Bishop Wilkinson
Catholic Education Trust
Through Christ, in Partnership

ALLERGY SAFETY POLICY

Date Approved by Trust	September 2026
Headteacher signature	
Allergy Safety Lead in school signature	
Statutory Policy	Yes
Required on Website	Yes
Review Period	Annual
Next Review Date	September 2027
Reviewed by	Director of Estates

Contents

Introduction

Bishop Wilkinson Catholic Education Trust (BWCET) is committed to providing a safe, inclusive and supportive environment for all pupils, staff, visitors and volunteers with allergies.

The Trust recognises that allergies can be life-threatening and that allergic reactions, including anaphylaxis, may occur anywhere in the school environment, including classrooms, dining areas, playgrounds, minibuses, educational visits, breakfast clubs, after-school clubs and lettings.

This policy sets out the Trust expectations for allergy management across all schools and provides a framework that each school must adapt to their individual circumstances.

Schools in England must support pupils with allergies in line with the Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, July 2026, including a published whole-school allergy policy, allergy awareness and emergency response training, Individual Healthcare Plans where required, spare adrenaline auto-injector arrangements, and systems for recording incidents and near misses.

Allergies

Allergies are hypersensitive immune responses to substances that either enter or come into contact with the body. These substances, known as allergens, can be found in food, pollen, pet dander, dust mites, insect stings, latex, and certain medications. When someone with an allergy encounters an allergen, their immune system incorrectly identifies it as harmful and produces an inappropriate response, which can lead to symptoms ranging from mild (such as sneezing, itching, and hives) to severe (such as anaphylaxis, a life-threatening reaction).
Apart from common allergens like peanuts, tree nuts, and milk, schools must also be vigilant about less common allergens and ensure all staff are trained to recognise and respond to allergic reactions promptly. The use of Individual Health Care Plans (IHCPs) for pupils with known allergies is crucial to manage and mitigate risks effectively. This policy is designed to ensure that all pupils, regardless of their medical needs, can safely participate in all school activities and be fully integrated into the school community.

Cross reference with the Supporting pupils with medical conditions policy for IHCPs template.

Legislation and statutory requirements

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

- Children and Families Act 2014 (reference section 100 as amended by section 34 of the Children's Wellbeing and Schools Act 2026)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2026) 'Allergy safety in schools' statutory guidance'

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

- Health and Safety Policy
- First Aid Policy

- Supporting pupils with medical conditions policy
- Educational Visits Policy

Roles and responsibilities

To ensure the safety and well-being of pupils with allergies, the following roles and responsibilities are designated to:

The Board of Directors:

- They have ultimate responsibility for health and safety in the Trust but will delegate day-to-day responsibility to the Headteacher of each school within the Trust.
- They will oversee this policy and monitor it annually or if there is a change in legislation.

The Local Governing Committee:

- Ensure that arrangements are in place to support pupils with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities.
- Ensure that policies, plans, systems and procedures are implemented to minimise the risks of allergic reactions or anaphylaxis at school.
- Ensure that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupils.
- Ensure that the school's arrangements give parents/guardians and pupils confidence in the school's ability to minimise contact with allergens, and to effectively support pupils should an allergic reaction or anaphylaxis occur.
- Ensure that all staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitor the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction

The Headteacher:

- Must ensure that they appoint a named senior leader responsible for allergy safety in the school.
- Implement and monitor the allergen policy and ensure adherence to regulations and guidelines.
- Ensure that parents are informed of their responsibilities in relation to their child's allergies.
- Ensure that all school trips are planned in accordance with the Educational Visits Policy, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Oversee the training of all staff members in allergy awareness and emergency procedures.
- Ensure Individual Health Care Plans (IHCPs) are developed, implemented, and reviewed regularly.
- Ensure that all relevant information regarding known allergens are shared with all school staff and the catering team.
- Ensure that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensure that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.

- Ensuring that catering staff are aware of any pupils' allergies which may affect the school meals provided.

The School Business Manager:

- Ensure that individual pupil profiles in Arbor hold all relevant information relating to allergies.
- Ensure that Arbor is regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Ensure that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seek up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contact parents for required medical documentation regarding a child's allergy.
- Ensure that the necessary staff members are informed about pupils' allergies.
- Understand the action to take and processes to follow in the event of a pupil going into anaphylactic shock and ensuring that this information is passed onto staff members.
- Inform the catering team of any absences so a meal is not prepared when not required for a specific allergen provision.
- Will ensure an up-to-date picture is available of the child for the catering team to have as a visual reference, with allergies/intolerances listed next to the picture. It is agreed that this picture will be kept in the kitchen to support the team. This picture will be reviewed annually to ensure the picture is a true likeness of the child. Only the catering staff will be able to see the photo.

Staff:

- Act in accordance with the Trust's/school's policies and procedures at all times.
- Attend relevant training regarding allergens and anaphylaxis.
- Respond promptly and appropriately to any signs of an allergic reaction or medical emergency, following the procedures outlined in the IHCP.
- Staff must be 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 mealtimes.
- Staff must have read and understand pupil Individual Health Care Plans (IHCPs).
- Monitor pupils during school activities to ensure they do not come into contact with allergens. Ensure that common allergens are not present in the school environment, including in food preparation areas and materials used for activities.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will 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. Staff attending the excursion must have AAI training.

Specific identified school staff responsible for First Aid:

- Provide expert advice on managing allergies within the school.
- Staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Develop and update Individual Health Care Plans (IHCPs) in collaboration with parents, pupils, and healthcare providers and ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- Administer allergy medications and adrenaline auto-injectors (AAIs) as required.

- It is the parent's/guardian's responsibility to ensure all medication is in date however the school medical staff will check medication kept at school on a termly basis and may send a reminder to parent's/guardian's if medication is approaching expiry
- Keep a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

Cross reference with the Supporting pupils with medical conditions policy for medication template.

BWCET Catering Services Team.

- To provide planned menus for known allergens.
- To liaise with the school's medical staff/allergy safety lead to ensure that they are aware of specific known allergens for staff and pupils. Ensuring that the rest of the catering team onsite are aware of the allergen and the identified person.
- To collate and provide allergen information relating to recipes and planned menus and communicate to catering staff and schools.
- To agree any product substitutions made to kitchens prior to delivery.
- To provide nutritional and allergen data if requested.
- To provide appropriate signage to advise staff and pupils on where to access allergen information.
- To ensure ingredient specifications for all products included in menus are checked to ensure they meet the dietary requirements of pupils and staff.
- To monitor the provision of special diets, communication of allergens and compliance with this policy.

Parents and Guardians:

- Inform the school of their child's allergies and collaborate in developing the Individual Health Care Plan (IHCP). This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Provide a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
- Provide the school with necessary medications and auto-injectors and ensure they are replaced before expiration.
- Keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- If necessary to meet with the school and catering team to discuss the menu provision.

Pupils:

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Individual Health Care Plans/ Allergy Action Plans

Individual healthcare plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed.

These plans must be held in the individual pupil profile in Arbor – The pinned items section on the pupil profile page on Arbor must be updated to indicate allergy/medical needs.

Allergy Action Plans (AAPs) – which may be in the format of an Individual health Care Plan (IHP) - have been designed to facilitate first aid treatment of anaphylaxis.
The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/guardians. The plans can either be printed out and completed by hand or completed and signed by the healthcare professional and parent/carer online.

Sample plans can be found at: Allergy Action Plans - BSACI

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix A.

See Appendix B for the Individual Health Care Plan form.

IHCPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHCP as visitors' /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.
IHCPs will be reviewed at least annually or when a pupil's medical circumstances change, whichever is sooner.

Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.

Training

Each school should allocate at least one member of staff responsible for coordinating allergy management including the development and upkeep of this allergy policy. However, an allergic reaction can occur at any time, **every member of staff** (teachers, support staff, office staff, lunchtime supervisors, breakfast/after-school club staff, minibus staff, catering staff and relevant temporary/supply staff) should be trained on what to do in the event of an allergic reaction, as a pupil may be under their supervision when this happens.

Allergy training should be refreshed yearly, and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence. Acting fast is key in reducing the risk of a serious allergic reaction.

Training should include a basic understanding of allergic disease and its risks which include:

- Knowing the common allergens and triggers of allergy.

- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services.
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device.
- Measures to reduce the risk of a pupil having an allergic reaction e.g. allergen avoidance.
- Knowing who is responsible for what.
- Associated conditions e.g. asthma.
- Managing Allergy Action Plans and ensuring these are up to date.

The training can be found online at High-Speed Training - Free Allergy Training for Schools | City & Guilds Assured. **The training must be completed by every employee at the school.**

Risk Assessment

A risk assessment needs to be completed for each pupil or staff with an identified allergen – See Appendix C for the template.

Emergency Treatment and Management of Anaphylaxis

It is crucial for school staff to be well-prepared to handle anaphylaxis, a severe and potentially life-threatening allergic reaction. The following steps outline the emergency treatment and management approach:

Recognising symptoms:

Rapid recognition of anaphylaxis symptoms is vital. Symptoms typically manifest within minutes of exposure to an allergen. Immediate signs may include hives, red rash, itching, or swelling of the lips and face. However, more severe symptoms may affect the airway, breathing, and circulation, leading to difficulty swallowing, wheezing, dizziness, and potential loss of consciousness.

In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal. If the pupil or staff has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

Administering Adrenaline:

Adrenaline is the cornerstone of anaphylaxis treatment. It works quickly to open the airways, reduce swelling, and increase blood pressure. As soon as anaphylaxis is suspected, administer adrenaline via an adrenaline auto-injector (AAI) without delay. Ensure staff are trained to use AAIs correctly and know when to call emergency services.

- Keep the person where they are, call for help and do not leave them unattended.
- LIE THEM 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 AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. 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 AAI.
- If no signs of life commence CPR.
- Call parent/carer/next of kin as soon as possible.

Whilst you are waiting for the ambulance, keep them 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.

Preventative Measures:

To minimise the risk of allergic reactions, schools should implement measures such as allergen avoidance and ensuring Allergy Action Plans are up to date. Staff should be aware of each pupil's allergies and have clear guidelines on who is responsible for managing allergies and administering emergency treatment. Medical staff in school should be aware of staff allergens.

AAI spare pens in schools

Under UK legislation, each school must hold in-date spare AAI's to be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

Where pupils have a known allergen, parents/guardians must give written permission for the school to administer these injections.

A supplier e.g. pharmacy, will need a request signed by the Headteacher on appropriate headed paper stating:

- The name of the school for which the product is required.
- The purpose for which that product is required.
- The total quantity required.

A template letter which can be used for this purpose can be downloaded at: Supply, storage and care of AAIs | Spare Pens in Schools

Please note that pharmacies are not required to provide AAIs free of charge to schools, the school must pay for them. Schools can also purchase cost-price AAIs in partnership with the Allergy Team though Simple Online Pharmacy.

The Headteacher will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

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

Supply, storage and care of medication

Depending on their level of understanding and competence, KS3 and above pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

For younger children or those 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.

Medication should be stored in a suitable container and clearly labelled with the pupil's name.

The pupil's medication storage container should contain:

- Two AAIs.
- An up-to-date allergy action plan.
- Antihistamine as tablets or syrup (if included on allergy action plan).
- Spoon if required.
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school should check medication kept at school on a termly basis and send a reminder to parents if the medication is approaching expiry. Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

School AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. They should be stored in accessible but secure locations, and all staff should be aware of their location in case of an emergency. This is to be communicated through signage and staff awareness training.

The expiration date of each AAI should be recorded when received and should be checked every half term by the nominated person.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

Catering at school (only applies to BWCET ran catering) (delete if external catering provider in place)

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.

The school menu is available for parents to view in advance via the school website.

Parents/guardians are advised to speak to the main school office if they have any concerns about allergies/ingredients or the contents of dishes. The school will pass any concerns to the catering team. Where a child has been identified as having an allergen, the parent will be sent a link to a Microsoft Form on which all relevant information is recorded. This form will be automatically sent to both the Catering Managers and the School Admin Team. Appendix D - Procedure for Managing Requests for

a Special Diet is followed. Parents/guardians are encouraged to meet with the Catering Team to discuss their child's needs. The Trust adheres to the following Department of Health guidance recommendations:

- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the School Business Manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

As part of school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. However, in certain circumstances there may be a need to substitute meal options at short notice due to ingredient shortages.

Trust schools with external catering providers (Gateshead Council) (delete if Trust catering provider in place)

Where an external catering provider supplies school meals, the school must follow that provider's process for registering allergens and arranging alternative diets. The school retains responsibility for ensuring allergy information is shared and pupils are supported, even where catering is externally provided.

Allergen plans should be completed jointly by the parent/carer, Gateshead Council and the school. All other sections of this policy still apply to the school's overall approach to allergen management.

Completed documents must be uploaded to the individual pupil profile in Arbor alongside the Allergy Action Plan (AAP), which may also be recorded as an Individual Health Care Plan (IHCP).

Handling allergens and preventing cross contamination

School catering involves managing food allergens and complying with the Food Information Regulations 2014. Ensuring proper handling of allergens and preventing cross contamination is crucial in a school setting. Staff must be regularly trained and updated on procedures to manage food allergens effectively. This includes understanding how to read labels, segregate allergen-containing foods, and maintain cleanliness in food preparation areas. For instance, preparing allergen-free meals first and thoroughly cleaning utensils and surfaces with warm soapy water helps in minimising the risk of cross contamination.

Staff should also be aware of the importance of carefully checking food labels and ingredient lists, especially when dealing with pre-packed food goods.

Food allergen labelling

From 1 October 2021, schools will adhere to new allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law. Schools will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption. The relevant staff, e.g. catering staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an annual basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as pre-packed for direct sale will clearly display the following information on the packaging:

- The name of the food.
- The full ingredients list, with ingredients that are allergens emphasised, in bold (Food Standards Agency and recent EHO visits have requested **Bold** only as a standard approach).
- The school will ensure that allergen traceability information is readily available.

Allergens will be tracked using the following method:

- Using an online Nutritional analysing system called Kafoodle. Kafoodle is an award-winning food technology company that supports the foodservice industry. The system is a fully integrated system that allows our catering team to build menus and recipes and give us instant real time nutritional and allergen data.
- Substitute products are managed using the same system and can be updated live on the website of your child's school.
- Each school will have a live menu displayed on their dashboard which is interactive and allows parents/ carers and guardians to be able to support the choices their child will make the following day.

Allergen information and communication

The school menu is available for pupils and parents to view in advance, allowing them to make informed decisions regarding their child's food choices. Parents are encouraged to speak to the school office if they have concerns about allergies, ingredients, or the contents of dishes.

In certain circumstances, meal options may need to be substituted at short notice due to ingredient shortages. The School Business Manager will inform the catering team about specific food allergies. Parents and carers are encouraged to meet with the catering team to discuss their child's needs comprehensively. The Trust adheres to the Department of Health guidance recommendations for managing food allergies. All allergen plans in place will be reviewed annually.

Special events and activities

Food should not be given to food-allergic children without parental engagement and permission, such as during birthday parties or food treats. The use of food in crafts, cooking classes, science experiments, and special events (e.g., fetes, assemblies, cultural events) needs careful consideration and may require restrictions or risk assessments based on the allergies of particular children and their age.

Providing safe food options

As part of the school's obligation to support children with medical conditions, it is essential to provide safe food options that meet dietary needs, including those related to food allergies. Catering staff should maintain regular communication with food suppliers, as ingredients may change and some product ingredient lists contain precautionary allergen labelling (e.g., "may contain X"). This information must be included in the Individual Healthcare Plan, as certain pupils may be able to consume foods labelled "may contain", while others need to strictly avoid them.

Anaphylaxis UK's Safer Schools Programme - Safer Schools Programme for Allergy Management | Anaphylaxis UK

Anaphylaxis UK's Safer Schools Programme offers information to schools on how to manage and support pupils with serious allergies. This includes providing best practice resources for schools and a downloadable allergy awareness assembly presentation. The assembly presentation covers allergy bullying and encourages the inclusion of all children. Allergy-related bullying or deliberate exposure to allergens should be managed under the behaviour/anti-bullying policy.

Age-appropriate allergy education in class

Schools should provide age-appropriate allergy education for pupils as part of wider health, wellbeing and personal development learning, for example through RHSE, science, assemblies, tutor time or other relevant curriculum opportunities. This education should help pupils with allergies understand, in a developmentally appropriate way, how to manage their own condition, recognise their personal signs, symptoms and triggers, know when and how to seek adult help, and understand the importance of carrying or accessing medication where this forms part of their agreed IHCP/AAP.

Class-based allergy education should also promote peer awareness and inclusion. Pupils should be taught, in an age-appropriate and sensitive manner, how to support classmates with allergies by understanding that allergies can be serious, avoiding deliberate exposure to known allergens, recognising possible warning signs such as swelling, rash, difficulty breathing, wheezing, coughing, dizziness, sickness or collapse, and telling an adult immediately if they are worried that someone may be having an allergic reaction. Teaching must avoid singling out individual pupils or sharing personal medical information without appropriate consent and should reinforce kindness, respect, anti-bullying expectations and the shared responsibility of keeping each other safe.

Seasonal allergies and insect sting allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites. Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

For pupils with known allergies, it is important to meet with both parents and the child to gain a clear understanding of the severity of the allergy and the pupil's individual immune response to the allergen. Sensitivity levels can vary significantly from pupil to pupil, including pupils' reactions to seasonal allergens or specific triggers such as cats, dogs, or farm animals. For pupils with allergies, it is likely that antihistamine provision will have been recommended by a medical practitioner and this will form part of the pupil's IHCP. It is vital that school also keep antihistamine on-site to support the pupil's management of their condition.

Additional provision and precautions must be taken into consideration for those with allergies and must also be made both on-site in school, and when considering arrangements for educational visits and enrichment experiences.

Additionally, insect sting (including bee and wasp) allergy requires careful management, and there are occasions where a sting can invoke a life-threatening anaphylaxis reaction.

Precautions to avoid this may include pupils taking special care outdoors, wearing shoes at all times and making sure any food or drink is covered. Adults supervising activities must ensure that suitable medication, including AAIs, is always on hand for the management of anaphylaxis.

Allergy awareness and nut bans

BWCET supports Anaphylaxis UK's approach against a blanket nut ban, noting that schools cannot ensure an allergen-free environment. Instead, BWCET advocates for allergy awareness and education. A whole school approach ensures everyone understands allergies, avoids allergens, recognises symptoms, manages reactions, and follows procedures to minimise risk.

Milk/dairy anaphylaxis and management of school milk

Milk and dairy allergy can cause serious allergic reactions, including anaphylaxis, and must be managed with the same level of vigilance as other high-risk allergens. This is particularly important in early years and primary settings where milk may be routinely provided through nursery or school milk arrangements, including free milk for eligible under-5 pupils and subsidised or other school milk provision. Schools must ensure that routine milk provision is included in the pupil's IHCP/AAP, individual allergen risk assessment, classroom arrangements and supervision plans where a pupil has a diagnosed or suspected milk/dairy allergy.

Milk supplied for pupils must be stored, distributed and consumed in a controlled way. It must not be left unsupervised in classrooms, cloakrooms, corridors, free-flow areas, continuous provision areas, play areas or any location where pupils could access it without adult oversight. In EYFS settings, milk must only be accessed, handled and consumed under direct adult supervision. Staff must agree where milk will be stored and served so that it is away from pupils with known milk/dairy allergy, cannot be mistaken for an alternative drink, and cannot be spilled or transferred onto toys, tables, carpets, soft furnishings, sensory resources, craft materials or shared equipment.

Where milk is provided to pupils, this must not override the safety needs of a child with milk/dairy anaphylaxis. The individual risk assessment must identify how milk will be delivered, where it will be kept, who will supervise it, how spillages will be cleaned, how hands and surfaces will be washed, how cups/cartons will be disposed of, and how staff will prevent sharing, swapping, accidental contact or cross-contamination. Suitable dairy-free alternatives should be considered where appropriate and agreed with parents/carers, catering staff and relevant school staff.

Curriculum inclusion and practical learning activities

Pupils with allergies must be enabled to participate safely and inclusively in the full curriculum wherever reasonably practicable, including Design Technology, food technology, cookery, science, art, craft, sensory play, practical investigations, enrichment activities and themed curriculum events. Allergy management must not result in unnecessary exclusion from learning; instead, staff should plan, assess the specific risks and put proportionate controls in place so that pupils can take part safely alongside their peers.

Before any lesson or activity involving food, food packaging, ingredients, natural materials or other potential allergens, the member of staff leading the activity must check the pupil's IHCP/AAP and individual allergen risk assessment. Staff must consider the ingredients or materials being used, how they will be stored and handled, whether cross-contamination could occur, how pupils will wash their hands and surfaces, whether safe alternatives are available, and what supervision is required. Parents/carers should be consulted in advance where there is any uncertainty about whether an ingredient, product, recipe, material or activity is safe for the pupil.

Reasonable adjustments may include substituting ingredients, using allergen-free materials, providing individually labelled equipment or ingredients, preparing the pupil's resources first, separating preparation areas, increasing adult supervision, preventing sharing or tasting of food, cleaning workstations before and after the activity, and ensuring medication is immediately accessible. Where an activity cannot be made safe despite reasonable adjustments, an alternative activity of equal educational value should be provided in a way that protects the pupil and avoids isolation or unnecessary attention being drawn to their allergy.

Incident and near-miss reporting

In line with the DfE statutory guidance on allergy safety in schools, schools must record and learn lessons from serious allergy incidents and near misses. The purpose of reporting is to improve systems and reduce the likelihood of recurrence.

The following process must be followed for any known or suspected allergic reaction, anaphylaxis event, incorrect food provision, incorrect or near-incorrect administration of food, exposure to a known allergen, medication error, failure of communication, or any other allergy-related near miss:

1. **Immediate response and safeguarding of the pupil:** Staff must follow the pupil's Allergy Action Plan/IHCP and the emergency response procedure in this policy. Where anaphylaxis is suspected, emergency treatment must be given without delay and 999 must be called.
2. **Recording allergic reactions:** All allergic reactions, whether mild, moderate or severe, must be recorded on the Trust's accident/incident reporting system (Notify) as soon as practicable and no later than the end of the school day. The record must include the date, time, location, pupil name, suspected allergen or trigger, symptoms observed, treatment given, staff involved, whether an AAI was used, whether 999 was called, and any immediate actions taken.
3. **Recording near misses:** Allergy-related near misses must also be recorded, even where no reaction occurs. This includes food being given incorrectly, food almost being given incorrectly, incorrect menu/allergen information, failure to follow a special diet process, cross-contamination concerns, missing or expired medication, unavailable AAI, staff not being aware of an IHCP, or any breakdown in communication that could have exposed a pupil to risk.
4. **Parent/carer notification:** Parents/carers must be informed as soon as possible following any allergic reaction, suspected exposure, incorrect food provision, AAI use, emergency treatment, or near miss. Communication must be factual and include what happened, action taken, any medical treatment provided, and the immediate steps being taken to prevent recurrence.
5. **Internal escalation:** The Headteacher and named Allergy Safety Lead must be informed of all allergy incidents and near misses. Serious incidents, AAI use, ambulance attendance, hospital transfer, safeguarding concerns, repeated near misses or systemic failures must be escalated to the Trust in line with Trust incident reporting procedures.

6. **Governance reporting:** Serious allergy incidents and significant or repeated near misses must be reported to the Local Governing Committee and, where required, to the Trust Board or relevant Trust committee. Reports must focus on assurance, trends, lessons learned and actions completed, while protecting pupil confidentiality.
7. **Lessons learned review:** The Headteacher or named Allergy Safety Lead must complete a lessons learned review following any serious incident or significant near miss. This should consider root causes, communication failures, supervision arrangements, catering controls, staff awareness, medication access, trip/activity planning, and whether existing risk controls were adequate.
8. **Follow-up actions and updates:** Findings from the review must be used to update the pupil's IHCP/AAP, individual risk assessment, special diet arrangements, catering controls, menu/allergen communication processes, staff training records, emergency procedures and any relevant school or Trust policy documents. Actions must be allocated to named responsible persons, given completion dates, and checked for completion.
9. **Evidence retention:** Records of incidents, near misses, parent/carer communications, lessons learned reviews, governance reports and completed actions must be retained by the school as part of its allergy safety evidence trail and made available for Trust assurance, audit or inspection where required.

Schools must retain:

- training records;
- AAI stock/expiry checks;
- IHCP/AAP review logs;
- special diet approval forms;
- catering allergen checks;
- incident/near-miss records;
- annual policy review evidence;
- confirmation of website publication.

Consultation

This policy was produced by the Director of Estates, in consultation with:

- Members of the Executive team.
- External H&S consultants.
- BWCET Catering Team.

Monitoring and review

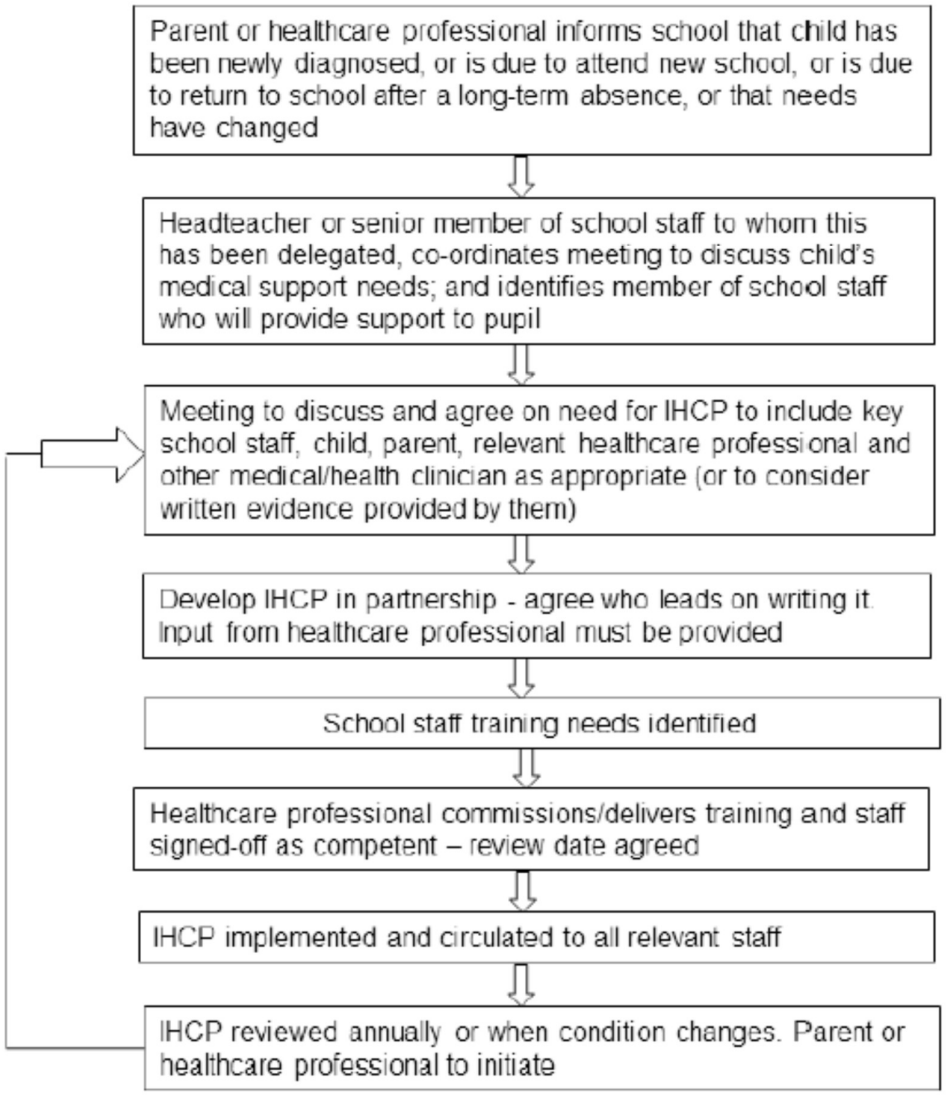
To ensure the effective application of this policy, schools are required to have in place arrangements for monitoring and reviewing its implementation at regular intervals. The policy review needs to promote a cycle of continuous improvement; therefore, any actions identified to ensure this, should be considered and implemented where reasonably practicable.

Successful monitoring and review relies on commitment from Headteacher's and managers at all levels and should therefore be included as an integral part of the business planning process.

This policy will be reviewed annually and must be published on the school's website. The policy must be reviewed as a result of the following triggers:

- any allergic reaction or near miss;
- change in DfE/FSA guidance;
- change in catering provider/menu system;
- change in pupil allergy profile;
- new premises, clubs, lettings or off-site provision;
- after emergency AAI use.

Appendix A - Process for developing individual healthcare plans.



Appendix B - Individual healthcare plan

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name – Contact 1	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name – Contact 2	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips etc:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Who is responsible in an emergency *(state if different for off-site activities):*

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Appendix C – Allergen Risk Assessment Template

Risk Assessment	Title	Anaphylaxis	Date		School
	Version	1	Page	21 of 26	

This risk assessment should be completed by the school in liaison with the parents and the child, if appropriate.

It should be shared with everyone in school who has contact with the child.

