



The
Henrietta Barnett
School
FOUNDED IN 1911

Allergy Safety Policy

1. Aims and other Guidance

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports students with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on [allergies in schools](#) and [supporting students with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)
- [Children's Wellbeing and Schools Act 2026](#)

School Policies

This Policy should be read in conjunction with the School's other related policies, including the First Aid, Supporting Students with Medical Conditions & the Administration of Medicines Policy (the 'First Aid Policy').

2. Roles and responsibilities

The School takes a whole-school approach to allergy awareness.

The governing board

The governing board is responsible for ensuring:

- Risks relating to students with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
 - 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.

Allergy Safety Lead

The nominated Allergy Safety Lead is Claire Leek, Deputy Head (i/c Pastoral) who, in conjunction with Kimberley Green, the Wellbeing and Safeguarding Officer (and Lead First Aider), is 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
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All students whose allergy will require the school to put supportive arrangements in place have an up-to-date individual healthcare plan (IHP)
 - All staff receive an appropriate level of allergy 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 student's IHP

Headteacher

The Headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a student'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 student's circumstances.

Wellbeing and Safeguarding Officer

The Wellbeing and Safeguarding Officer is responsible for:

- Recording and collating allergy and special dietary information for all relevant students from families
- Keeping stock of the School's adrenaline auto-injectors (AAIs) and ensuring they are up to date

- Making sure that replacement AAls are obtained when expiry dates approach

Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific students with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of students with allergies.
- Completing appropriate allergy training as required

Parents/carers

Parents/carers are responsible for:

- Being aware of the School's Allergy Policy
- Providing the School with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Providing the School with an appropriate Allergy Action Plan which should be provided by their healthcare professional for children who have a known allergy to a food or insect stings
- If required, providing their child with at least 2 in-date Adrenaline Devices (ADs) (two to be kept on them at all times) and making sure these are replaced in a timely manner
- Providing their child with any other medication, including inhalers, antihistamine etc as needed. (Refer to the 'First Aid Policy' for further information regarding inhalers.)
- Following the school's guidance on food brought in to be shared (see below); carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Proactively updating the school on any changes to their child's condition and/or medical needs during the school year.

Students with allergies

These students are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their AD
- Carrying their AD on their person at all times and only using it for its intended purpose.

Any student with allergies (or asthma) without in-date ADs (or inhalers) will not be permitted

to attend day or residential School trips.

Students without allergies

These students are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Making sure that they do not bring any food that is prohibited from school
- Supporting their peers and staff in the case of an emergency.

3. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

Identifying students at risk

The School will:

- For new starters, send a form to all parent/carers of students after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the student has and whether they carry medication. Where a student has a new diagnosis and/or has moved to the school mid-term, the School will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary.

We ask that parents/carers proactively inform us by an email to medical@hbschool.org.uk if their child's medical needs change during the school year.

Identifying staff and visitors at risk

The School will identify staff and visitors with known allergies by:

- Asking new staff to provide details of their allergies as part of their medical screening in advance of their start date;
- Asking visitors to provide details of their allergies when they register on the InVentry system on arrival at the school.

Individual healthcare plans (IHP)

Students should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- 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 student to have a formal diagnosis of allergy 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 student. 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 students 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 student while they are at school, or pose no risk to the student. Some allergies will not require arrangements which are additional to or different from those made generally.

The Headteacher is ultimately responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a student's allergy can be managed through the adjustments made under the School's First Aid policy or whether an IHP is required to specify arrangements that reflect the student's circumstances.

The School will consider the following principles:

- If the arrangements or support which a student requires would be available to any student as part of normal policies, an IHP may not be required
- If the student only needs non-prescription medication and the School's First Aid 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 student's needs have changed. Where a student moves on to a new school or college, their IHP will be shared as part of the transition.

Allergy and asthma action plans

All students who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All students who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the student's IHP. Whenever the allergy action plan is updated, the student's IHP should be reviewed to incorporate it.

