • First Aider always available on site whilst the premises is in use. Annual refresher training currently provided by Flick Learning which is a ROSPA approved E-Learning course and is CPD certified .		
Food and drink:			
Catering:	Our catering providers complete their own allergy training and have access to the school's Allergy Policy.	Rare	Major

• What systems are in place to ensure that the student eats safely? Do all the catering and lunchtime staff know who has allergies and how to ensure that they are safe. Do they know how to report near misses and what to do should a reaction occur? • What measures do you have in place for liaison with the catering contractor and lunchtime supervisory staff? • Ensure up to date allergen information is available for each menu and that it is easily accessible, ideally on school website. • Make sure that any unexpected changes to the menu and allergens are communicated urgently to student/parent/guardian so that a different choice can be made. • Ensure that allergen matrix is available and kept up to date. The FSA have a free to download one: https://www.fooddocs.com/food	A clear admissions process is in place to ensure allergy information is identified and shared promptly, with all relevant staff informed no later than the child's first day in school. A confidential list of pupils with allergies is displayed in the kitchen and canteen to support safe food preparation and service. Catering staff and kitchen providers are made aware of all relevant allergens and dietary requirements. All supervisory staff receive allergy awareness training. Supervisory staff have access to the allergy management checklist and procedures. The Site Manager and First Aid Lead carry out termly checks to ensure allergy records and displayed information remain accurate and up to date. Allergy information is regularly reviewed and communicated to relevant staff to promote the safety and wellbeing of all pupils.		

-safety-templates/food-allergen-chart Consider: wrap round care break times lunch times			
Events involving food: Cake sales Parties Other PTA events Drinks • How can these be made inclusive? • What are the risks if the allergens are present during the events? Is handwashing possible? • What information has to be shared ahead of the event to remind all about the exclusion of an allergen if this has been agreed. Allergen Matrix can be found here: https://www.fooddocs.com/food-safety-templates/food-allergen-chart	• All events are individually risk assessed and a documented risk assessment created • All food is to be clearly labelled as to what allergens it contains • Hand washing should always be at any event/ meeting that may present allergens • Allergens to be clearly labelled and displayed at an event	Rare	Major

• Are allergens displayed, where appropriate to the event?			
<u>Celebrations:</u> • Consider discouraging cake and sweets for children as treats both for birthdays and school celebrations. • Where food is used, consider the impact for the students with allergies and discuss with parent/carer/student at the earliest opportunity to plan for a safe and inclusive event.	• Parents and carers are regularly reminded that cakes, sweets and other food items should not be brought into school for birthdays or celebrations, helping us to maintain a safe environment for all pupils. • Where sweets or food items are to be shared, the school must be notified at least two weeks in advance. This allows us sufficient time to check ingredients and seek permission from the parents or carers of any children with allergies before items are distributed. • For educational visits, events and celebrations, pupils with allergies are identified in advance and their needs are explicitly considered within the event risk assessment to ensure appropriate control measures are in place. •	Rare	Major
Curriculum activities:			
<u>Cooking:</u> • Adapt recipes for all to create a safe cooking space. If a recipe cannot be adapted, can a different recipe be used? • Has the allergic student got their own set of cooking materials? • Are allergies included in the food technology curriculum so that all students have awareness	• Any cooking /food preparation is to be risk assessed prior to the ingredients being purchased. • All students with allergies will be provided with their own set of cooking utensils which are washed with hot soapy water and rinsed then dried before cooking/ food preparation.	Rare	Major

of the impact of allergies to the health of the allergic person. • Are all students made aware of the impact of their actions on an allergic person should the specific allergens not be excluded? • Are all students taught about cross contamination and the impact of this?	• A toolbox talk is to be given to the students involved in the activity prior to commencing • Cross contamination is to be included within the toolbox talk		
<u>Creative activities: e.g. junk modelling, pasta</u> • When using packaging ensure that the allergens have not been in those packets; for example: crunchy nut cornflakes should not be in a classroom where a student has a peanut allergy. When students are bringing in materials from home, ensure that communication is sent to parent/carers to specify what they are unable to bring in and monitor this when the packaging comes into school. • Plastic containers should be washed in hot soapy water to remove allergens.	• This will form part of the risk assessment	Unlikely	Moderate