Name of child:				**Date of Birth:**	
School:		**Phase:**	Primary or Secondary *(Circle most appropriate)*	**Completed by:**	

Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse):			
Date of Assessment:		**Reassessment due:**	

I give permission for this to be shared with anyone who needs this information to keep my child safe (e.g., medical register, Arbor, round robin etc):

Signatures:

School representative: Date:

Parent/Guardian: Date:

Child: Date:

What is this child allergic to?	
How does the allergen enter the body? ***(Please tick appropriate conditions)***	Ingestion ☐ Inhalation *(e.g. pollen)* ☐ Absorption ☐ Injection *(e.g. sting)* ☐
Does this child already have an Allergy Healthcare Plan? *(Please tick applicable)*	YES ☐ NO ☐ (Please provide a copy to accompany this form)
Summary of current medical evidence seen as part of the risk assessment: *(copies attached)*	
Describe the container the medication is kept in:	
Outcome of Risk Assessment **Is an allergy 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):	
Mealtime: **Kitchen prepared food (is allergy information available):**	

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:	
Outdoor play/PE:	
School field:	
Forest school:	
Offsite trips (are staff who accompany trip trained to use Adrenaline auto-injectors (AAI)):	

Does the child know when they are having a reaction?	Yes ☐ No ☐
What signs are there that the child is having a reaction? ***(Is there anything different to the signs and symptoms on the allergen plan?)***	
What action needs to be taken? ***(Is there anything different than stated in the allergen plan?)***	
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? **If Yes state when and how this can be adjusted:**	Yes ☐ No ☐

If the child is old enough – can the medication be carried by them throughout the day? **If No state reason:**	Yes ☐ No ☐ *(Current advice is that a child should carry x2 AAIs)*
How many AAI are required in the setting?	
How many staff need are required to be trained to meet this child's need?	
Is a generic AAI available in school?	
What is the location of the backup AAI?	
Do you give permission to administer the AAI available in school?	Yes ☐ No ☐

Appendix D - Procedure for Managing Requests for a Special Diet

1. All parents/ guardians are given access to the Catering Team's Microsoft Form for Special Diets. This includes parents of new pupils, ahead of them joining a Trust school.	• To streamline the collection of information and ensure an efficient, consistent approach, the electronic form is sent, automatically, to both the Trust Catering Managers and the School Admin Team.
2. The Catering Team and School Admin Team automatically receive the details from the Microsoft Form.	This describes: • Details of the child's allergens, any resulting special dietary requirements and a clear list of the foods which can and cannot be eaten. • The action to take in the event of an emergency (e.g. allergic reaction), including names, dose and administration of prescribed medication, and the staff trained to administer it.
3. The Catering Team arrange a meeting with the child's parent/guardian (and medical professionals, if required) and School Admin Team to write and agree a clear plan of how to manage the child's special dietary requirements.	• The details received from the parent/ guardian are discussed. • The Catering Team produces an individual meal plan. This includes either adapting the existing menu or replacing meals / ingredients appropriately. • The School Team begins to draft the risk assessment this includes the specific meal plan and also an approach to how meals and snacks will be provided, storage, staffing etc.
4. The meal plan and risk assessment are shared appropriately	• The meal plan and risk assessment are uploaded to Arbor and communicated to all relevant staff (catering, admin, teaching, support). • Details and photos of children with special dietary requirements are displayed in the kitchen in areas that they can only be seen by staff. • Staff training needs are considered to understand different special diets and how to ensure children are provided with food appropriate for their needs.
5. Ensure all food provided reflects the written recipes and allergen information.	• The Catering Team follows agreed recipes and have processes in place to update ingredients and allergen information when products are changed or reformulated.

	• Cross-contamination is avoided with good hygiene (effective cleaning practices) as well as separation and labelling of ingredients.
6. Ensure staff know how to deal with a severe allergic reaction.	• All staff are required to undergo training. They know the warning signs to look out for: it is not always clear, as symptoms may be similar to other serious conditions, but warning signs include difficulty breathing, swollen lips or mouth, or collapsing. • If the above happens the child is not moved. 999 is called immediately, with an explanation that there is a possibility of a serious allergic reaction or anaphylaxis. Help is sought from other members of the school staff. • If the child has a written allergy plan in place, the procedure described in it for emergencies are followed. If they carry an adrenaline pen, it is retrieved and administered it as described in their plan. If the child does not carry a pen, the school pen is retrieved and administered.