



EASTBURY FARM PRIMARY SCHOOL

Allergy Safety Policy

Autumn 2026

Date of Governor Approval: 09.09.2026

Eastbury Farm Primary School Allergy Safety Policy

Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, 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 (e.g. 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.

Eastbury Farm Primary School 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 and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimize 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 is 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 individuals with asthma will all have an asthma action plan in place (provided by their medical professional). Further information on asthma management at Eastbury Farm Primary School can be found in the Asthma Policy.

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

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually develop 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. AAls should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**
- If 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 Eastbury Farm Primary School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the 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.

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

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

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

Eastbury Farm Primary School will ensure that the risk of exposure is minimised by:

- All school staff allergy training every year
- Educating students through awareness assemblies and within PSHE
- 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
- 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:

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

- Ensure the contract with the school catering company (Hertfordshire Catering Limited) is compliant with the Food Standards Authority allergen management regulations
- Ensuring Hertfordshire Catering Limited provide information on food allergens to parents/carers and have this available for the students to check independently
- Hertfordshire Catering Limited (HCL) provide a meal ordering system called Citrus. Citrus is linked to the school's MIS system Arbor and information regarding children's allergies is transferred via secure Wonde upload
- As part of the process of parents/guardians creating their child's Citrus account, they are required to answer questions regarding dietary requirements. If dietary requirements are flagged HCL, will then produce a special dietary requirements menu and have their own procedure for this. No child will be fed until their menu has been approved by HCL and the child's parents/guardians
- Identify students with allergies at point of service by providing photos of children at the kitchen service point. The Citrus device also flags images of children with dietary requirements at point of 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 as 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

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.

It is school policy that children are not allowed to bring food items as birthday treats to distribute to classmates.

These procedures apply to school led breakfast and after school provision run provided by Junior Adventures Group (JAG), Eastbury Farm Primary School, ensures that this policy is shared and JAG meets the same procedures.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which should be accessible to 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).

During the school day, a child's adrenaline devices are stored in clearly named individual emergency grab'n'go bags hung in their unlocked classroom cupboard.

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.

Eastbury Farm Primary School 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.

Eastbury Farm Primary School holds: One pair of EpiPen Junior (150mcg) and One pair of EpiPen (300mcg)

These are located in: **The Medical Room/SENCo's Office**

They are stored in white containers and labelled 'Emergency Anaphylaxis Kit'

The Welfare officer 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 given to the paramedic for disposal. 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 or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or “spare” ADs)
- If the child or individual **has their own prescribed adrenaline devices**, these should be used in the first instance
- If the child or individual **does not have prescribed adrenaline devices**, “spare” adrenaline devices can be used
- If the child 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
- Staff can use the emergency red card system or call the school office (where possible) to seek assistance and/or request “spare” ADs to be brought to their location

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for “spare” adrenaline devices to be used. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

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 via online training through the National College platform. The school is responsible for confirming that supply, coaching, peripatetic staff have received allergy awareness training through their employer.

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
- 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

Eastbury Farm Primary School will communicate key messages regarding risk reduction leading up to events, trips and end of term celebrations.

During fire drills and lockdown practices, Eastbury Farm Primary 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.

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 monitor this policy with it being a standing agenda item at meetings. Eastbury Farm Primary School have a named governor who works closely with the allergy lead and reports to the meetings. The Link Governor for Allergies is: **Mohammed Merali**

Eastbury Farm Primary School includes the risks pertaining to students and staff with allergy on the school's risk register.

Eastbury Farm Primary School has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy. The Allergy Lead is: **Miss Rebecca Workman**

The Allergy Lead is responsible for:

- Communication about:
 - The policy
 - The students who are on the register of those with allergies
 - The importance of recording and reporting near misses and incidents
- Communication with:
 - Governors to provide updates about the policy implementation
 - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
 - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
 - students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
 - Training
 - Ensuring that all staff undertake 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

The Welfare Officer 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 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 with:
 - 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
 - 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

All staff are 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

All parents are 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: Eastbury Farm Primary School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission as part of our online admission form 2: Data Collection.

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: Arbor, CPOMS and Medical Tracker. Identification images are posted on the staffroom notice board and kitchen hatch and all staff carry a red card on their ID lanyard with the names and classes of children with adrenaline devices.

Transition: Allergy information and existing care plans are shared as part of a student's transition. Eastbury Farm Primary School will request allergy information from the previous school or setting and will

consider whether any of the arrangements are suitable to implement. Eastbury Farm Primary School 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, a risk assessment will be put in place by the Deputy Headteacher/Welfare Officer during the induction process and an action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: will be asked about allergies upon their arrival. 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 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 IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

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

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

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

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

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.

Eastbury Farm Primary School will ensure that:

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

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

School Trips and External Visits

Eastbury Farm Primary School 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 adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will ensure that all students' emergency medication including adrenaline devices are carried with the child's group leader before departure. Students without 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. Eastbury Farm Primary School 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.

Eastbury Farm Primary School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the students' school will ensure the students' allergies are communicated and appropriate food is provided by the trip leader.

Serious Incidents and "Near Misses":

Eastbury Farm Primary School 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.

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

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

Eastbury Farm Primary School 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. Eastbury Farm Primary School will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

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

Wellbeing and Support

At Eastbury Farm Primary School allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergies 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.

Eastbury Farm Primary School:

- 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 school celebrations 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
- Invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify 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:

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

Unacceptable practice

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

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

- Preventing children 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 their parents or carer
- Ignoring medical evidence or the opinion and advice of healthcare professionals
- Assuming that a child does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way
- Sending a child 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
- Penalising children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management
- Requiring parents / carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- Preventing children 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 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

PERSONAL WORKING AGREEMENT FOR THE MANAGEMENT OF ALLERGIES IN SCHOOL

CHILD’S NAME _____

Please read the checklist below and tick the relevant boxes to indicate your compliance with each statement.

- ☐ I have received a copy of the Eastbury Farm Primary School Allergy Safety Policy.
- ☐ I have supplied a completed Allergy Action Plan.
- ☐ I confirm that my child has been prescribed Adrenaline Devices for use in the treatment of the allergies. I agree to supply 2 Adrenaline Devices for use in school and regularly check expiry dates.
- ☐ I agree to supply any other required allergy medication for use in school and regularly check the expiry dates.
- ☐ I authorise school staff to administer allergy medication when necessary.
- ☐ In case of an emergency and my child is suffering from Anaphylaxis (Potentially Fatal, Allergic Reaction) I give consent for staff to administer the school’s “Spare” Adrenaline Autoinjector medication.
- ☐ I agree to keep the Welfare Officer informed of any medical changes.
- ☐ I will keep the school informed of current telephone numbers for each Parent/Guardian.

Signed Date
Parent/Guardian

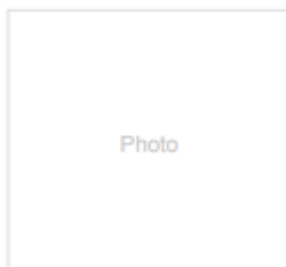
Please return this agreement to the Welfare Officer ASAP.

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)


 Child's
 Weight: Kg

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

Signed:

(PRINT NAME)

Date:

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens.