<u>Music: instrument sharing (cross contamination issue)</u> • Do instruments have to be shared? • Do blowing percussion instruments have to be shared? How can they be sterilised if they do? Can the allergic student have their own blowing instrument that they don't need to share?	Overall, children have own blowing percussion instruments to be used in class. If these have been swapped at any time, these need to be sterilised.	Rare	Moderate
<u>Science activities:</u> • Review the science curriculum and see where allergens are used. Consider whether these have to be used and whether there are alternates that can be used? If essential, the activity needs to be individually risk assessed for the allergic student. How can that lesson be made inclusive and safe? • Consider the impact of cross contamination and whether this could cause a reaction for the allergic student.	• Curriculum science lead will determine what are allergens to any pupil taking part and alternative will be used if this is not a possibility a risk assessment will be carried out	Rare	Moderate
<u>PE:</u> Consider: Indoor		Rare	Major

Outdoor Forest Schools • Where emergency medication is kept during PE and how quickly it can be accessed. If it is left in the classroom/changing room and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins? • Is there an allergy trained member of staff present during after school clubs? • Is there an allergy trained member of staff accompanying away sporting events?	• This will be part of the pupils IHCP if they have known Allergens. Emergency First Aid kits (including pens-if this is how they are being stored on the IHCP) will be taken out to PE. • The school field is less than 5 minutes away from the location of emergency Adreneline pens • School staff are present whilst internal clubs are using the building and are trained in allergy and Anaphylaxis awareness and the administration of an AAI • External lettings/clubs as part of the lettings agreement they confirm they have trained staff available. • All EVC events are risk assessed and a named trained member of staff is present at the event		
<u>Break time:</u> Consider: Playground Field • Where emergency medication is kept during breaktimes and how quickly it can be accessed. If it is left in the classroom and is needed, how quickly can it be found? Is it easily identifiable	• All emergency adrenaline pens are kept within 5 minutes of the whole premises and are clearly identifiable	Rare	Major

and can it be with the student within 5 mins? • Is there an allergy trained member of staff present during break times?	• Allergy trained members of staff always available during break times		
School animals:			
Consider: Therapy dogs and the access they have to children with allergies. Is there an allergen free area that the student will be safe in? We have Dogs in School guidance that will assist with this section.	• Currently Heron Park does not have therapy dogs attending, this will be risk assessed prior to this. • Heron Park does have other animals and when these are identified as an allergen this will form part of the pupils IHCP and appropriate hazard reducing measures will be put into place.	Rare	Moderate
Visitors & supply staff:			
Consider: • Has the visitor been made aware of the school's policy? • If there is an allergy free zone that has been created due to a student's individual risk assessment, how has this been communicated to the visitor/supply staff? • Does the visitor need to know about the student's allergy? Will they be using the student's allergen? Do they need to know	• As part of the signing in process all visitors will be made aware of the school's policy. • An allergy free zone will be created as part of a pupil's IHCP if identified this will be communicated with staff visitors as part of the class handbook • As part of the students IHCP it will be identified as to the severity of the allergy and whether the visitors to the school need to know about a specific pupil's allergy	Possible	Moderate

they have to have eliminated cross contamination from themselves through handwashing after eating?			
Offsite activities:			
<u>Day trips:</u> Consider: • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Storage of AAIs • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • Is food being taken or served? It may be necessary to request that other students do not bring specific allergens on the trip to reduce risk during the day. Communication with venues and parent/carers to set out expectations.	• Allergy trained staff to always attend a visit • Availability of emergency services and nearest hospital form part of the EVC risk Assessment • Food being taken or served will be part of the risk assessment to include any pupil's allergens • High risk activities are part of the risk assessment process if required	Possible	Major

• Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity. <u>Residential visits including D of E:</u> Consider: • Storage of AAIs for each activity being undertaken & overnight • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • What food is being served? Consider cross contamination. Do any menu changes need to be made to ensure safety? Will the allergic person have sufficient to eat? Does any food need to be taken? • Can students eat food in rooms? • Is there a specific allergy section on the visit/experience risk assessment?	**All the other items within this section will be risk assessed and be proportionate to the residential trip**		

• Is there an allergy trained member of staff accompanying the visit? • Do other students need to understand signs, symptoms of allergy, how to call for help and administer an AAI?			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW. **Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.**				
Hazard	**What further action do you need to take to control the risks?**	**Who needs to carry out the action?**	**What is the action needed by?**	**Completed**

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable