School Allergy Safety Policy

Author	Catherine Westwood, Principal H&S Advisor
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HALTON
BOROUGH COUNCIL

Health & Safety

School Allergy Safety Policy

30.9.26

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Custodian title & e-mail address	Principal Health & Safety Adviser Healthand.safetyteam@halton.gov.uk	
Author	Catherine Westwood	
Responsible Directorate/Team	Chief Executive - Health & Safety team	
Supporting documents, procedures & forms of this policy	Supporting Pupils at School with Medical Conditions Policy Asthma Policy	
References & Legislation	Health and Safety at Work etc. Act 1974 Health and Safety (First Aid) Regulations 1981 Children's and families Act 2014 (section 100) Children's Wellbeing and Schools Act 2026 EYFS Statutory Framework 2026 Equality Act 2010 Special Education Needs and Disability (SEND) Code of practice 0:25 years. Food Information Regulations 2014 Natasha's Law 2021 Benedict's Law 2026 DFE Allergy safety in schools guidance July 2026 Anaphylaxis UK 2026	
Original Consultation Audience	Steph Kidd – Head teacher Farnworth CE primary school Vanessa Edwards – Head teacher Murdishaw West primary school Jackie Coughlan – Head teacher St Bedes Infants school Faith Housley – Head teacher St Bedes junior school Ben Holmes – Director of Education, Inclusion and Provision (HBC) Penny France – Head of Education 0-19 (HBC) Martin West – Head of Place, Planning, Policy and Provision (HBC) Libby Evans – 0-19 Team Leader, North Cheshire and Mersey NHS Foundation Trust	
Head teachers checklist	1. Identify pupils at school with allergies upon new entry 2. Obtain pupils allergy action plan from parents. If no plan is in place, develop asap in conjunction with a healthcare professional i.e. school nurse 3. Ensure all staff are suitably trained and training dates monitored. 4. Ensure all staff are aware of children in their care with allergies including cover or supply staff 5. Ensure staff leading on school trips are carrying relevant supplies and medications 6. Nominate a lead governor to work closely with the allergy lead to ensure the policy and arrangements are implemented and adhered to. 7. Nominate an allergy lead to be responsible for allergy safety, which includes driving the implementation of the allergy safety policy. 8. Nominate a first aider to assist allergy lead in ensuring IHPs are completed alongside allergy action plans ensuring information is shared with staff and kept with pupils medications. 9. Nominate a first aider to assist the allergy lead in keeping a register of pupils who are prescribed adrenalin auto injectors, any usage and any emergency treatment given. 10. Nominate a first aider to check medication dates and to remind parents/guardian to replace them as needed.	

Introduction and Core Principles

In line with Benedict's Law, HBC schools 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.

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.

Common allergic conditions include:

- **Hay Fever** (Allergic Rhinitis), triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould.
- **Skin allergies** (e.g. eczema, contact dermatitis, contact urticaria/hives) are caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals.
- **Food allergy**, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (see below).
- **Asthma** in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or pollen. On average, there are two or three children with asthma in every classroom in the UK.
- Less common allergic conditions in children include allergy to **insect stings** (e.g. bee, wasp) and **medicines**.

It is essential that schools take steps to reduce the risk of individuals being exposed to their known allergens, in order to reduce the risk of a reaction. Around one in five children and young people with allergy have their first allergic reaction while in their school, therefore, it is not sufficient to only organise allergy safety measures around children and young people with known allergy. All staff in schools must be able to recognise anaphylaxis and know how to treat it and must have robust emergency response plans.

Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis, it is at the extreme end of the allergic spectrum. 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.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy, an individual's asthma care plan needs to be included with their individual healthcare plan.

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

The policy sets out how HBC schools will take a whole school awareness approach, to ensure all staff and students are aware of what allergies are, the importance of avoiding the individual allergens, the signs and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Roles and Responsibilities:

Allergy lead and governing body:

The governing body are 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. The governing body will monitor this policy and appoint a named governor to work closely with the allergy lead to ensure arrangements are implemented and adhered to.

HBC schools will have a named member of the senior leadership team who is responsible for allergy safety, which includes driving the implementation of the allergy safety policy.