For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at www.bsaci.org

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

For information about "spare" back-up adrenaline autoinjectors for schools, see www.sparepensinschools.uk

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

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

- AIRWAY:** Persistent cough, hoarse voice
difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing,
wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy
suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat: (if breathing is difficult, allow child to sit)
2. Immediately call 999 for an ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school where "spare" back-up adrenaline autoinjectors are available, ADMINISTER the SPARE AUTOINJECTOR
4. Commence CPR if there are no signs of life
5. Stay with child until ambulance arrives, **do NOT** stand child up
6. Phone parent/emergency contact

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

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

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____



Date: _____

APPENDIX 3 – Individual Anaphylaxis Risk Assessment

Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
Setting/School: Eastbury Farm Primary School Phase:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe: Signatures: Welfare Officer: Date Parents Date Young person Date	
What is this child allergic to? Under which conditions is the allergy? Ingestion ☐ Direct contact ☐ Indirect contact ☐ Does this child already have an Individual Healthcare Plan? YES ☐ NO ☐	
Summary of current medical evidence seen as part of the risk assessment (copies attached)	
Describe the container the medication is kept in: Clearly labelled Grab and Go Zip Wallet with instructions on side	

Outcome of Risk Assessment		
Is an individual health care plan required?	YES ☐	NO ☐
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.		
Crayons/painting:		
Creative activities, i.e. craft paste/glue, pasta		
Science type activity: i.e. bird feeders, planting seeds, food		
Musical instrument sharing (cross contamination issue):		
Cooking (food prep area and ingredients):		
Meal time: kitchen prepared food (is allergy information available): sandwiches:		
Snacks (is allergy information available):		
Drinks:		
Celebrations: e.g. Birthday, Easter:		
Hand washing (secondary school how accessible is this for the child):		
Indoor play/PE (AAIs to be with the child):		
Outdoor play/PE (AAIs to be with the child):		
School field (AAIs to be with the child):		
Forest school (AAIs to be with the child): N/A		
Offsite trips (are staff who accompany trip trained to use AAI): Yes. Medication will be carried by member of staff who is leading the individual group		
Does the child know when they are having a reaction?		
What signs are there that the child is having a reaction?		
What action needs to be taken?		
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes ☐ No ☐		
If Yes state when and how this can be adjusted: During PE sessions, medication should taken with child to playground/field		

How many Epipens are required in the setting? 2 Epipens
How many staff need are required to be trained to meet this child's need? All staff members are trained
What is the location of the backup AAI?
Is a generic AAI available in school? No

APPENDIX 4 – Workplace Anaphylaxis Risk Assessment

Workplace Anaphylaxis Risk Assessment

This form should be completed by a workplace manager and the employee.

Name of employee:	Date of assessment:
Workplace name:	Assessment carried out by:
Date of next risk assessment review (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):	
Allergy Information	
What is the employee allergic to?	
Allergen exposure risks to be considered: Ingestion ☐ Direct contact ☐ Indirect contact ☐	
Summary of current medical evidence seen as part of the risk assessment if required:	
What signs are there that the employee is having an allergic reaction?	
Is the employee prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐	
If yes:	
- Does the employee have access to two of their own prescribed AAIs whilst at work? YES ☐ NO ☐	
- Where will the AAIs be stored whilst the employee is at work? (They must be accessible and not locked away)	
- Does the employee have an Allergy Action Plan to be kept with their AAIs? View a template plan . YES ☐ NO ☐	

Please consider the activities below and insert any considerations that need to be put into place e.g., how food allergen cross-contamination can be managed:
Meal times onsite: e.g. Lunch/breaks –
Indoor activities: e.g. office working at a desk (does the employee need their own working space with no ‘hot desking’?) –
Outdoor activities: e.g. an outdoor workplace (how can the risk of allergen exposure outdoors be reduced e.g. for an employee with an insect sting allergy?)
Celebration events on site: e.g. birthdays/Christmas –
Offsite activities: e.g. eating out/catered events (have catering staff been informed of the employees allergies and is allergen information available?) –
Communal areas: e.g. a shared fridge in a staffroom (does the employee need a separate area to store their food?)
Other workplace activities to consider:

Does the employee give permission for information about their allergies to be shared with the workplace?

YES ☐ NO ☐

Any further comments:

Signatures

Workplace Manager:

Date:

Employee:

Date: