Allergy safety policy

Bevendean Primary School and Nursery

Allergy Safety Policy
This policy was updated in **September 2026**
This Policy is due for review in **September 2027**

Declaration of Intent

Bevendean Primary School and Nursery is committed to meeting the requirements of the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 and therefore achieving the following:

- Identifying all pupils/ students with known allergies and putting into place necessary controls to enable them to access and experience school/the setting safely and without detriment to their health.
- Being proactive by ensuring that safe systems and practices are established and maintained for managing allergens and adequate training is provided in order to minimise or so far as is reasonably practicable, to remove all risks to pupils/students/service users with regards to allergens.
- Continuously improving its health and safety performance.

Responsibilities

The following staff are identified as responsible persons in relation to Allergen Management:

Title	Responsibility	Name
Lead Governors for Health & Safety/Safeguarding	Lead on Safeguarding/H&S matters within the Governing body. The governing board is responsible for ensuring: • Risks relating to pupils with allergy are included in the risk register and actively managed • The school has an allergy safety policy which sets out:	Lydia Majic/Michael Anscombe

Title	Responsibility	Name
	• Arrangements to reduce the risk of individuals coming into contact with their known allergens • Emergency response plans for cases of anaphylaxis The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.	
Head Teacher	Operational lead of H&S within the school/setting and ensuring there are safe processes in place for allergen management. Deciding (in discussion with the parents/carers, Inclusion Lead and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances	Petrina Ferris
Nominated member of SLT or management team	Ensuring that the health and safety requirements for allergen management are carried out. Responsible for: • Implementing this allergy safety policy • Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published • Promoting and maintaining allergy awareness across our school community • Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices	Nicki Buttress Allergy Lead

Title	Responsibility	Name
	(AD) • Ensuring: all allergy information is up to date and readily available to relevant members of staff • All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP) • All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional • All staff receive regular allergy awareness training • All staff are aware of the school's policy and procedures regarding allergies • Relevant staff are aware of what activities need an allergy risk assessment • Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff: • What lessons there are to learn • Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP • Manage the First Aid Admin Lead • Complete an Allergy Safety Audit with the First Aid Lead and SENCO responsible for Individual Health Care Plans linked to SEND needs and long-term illness.	

Title	Responsibility	Name
School/Setting Allergen Operational Lead	Operational management of allergen matters, dealing with special diets/allergy queries and identifying staff that need allergen awareness training - tracking attendance/ refresher requirements.	Karen Durn First Aid Lead and DSL Rhiannon Jones
Assigned Lead/nominated person for Allergen Management in Dining Area (one plus deputy in case unavailable)	Accountable for special diets/lunch time arrangements.	Caterlink Michelle Cox
	Overall supervision and management of the service of meals to pupils/students/service users including allergen management processes are followed.	Caterlink
	Following allergen and other H&S procedures.	Caterlink
Assigned Lead/nominated person for Allergen Management in Kitchen/Service Point (one plus deputy in case unavailable)	Accountable for safe preparation, production and storage (incl. labelling/covering of main/dessert special menus) prior to service/hand-over.	**Caterlink**

Training

The school ensures that all staff are expected to be present during times when pupils are scheduled to be on site and receive allergy awareness training at least annually. New starters will complete this training as part of their induction. This includes permanent staff, temporary staff, peripatetic staff, agency workers and regular volunteers. It also includes staff and others who may oversee pupils at breakfast club. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel or the staff from Active8 -after school club.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it .
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist.
- Understand the difference between food allergy, coeliac disease and food intolerance

- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
- Calling emergency services and informing parents/carers
- How to locate and administer emergency medication
- How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

Whole-school responsibilities

All staff are responsible for reading and applying this policy, being aware of relevant allergies, considering allergy risks when planning activities, ensuring pupils can access their medication, responding to reactions in accordance with training, forwarding medical updates from parents to the appropriate school contact, and ensuring medication and plans accompany pupils when they leave the site.

All parents and carers are expected to support the school's allergy-aware approach, provide accurate medical and dietary information, follow school guidance on food brought into school, and encourage their children to be allergy aware.

Parents and carers of children with allergies must work with the school to complete and update the IHP and Allergy Action Plan, provide two labelled prescribed adrenaline devices where these are prescribed, keep medication in date, and ensure their child has access to prescribed emergency medication on the journey to and from school.

Pupils will be supported to take increasing age-appropriate responsibility for understanding their allergies, avoiding known allergens, telling an adult immediately if they feel unwell, and respecting the allergy-safety arrangements in place for themselves and others.

Communication of Allergen Information

Allergen information will be shared with all relevant school/setting staff and third parties (with the consent of the parent/guardian) for each individual pupil/student/service user:

Staffing Group	How Communicated and recorded
Teaching staff/Early Years/Support Staff/Breakfast Club	

•	Medical Tracker acts as each school's central allergy and medical register which links with Compass. A separate allergy register will not be maintained where this would duplicate the information held on Medical Tracker. Medical Tracker is used to record relevant allergies and medical needs, medication and expiry dates, IHP and Allergy Action Plan arrangements, and records of reactions, medication administered, incidents and near misses. Classroom medical information is provided with practical information for staff responsible for that class and support, rather than replace, the central information held through Medical Tracker. Access to all medical information is restricted to those who require it as part of their role
Catering Manager	Caterlink
First Aiders	Karen Durn, Jo Vaughan
Third Parties	**How communicated and recorded**
Active8 after school club	Active8 liaise with parents directly They are responsible for the care or supervision of children, parents and carers will share relevant medical information and emergency-medication.

Allergen Management Procedure:

Location of Allergen information	
Allergen Information Forms	Medical Tracker and relevant information about prescribed medication is recorded and shared with staff who need it to keep the individual safe.

	Registers of Allergy and Asthma Action plan in office
Allergen Risk Assessments	Teaching T shared Drive
Catering Provider Details	
Catering provider name and contact details	Caterlink
Senior Manager responsible for the management of the kitchen	Caterlink staff Michelle Cox
Allergen lead has been introduced to the school/nominated representative.	N/A
The school/setting have a copy of the catering provider's allergen policy	Caterlink policy
Identifying Pupils/ Students/Service Users with Allergies/Special Diets	
Information on allergies is obtained from parents/guardians using the Allergy Information Form at the start of each academic year and on new intakes. Info includes all known allergens (including airborne/contact allergens) and whether the child/young person carries medication (for example adrenaline autoinjector (AAI) devices).	For new starters, a form is sent to children identified with allergies from their register form completed by parent/carers, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks A reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary through medical tracker. We ask that parents/carers proactively inform us by either phone call to the school 01273681292 or an email to admin@bevendeanprimary.co.uk if their child's medical needs change during the school year.
Information on allergies is obtained from parents/guardians using Caterlink application form for special diet/modified menu at the start of each academic year. Parents/carers also requested to provide timely updates where any new allergies are discovered.	Parents and carers provide information about known allergies and other medical needs through admission and medical-information forms. They must inform the school promptly of any new diagnosis or change to allergy, treatment or medication.
Data on allergens for each pupil/student/service user is recorded	Stored on Compass/Medical tracker and Register of allergy and asthmas log of action plans
Allergen Management Procedure of Catering Provider **Benedicts Law - Caterlink Information Sheet 2026.pdf**	

Catering Provider Caterlink identifies pupils/students/service users with known allergies from parents/guardians using special diet/ modified menu application form	The school works with its catering provider, Caterlink, to ensure children with known food allergies can access suitable school meals safely. The school informs Caterlink of known allergies affecting children requiring school meals. School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
Individual menu for specific child developed which contains none of the known allergens and a copy is provided to the parents/guardians and the school/setting	Where a child has a food allergy, Caterlink provides an individual allergy menu reviewed and approved through its medical and allergy processes. The child will only be served food items approved on that menu.
Responsibility to include a process for changes in recipes due to replacement/substitute ingredients or 'ready-made' products for checking of known allergens.	Kitchen staff are provided with an up-to-date information to support safe identification and staff have this information on an iPad identifying their special menu. The school and Caterlink will communicate relevant changes to allergy or dietary information is committed to providing safe food options to meet the dietary needs of pupils with allergies.
Catering provider Caterlink have a documented induction/training process for new/cover/all staff which includes special menu pupils and processes.	Catering staff receive appropriate training and are able to identify pupils with allergies Benedicts Law - Caterlink Information Sheet 2026.pdf

Catering provider Caterlink prepare individual special diet meals for pupils/service users, containing no known allergens.	The provider identifies and ensures the right meal is given to the right pupil/service user. For example: - plating, covering and labelling modified meals.
Catering Provider Caterlink have a process to report allergen incidents (and near-misses) to school/setting.	Caterlink policy, processes and procedures
Procedure for Identifying pupils/ students/service users at point of service BHCC RA - Allergens.pdf	
Children requiring a modified menu are personally introduced to the kitchen team	Special menu shared in advance with the parents and agreed by both parents and Caterlink– this information is shared on the school Ipad which lunch supervisors use to distribute meals
Pupils will be identifiable in the dining room by:	The use of a PURPLE coloured lanyard or tray - and lunch time supervisors and support staff will be responsible for checking this happens correctly
Pupils requiring a modified menu are placed at the front of the queue (or monitored within the queue) and supervised by an adult.	No pupils placed at front of queue. Adults in canteen supervising children and monitoring the special menu allocated to child with allergy.
Where staff are serving a special/modified meal that has been prepared and cooked off-site they must check that the identified/labelled meal provided is as expected/as per the agreed menu. Ensure they avoid potential cross contamination when plating this food.- **N//A no food prepared off site**	
Where staff are collecting a meal on behalf of a pupil/ student/service user they must ask the Allergen operational lead for allergens for the meal.	
Staff will not add gravy or sauces without explicitly checking with the Allergen Champion/Operational lead for allergens that it is safe to do so.	
Arrangements for children/young people with identified allergies	
An Individual Healthcare Plan (IHP) is in place for all children/young people with an allergy that may result in a risk of harm to them.	Pupils have an IHP if they: • Have an allergy which has a functional impact on them in the school environment

IHPs include up-to-date photograph of the child (identical to that provided by the school/setting to the kitchen). Each IHP sets out any additional and/or different arrangements that need to be in place in the school/setting for supporting the child/young person with their medical condition or allergy, including in emergency situations. These details are agreed with the parent/guardian. Where children/young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, IHPs will refer to or attach it. Whenever an updated Action Plan becomes available, the child/young person's IHP will be reviewed to incorporate it.	• They are at risk of harm as a result of their allergy; and • Require arrangements which are additional to or different from those made generally It is not necessary for a pupil to have a formal diagnosis of allergies for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis. The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally. The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances. The school will consider the following principles: • If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required

	• If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves to a new school or college, their IHP will be shared as part of the transition.
Staff planning any school/setting activity, consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.	The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in: • Lessons such as food technology • Science experiments involving foods • Crafts using food packaging • Off-site events and school trips • Any other activities involving animals or food, such as animal handling experiences or baking A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.
Specific risk assessments are carried out to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips	• Risk Assessments are carried out individual teachers and overseen by Sarah Miller Deputy Head. No pupils with allergies will be excluded from taking part • The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training • The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip

	• Pupils at risk of anaphylaxis should have their own ADs with them • Staff trained to administer adrenaline in an emergency will be present on the school trip • Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips Children and young people at risk of anaphylaxis should have their own adrenaline device with them, and there should be staff trained to administer adrenaline in an emergency
We have measures in place to manage the risks of exposure to a food allergen through food brought in by others (for example parents/guardians, children/young people or staff).	Where the school has identified a known allergen that presents a risk to a child or member of staff, food containing that allergen must not be brought into school. This restriction also applies to products carrying precautionary allergen labelling such as 'may contain', 'may contain traces of' or similar warnings relating to that identified allergen. Parents, carers, staff and other members of the school community are expected to check ingredient and allergen information carefully before bringing food onto the school site. The requirements apply to packed lunches and snacks, breakfast and after-school provision, school events and celebrations, curriculum and cooking activities, FABS or fundraising events on the school site, and other activities where food is brought into or provided within school. Parents/Children must not bring sweets, cakes or other food into school to distribute to other pupils for birthdays or other celebrations. Where the school organises an event involving food, ingredient and allergen information must be

	available in advance so known allergy risks can be assessed and appropriate arrangements made. The school will communicate relevant restrictions to parents and carers. As the allergy profile of the school community may change, specific restrictions may also change. Parents and carers are expected to follow the most recent allergy information and instructions issued by the school. Pupils are reminded to wash their hands before and after eating Sharing of food, food containers, and food utensils is not allowed Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
Emergency Procedures	
Emergency First Aid arrangements are in place in the event of an allergen incident for each pupil/service user. Emergency procedures are regularly practiced, recorded and any learning is shared with staff	Emergency instructions and signage Each Allergy Response Kit is a clearly identifiable yellow emergency bag. A green emergency sign is displayed above the bag, and a hanging clipboard containing the anaphylaxis emergency instructions is kept with the kit. Emergency instructions are also contained within each child's Allergy Action Plan. All staff are shown the location of the kits and instructions through training and the annual anaphylaxis drill. The Allergy Lead and First Aid Lead will ensure signage and instructions remain visible, accessible and up to date Emergency administration of adrenaline Anaphylaxis is a medical emergency. All staff receive allergy awareness and emergency

	response training and are expected to act promptly where anaphylaxis is suspected. • The person's own prescribed AAI should be used first where available. • Adrenaline should be administered as soon as possible; staff must not delay administration while waiting to contact emergency services. • 999 must be called immediately and an ambulance requested, stating that the person is experiencing suspected anaphylaxis. • Where the individual's prescribed device is unavailable, fails or misfires, a school spare AAI may be used in accordance with current guidance. • Where an individual without a prescribed AAI experiences suspected anaphylaxis, including a first reaction caused by a previously unrecognised allergy, a school spare AAI may be used in accordance with current statutory guidance. • Where there is doubt as to whether a reaction is anaphylaxis, staff must follow their emergency training and any applicable Allergy Action Plan. The school's spare AAIs do not replace the requirement for a child known to be at risk of anaphylaxis to have access to their own prescribed devices. The administration of adrenaline must be recorded on Medical Tracker and parents or carers informed as soon as possible. Anyone who has received adrenaline for suspected anaphylaxis must be assessed in hospital, even if they appear to have recovered. A member of staff will accompany a pupil in the ambulance until a parent or carer arrives. If symptoms have not improved or have worsened, a second dose of adrenaline should be given after five minutes using a second device, in accordance with current emergency guidance

	and training. Staff should note the time of each dose and hand used devices to ambulance clinicians. If the person becomes unresponsive and is not breathing normally, staff must start CPR and follow the instructions of the emergency call handler until further help arrives. The person should be treated where they are rather than being made to walk. They should normally lie flat with legs raised; if breathing is difficult they may sit with legs outstretched. They should not be allowed to stand or walk, even if they appear to feel better. The school will seek advance parental consent for use of a school spare AAI as part of its medical information and IHP arrangements wherever possible; emergency action will follow current statutory and clinical guidance. We will carry out an anaphylaxis drill at least once each year. The drill will test the practical whole-school response to a simulated allergic emergency, including raising the alarm, locating and bringing emergency medication to the person, administering a training device, contacting emergency services and coordinating the wider response. Lessons identified will be recorded and used to improve procedures, training and this policy where appropriate.
All allergen incidents (and near misses) are reported to the HSW Team via the online incident reporting system (non-schools) or on an HS2 incident form (schools only). Any instances involving the council's school meals contractor will also be reported to the School Meals Manager	A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

	A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different. **Incident recording** The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded including the following information: • Who was affected • What happened, when and where • Why the incident occurred (as far as is known) • How staff and pupils responded and what was done to support the individual • Whether emergency services were called • How the incident concluded The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons. The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency. The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

Wellbeing	
We have measures in place to ensure the wellbeing of children/young people with allergies, to avoid anxiety, fear of “standing out” and to avoid potential bullying. Children, young people and service users will be involved in decisions about how their allergy is managed wherever appropriate	The school takes the wellbeing of children with allergies seriously and recognises that the possibility of an allergic reaction can cause anxiety for children and their families. Children and parents are reassured through trained staff, clear procedures, accessible emergency medication and up-to-date medical information. The school protects children's dignity and confidentiality. Children are not identified publicly through allergy-specific lanyards, wristbands or similar visible identifiers. Appropriate information is instead shared with relevant staff. Up-to-date photographs of children with known allergies may be displayed in designated staff-only areas, including the staff room and school kitchen, to support rapid identification. Such information must not be accessible to pupils, parents or unauthorised individuals. Bullying, teasing, threatening behaviour or discrimination relating to allergy will not be tolerated and will be addressed through the school's behaviour and anti-bullying procedures.
Adrenaline devices	
We will ensure that children/young people who are prescribed adrenaline devices have rapid access to their devices at all times	Children known to be at risk of anaphylaxis who have been prescribed adrenaline auto-injectors (AAIs) will have their own prescribed devices available to them at all times while in the school's care. The devices are supplied by parents or carers and remain in school during the term. Each child's prescribed AAIs and relevant emergency medication are stored in an individual, clearly identified medical box. The box must remain readily accessible and accompany the child when they move around the school. Prescribed and spare adrenaline devices must not be locked away or stored in areas with

	restricted staff access. They must be protected from direct sunlight, heat sources and extreme temperatures and stored in accordance with the manufacturer's instructions. Children in Years 5 and 6 will be encouraged to develop independence by remembering that their medical box needs to accompany them. Overall responsibility for ensuring that medication is accessible remains with the staff responsible for the child. The child's medical box must accompany them for PE, sporting activities, competitions, educational visits, school trips and other off-site activities. The First Aid Lead monitors medication and expiry dates using Medical Tracker. At the end of each term, medication held by the school is sent home. Parents and carers are responsible for ensuring appropriate, in-date medication is returned to school. School maintains spare AAIs as an additional emergency safeguard. Spare devices are clearly identified as school emergency devices, stored in pairs, readily accessible and not locked away. Each yellow Allergy Response Kit contains two AAIs suitable for children under 6, two AAIs suitable for children aged 6 and over, and a spare emergency salbutamol inhaler. On-site bags are labelled 'Allergy Response Kit' and hang on the wall at their designated locations. The number and location of kits reflect the size and layout of each site and the requirement for adrenaline to be capable of reaching a person experiencing anaphylaxis within five minutes.

Communication of Policy:

This policy will be published on our website

All staff will be made aware of and understand the policy, as part of annual allergy awareness training.