The allergy lead with the support of the Head teacher will be responsible for:

- Ensuring allergy information is collected during the enrolment process and shared with staff and the catering teams/provider. Outside of the normal admission point, ensure that information is shared with staff and catering teams as soon as possible of the student starting
- Holding a register of students and staff with allergies including whether they hold adrenaline and if they have an allergy action plan
- Ensuring systems are robust for the identification of students at mealtimes
- Communication to all staff about:
  - The policy
  - The students who are on the register of those with allergies
  - The importance of recording and reporting near misses and incidents
- Communication with:
  - Governors to provide updates about the policy implementation
  - HBC Health and Safety Team 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/guardian 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 classroom activities

- Ensuring spare adrenaline devices are checked and in date by a nominated person i.e. first aider or admin team, with replacements being secured before the current ones expire
- Ensuring IHPs are created and communicated
- Ensure all staff complete annual training and that allergy is included in induction. The opportunity to practice with trainer adrenaline devices should be provided annually.

All Staff:

Responsible for:

- Adhering to this Allergy Safety policy
- Completing Allergy training. Training is to be provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff
- Understanding their role in applying this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Being aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at meal times. Any food related activities must be supervised with due caution.
- Supporting the creation and implementing the students IHP
- Managing allergy safety on school trips; staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders are to check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion (preplanning and prechecking advisable).
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/guardian
- Reporting near misses and incidents on the HBC Accident and incident portal

Parental/Guardian Responsibilities:

Responsible for:

- Adhering to this Allergy Safety policy
- On new entry to the school, provide the Head teacher and Allergy lead with the information they need to create individual health care plans. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Supplying a copy of their child's Allergy Action Plan to school. If they do not currently have a plan in place this should be developed as soon as possible in collaboration with a healthcare professional e.g. schools nurse/GP/allergy specialist.
- 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 and replace when necessary

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 parents/guardian 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 school will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Schools should be 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.

Schools should complete a school wide allergy risk assessment (Appendix C) that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents/guardian, students, 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 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

School will ensure that the risk of exposure is minimised by

- All school staff allergy training annually
- Educating students through awareness assemblies and talks
- 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/guardian 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:

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the top 14 allergens must be available for all food products. Natasha's Law was also implemented on 1st October 2021 placing a duty for caterers to display all ingredients and clear allergen labelling on all PPDS foods (Prepacked for Direct Sale – more prominent in secondary schools).

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

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide menus and information on food allergens to parents/guardian in advance and have this available for the students to check independently
- Providing student's allergen information to the caterers in a timely manner to ensure that students can eat safely. Head teacher or allergy lead to provide the information.
- Enabling parents/guardian to liaise with the catering company or school chef either directly or via the head teacher or allergy lead.
- Identify students with allergies at point of service; Head teacher or allergy lead will inform the cook of pupils with food allergies. The kitchen will be given a copy of the allergy register which includes photos of the children (with parental/guardian permission), what they are allergic to and if a care plan/medication is held for them. This register is to be

updated by the allergy lead. information should be cascaded to all staff including mid-day assistants.

- Where possible, 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
- Bottles, other drinks and lunch boxes provided by parents/guardian for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended

When staff provide food for the students, 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) parent/guardian permission will sought in advance to ensure inclusion and safety for students with allergies.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, School should ensure 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 through free FSA training.

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

Example procedures

Example Lunch Procedure for Supporting a Child with a Food Allergy

Class teachers or their designated staff member will hold the responsibility for ensuring that the children in their care are only allowed to order and are only given food which is safe for them to eat.

1. When the child orders, check the menu, are they able to have it
2. If unsure, check with kitchen staff/Head/Allergy lead before placing an order
3. At the point of service, check that what is put on the tray is what the child has ordered
4. If it is not, ensure that a whole new tray is given to the child
5. Check that the child sits down with the meal given

Example Curriculum Procedure for Supporting a Child with a Food Allergy

Class teachers hold the responsibility for ensuring that the children in their care are only given food which is safe for them to eat.

1. If cooking as part of the curriculum, ensure that the food that is purchased is safe for the child
2. If not sure, check with the Head, Allergy lead or the child's parents/guardian
3. If treats are given out by the class teacher, school or other children, ensure that the treats given are safe for the allergic child
4. If not sure, check with the Head, Allergy lead or the child's parents/guardian

If the class teacher is absent, the Head/Allergy lead will allocate a member of staff to take responsible role for ensuring that the children in their care are only given food which is safe for them to eat.

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.

School will hold 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. These should be stored in colour (avoid green) containers and labelled 'Emergency Anaphylaxis Kit'. They will be kept safe, not locked away and accessible, all staff should be aware of the stored location and should be accessible within 5 minutes.

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*
Secondary school	*n/a*	*One or two pairs of "spare" devices**
Special school	*One pair of "spare" devices***	*One pair of "spare" devices***

Allergy lead or a nominated staff member 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 as sharps box or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction:

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

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school or setting to obtain advance consent from parents/guardian 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 and Storage of medication:

Medication should be stored in a rigid box and clearly labelled with the pupils name and a photograph of them. The box should contain;

- Adrenaline injectors i.e. EpiPen or Jext (two of the same type being prescribed)
- An up to date allergy action plan
- Antihistamine as tablets or syrup (if included in plan)
- Spoon if required
- Asthma inhaler (if included in plan)

Depending on their level of understanding and competence, students should be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Older pupils, 11 plus, will be encouraged to take responsibility for their emergency kit under the guidance of their parents/guardian. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

It is the responsibility of the child's parents/guardian to ensure that the anaphylaxis kit is up to date and clearly labelled, however the nominated first aider will check medication kept at school on a termly basis and send a reminder to parents/guardian if medication is approaching expiry.

Parents/guardian can subscribe to expiry alerts for the relevant adrenaline auto-injector their child is prescribed, to make sure they can get replacement devices in good time.

AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

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 must be trained in allergy awareness and emergency response. Schools are responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training. Training must be utilised at the start of each academic year i.e. Allergy Wise.

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.
    - Provide a practical session using trainer devices (these can be obtained from the manufacturers websites www.epipen.co.uk and www.jext.co.uk)
- 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

Throughout the year staff should 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

School should communicate key messages regarding risk reduction leading up to trips and end of term celebrations.
During fire drills and lockdown practices, School 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.

Identification of Individuals with Allergies

Admissions Data Collection: School will collect detailed medical information from parents/guardian regarding known allergies, dietary restrictions, and treatment histories prior to admission.

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.

Transition: Allergy information and existing care plans are shared as part of a student's transition. School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. School should work with parents/guardian and the student if appropriate to write a new IHP. Staff should 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 in the form of a risk assessment.

Visitors and regular volunteers: should 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.

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 parents/guardian contact details and must be signed by the parents/guardian as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/guardian or school need to update the photo of the student annually so that the student is recognisable.

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

**IgE-mediated food allergy occurs when the immune system produces allergen-specific IgE antibodies that recognise certain food proteins as harmful. Upon exposure, these IgE antibodies activate mast cells and basophils, releasing histamine and other mediators that cause rapid symptoms.*

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school owned documents that are co-created by school, parents/guardian and students (see Appendix A for template).

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.

School will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan

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

Allergy management individual risk assessment

Individual allergy management risk assessment should be completed by school in liaison with the parents/guardian and the pupil if appropriate. It should be shared with everyone who has contact with the pupil and should be read alongside the Health Care Plan that has been produced (see Appendix B).

School Trips and External Visits

Staff leading school trips should ensure 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 should 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 a spare set of adrenaline devices should be taken on the trip. An additional set of adrenaline devices should be provided if the risk assessment for the trip deems necessary to take them, this ensures that students remaining in school still have access to spare adrenaline devices on site should the need arise.

PE staff leading sporting trips should 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 students' school should ensure the students' allergies are communicated and appropriate food is provided. If another school feels that they are not equipped to cater for any food-allergic child, the pupils own school will arrange for the child to take an alternative or their own food.

Serious Incidents and "Near Misses":

Staff should approach serious incidents and "near misses" in a "no blame" spirit and seek to learn lessons and address any issues which the incident identified, enabling students to be better protected in the future. If an incident occurs from materials such as residues of food consumed or handled, or samples of fluids which may constitute as evidence, staff may need to seize and retain these materials.

Allergic reactions incidents and near misses (e.g. accidental exposure without reaction, or labelling errors) should be recorded and reported on the HBC accident and incident portal as soon as possible. The incident or near miss should be reviewed by the allergy lead and report written report completed.

The allergy lead will share the report with the student's parents/guardian, 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. Lessons learned from the incident will

be outlined with confirmation of any actions taken as a result. The student's IHP should be updated if necessary.

If unsafe food was supplied by the school catering operator, the incident must be reported to the HBC Environmental health team.

Wellbeing and Support

Schools should ensure 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.

Schools should:-

- regularly communicate to students, parents/guardian and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- include allergy and anaphylaxis lessons during assembly and in classroom activities
- plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involve students and staff with allergies in developing and reviewing the procedures for allergy management
- understand that allergy bullying is extremely serious and should actively monitor, prevent, and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promote "allergy champion" roles for staff and students (not just within the catering team) who act as a point of contact for students and staff with allergies, they can share feedback and support new joiners or anxious students
- have proactive engagement with new joiners with known allergies, setting out the school policies and the support available

Safeguarding:

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 or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

School staff should be 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 guardian;

- 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;
- requiring parents/guardian (or otherwise making them feel obliged) to attend the school 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 life, including external visits and trips, e.g. by requiring parents/guardian to accompany the child.

If a pupil has absences relating to their medical condition such as hospital appointments and health management, where possible, considerations should be given so that pupils are not excluded from rewards for 100% attendance, when their non-attendance is the result of a medical condition.

Policy Review and Publication

In order to ensure that this policy continues to be effective and applicable to the Council and schools, the program will be reviewed bi-annually by Health and safety team and relevant stakeholders. Conditions which might warrant a review of the policy on a more frequent basis would include:

- Changes to legislation;
- Incidents of anaphylaxis;
- Employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the relevant stakeholders.

The policy should be published openly on the school website.

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

Jext Trainer pens https://adults.jext.co.uk/order-trainer-pen/

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.

Version Control and Change History

Version Control	Date Released	Approved By	Amendment
1	Sept 2026	Consultation Steph Kidd – Head teacher Farnworth CE primary school Vanessa Edwards – Head teacher Murdishaw West primary school Jackie Coughlan – Head teacher St Bedes Infants school Faith Housley – Head teacher St Bedes junior school Ben Holmes – Director of Education, Inclusion and Provision (HBC) Penny France – Head of Education 0-19 (HBC) Martin West – Head of Place, Planning, Policy and Provision (HBC) Libby Evans – 0-19 Team Leader, North Cheshire and Mersey NHS Foundation Trust Catherine Westwood – Author, HBC	Document created - CW

Appendix A

Allergy Individual healthcare plan	
Name:	**Picture:**
Date of birth:	
Class:	
Emergency contact:	
People who need to know:	
Information sharing: **Parental/Carer consent:**	
Date issued: **Next review:**	**Last discussed with parents/carers:**
Medical condition:	
My medical condition means that: **Are there any physical restrictions caused by the medical condition(s)?**	
How my condition is managed:	
How my condition affects my education: *Impact on health* *Impact on learning* *Impact on wellbeing*	
How my conditions affects my life: **Are there any considerations needed at meal or snack times?**	
School's arrangements to support me: Medication: Awareness: Curriculum: Training:	
School environment:	
Visits and trips:	
Emergency response:	
Is the student aware of their health worsening? Are they able to alert an adult?	
Student's comments:	
Signed: *School: name and role* **Date:**	**Signed:** *parent or carer* **Date:**

*Template base - Anaphylaxis UK

Appendix B

Allergy Management Risk Assessment for Individual Students

This form should be completed by school in liaison with the parents/guardian and the student if appropriate. It should be shared with everyone who has contact with the student. It should be read alongside the student's Health Care Plan that has been produced by the Allergy clinic. A whole school approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Child/Young person: Click or tap here to enter text.	**Date of Birth:** Click or tap here to enter text.
Setting/School: Click or tap here to enter text.	**Key Worker/Teacher/Tutor**: Click or tap here to enter text.
Allergies: Click or tap here to enter text. Are reactions: **Ingestion** Click or tap here to enter text. **Direct contact**: Click or tap here to enter text. **Indirect contact**: Click or tap here to enter text.	
G.P: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	**Clinic/Hospital:** Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Date: Click or tap here to enter text.	**Review date:** Click or tap here to enter text.
Who is responsible for providing support in school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
Signatures: Setting Manager/Head teacher: Date: Click or tap here to enter text. Young person (If applicable): Date: Click or tap here to enter text. **I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe,** **I give permission for my child's photograph to be displayed sensitively to keep my child safe,** **I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected.** Parents/guardian: Date: Click or tap here to enter text.	

	Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.				
	Can the student recognise a reaction for themselves?				
	What have been the symptoms of previous reactions?				
What are the hazards for each activity?		**What are you already doing to control the risks?**	**Likelihood**	**Severity**	**Risk level**
	Medication:				
Storage: Location of child's medication					
Location of generic 'spare' AAI					
	Food and drink:				
Break time snacks including drinks					
Lunch time: Hot meals Sandwiches Drinks					
Events involving food: Cake sales Parties Other PTA events Drinks					
Celebrations: e.g. Birthdays, Easter					
	Curriculum activities:				
Cooking					
Creative activities: e.g. junk modelling, pasta					
Music: instrument sharing (cross contamination issue)					
Science activities:					
PE: Indoor Outdoor Forest Schools					

Playtime: Playground Field Sand pit				
Offsite activities:				
Curriculum visitors				
Day trips / Swimming				
Residential visits				
Other:				

This must be completed for any activity that is MEDIUM with the aim of bringing the risk to LOW. **Activities that are High 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**

*Template base - Anaphylaxis UK with HBC Risk matrix

Risk Level = Likelihood Rating x Severity Rating

Likelihood Rating		Severity Rating	
Unlikely	= 1	Minor Injury	= 1
Possible	= 2	Serious Injury (Lost Time)	= 2
Likely	= 3	Fatality	= 3

Multiplying your likelihood rating against your severity rating will give you an overall **Risk Level Rating** (see following table) which can be used to determine the level of control measures and mitigations you need to put in place in order to bring the risk level down to tolerable level (see **Actions Required Based on Risk Level**).

Risk Level

		Severity		
		Minor (1)	Serious Injury (2)	Fatality (3)
Likelihood	Unlikely (1)	1	2	3
	Possible (2)	2	4	6
	Likely (3)	3	6	9

Risk Level	
Low	1 – 3
Medium	4 - 6
High	6 - 9

Appendix C

Whole School Allergy Management Risk Assessment

School:	
Assessor:	
Date:	
Review Date:	
Persons Affected:	

What are the hazards for each activity?	What are you already doing to control the risks?	Likelihood	Severity	Risk
Medication:				
Storage: 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 backup 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?				
Training:				
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 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				
Food and drink:				
Catering: • 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. 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. • Are allergens displayed, where appropriate to the event?				
Celebrations: • 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/guardian/student at the earliest opportunity to plan for a safe and inclusive event.				
Curriculum activities:				
Cooking: • 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 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?				
Creative activities: e.g. junk modelling, pasta • 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/guardian 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.				
Music: instrument sharing (cross contamination issue) • 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?				
Science activities: • Review the science curriculum and see where allergens are used. Consider whether these have to be used and whether there are alternatives 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.				
PE: Consider: Indoor Outdoor Forest Schools Swimming lessons (See day trips) • 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?				

Break time: Consider: Playground Field Sand Pits • 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 and can it be with the student within 5 mins? • Is there an allergy trained member of staff present during break times? • Has grass been mowed outside of school hours (where possible) to prevent pollen distribution?				
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? Dogs in School guidance that will assist with this section.				
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 they have to have eliminated cross contamination from themselves through handwashing after eating?				

Offsite activities:				
Day trips: Consider: • Is there a specific allergy section on the visit/trip 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 parents/guardian to set out expectations. • Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity. Residential visits: 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?				

• 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 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**

*Template base - Anaphylaxis UK with HBC Risk matrix

Risk Level = Likelihood Rating x Severity Rating

Likelihood Rating		Severity Rating	
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