Register of students with known allergies

The School maintains a register of students who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed ADs (and if so, what type and dose)
- Where a student has been prescribed an AD, whether parental consent has been given to administer emergency medication which may be different to the personal AD prescribed for the student
- A photograph of each student to allow a visual check to be made

The register is kept on the shared staff Google Drive (and a hard copy is kept in the WellBeing Hub (where medication is kept) and the canteen), and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all students to keep their ADs with them will reduce delays and allows for confirmation of consent without the need to check the register.

Assessing Risk

The school will conduct a risk assessment for any student at risk of anaphylaxis taking part in:

- 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 student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

4. Minimising risk

Hygiene procedures

- Students are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not advised
- Students should have their own named water bottles.

Catering

The school is committed to providing safe food options to meet the dietary needs of students with allergies.

- Catering staff receive appropriate training and are able to identify students with allergies
- The School will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for students to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to School menus, the School will make sure these continue to meet any special dietary needs of students
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the School, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

Guidance on Food

It is impossible to enforce an allergen-free environment in School. However, the School requests students and staff avoid bringing into School high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds.

If a student brings these foods into school, the food may be confiscated for safety reasons.

Insect bites/stings

To decrease the risk of insect bites/sting when outdoors:

- Shoes should always be worn
- Food and drink should be covered.

Animals

- Students will always wash hands after interacting with animals to avoid putting students with allergies at risk through later contact
- Students with animal allergies will not interact with animals.

Events and school trips

- For events, including ones that take place outside of School, and School trips, no students with allergies will be excluded from taking part
- The School will plan accordingly for all events and School trips, and arrange for the staff members involved to be aware of students' allergies and to have received adequate training
- The School will conduct a risk assessment for any student at risk of anaphylaxis taking part in a School trip.
- Students 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 (see section 6 below).

5. Procedures for handling a serious allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If a student has an allergic reaction, the staff member will initiate the School's emergency response plan (see Appendix A below) and, if the student has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
 - The student does not have a prescribed AD
 - The student's prescribed AD are not available or misfire

Using spare ADs in an emergency situation without prior consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare ADs to be used in an emergency.

The School will obtain advance consent from parents/carers or pupils for spare ADs 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.

6. Adrenaline Devices

Prescribed ADs

Students who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the School and on School trips. It is recommended that two devices are carried at all times. Students with prescribed ADs should take them home with them at the end of each School day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep both their ADs with them, then the second device will be stored:

- at Main Reception

A copy of the student's allergy action plan should be kept alongside their medication, as it includes instructions on how it should be used in an emergency.

Spare ADs and Inhalers

Purchasing of spare AAls

Note: current regulations only allow schools to purchase adrenaline auto-injectors (AAls) as spare devices. Non-injectable ADs (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAls may be used in an emergency.

Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The Wellbeing and Safeguarding Officer is responsible for buying AAls and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

- AAls will be sourced from Click Pharmacy
- The School has four spare AAls on site, kept in three separate places
 - The Health and Wellbeing Hub (two)
 - PE Office
 - Main Reception
- The School's spare AAls are all EpiPen
- A dosage of 0.3 milligram will be given to any Year 7 student
- A dosage of 0.3 or 0.5 milligrams will be given to any student in Year 8 or above.

Storage (of both spare and prescribed AAls)

The Wellbeing and Safeguarding Officer will make sure all AAls are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAls are kept separate and clearly labelled to avoid confusion.

Maintenance (of spare AAls)

The Wellbeing and Safeguarding Officer is responsible for checking monthly that:

- The AAls are present and in date
- Replacement AAls are obtained when the expiry date is near.

Disposal

AAls can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

Use of AAls off school premises

Students at risk of anaphylaxis who are able to administer their own ADs should carry their own AD with them on school trips and off-site events:

- Risk assessments are conducted before each trip, for any student at risk of anaphylaxis.
- On every trip there is at least one member of staff first aid trained in case of emergencies
- The school will take spare AAls in case of emergencies.

Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAls
- Instructions for the use of AAls
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of students to whom the AAI can be administered
- A record of when AAls have been administered

7. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a student, 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 in the School's Accident Book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and students 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.

Incident reporting

The parents/carers of a student aged up to 16 should be notified of the incident or 'near miss' as soon as possible. In the case of a student aged 16 and over, the School will confirm that the student agrees that their parents/carers should be informed.

The School will share the report with the student's parents, the student or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The School will then confirm what has been learnt from the incident and outline any actions being taken as a result.

In some cases, the impact of exposure to an allergen at School may be delayed and not recognised until the student is at home. This means that incident reporting is not limited to staff – the student, parents/carers or others (such as healthcare professionals) will need to report to the School if there has been an incident with a delayed reaction.

Staff will always share the incident report with the Allergy Safety Lead. The Allergy Safety Lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared

appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The School will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the School carried out a work activity which results in death or immediate hospitalization. For example, where a student has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]
- To the local authority: any allergen-related food safety incidents. See how to report a food safety issue.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

8. Allergy Awareness

Training

The School ensures that all staff expected to be present during times when students are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

Allergy awareness training will ensure that all staff:

- Know how to reduce and prevent the risk of allergic reactions
- Know how to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Know how to respond in an emergency
- Know where AAls are kept on the school site, and how to access them
- Know how to administer AAls
- 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
- Training is carried out annually by the Allergy Lead, Wellbeing and Safeguarding Officer and/or by a suitable external provider (including online).

Awareness of allergy safety policy

This Allergy Safety policy will be published on the School's website and shared with parents/carers at the start of the School year.

All staff should be aware of and understand the Policy as part of annual allergy awareness training.

Students awareness of allergy safety will be provided in a number of ways, including via the tutorial and assembly programme, displays within school, first aid training (as part of PSHCE).

9. Support for mental health

Where needed students with allergies can have additional support through:

- Pastoral care
- Regular check-ins with their form tutor, HOY/KS or members of the Pastoral Team
- Additional support following an incident or 'near miss'.

10. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

11. Links to other policies

This policy links to the following policies and procedures:

- First Aid, Supporting Students with Medical Conditions & the Administration of Medicines Policy
- Educational Visits Policy
- Safeguarding (Child Protection) Policy

12. Review

This Policy was reviewed in September 2026.

The next scheduled review date is September 2027.

Appendix A: Emergency Treatment and Management of Anaphylaxis

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction

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. If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student should be given antihistamine according to their allergy treatment plan, the student will then be monitored and parents/carers informed.

Serious allergic reaction

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.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing:

- Keep the individual where they are, call for help and do not leave them unattended.
- If the person is conscious, lie them flat with their legs raised to assist in blood flow to the heart and vital organs.
- If they are having difficulty breathing, they can be propped up with legs stretched out straight but this should be for as short a time as possible.
- Use individual's adrenaline device (AD) if available without delay. If it is not available, a spare AD can be used (see below). Adrenaline auto-injectors (AIs) (such as an EpiPen) should be given into the muscle in the outer thigh (instructions are included on the side of the injector). A nasal spray is administered in the nostril. Make a note of the time you give the first dose of adrenaline.
- If in doubt whether the reaction is anaphylaxis, treat with adrenaline.

- Call 999 for an ambulance immediately after giving a first dose of adrenaline and tell the operator it is "anaphylaxis". Give exact location.
- Parents should be informed as soon as possible.
- If the individual has been stung by an insect, try to remove the sting if it is still in the skin.
- If symptoms do not improve after five minutes, or symptoms get worse, give a second dose.
- Keep the individual in the same position until help arrives. Do not let them stand up, walk or run, even if they start to feel better.
- Stay with them until emergency services arrive.
- All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.
- Commence CPR at any time if the person stops breathing.

A school AAI device should be used instead of the student's own AD if:

- Medical authorisation and written parental consent have been provided, or
- The student's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

If a student needs to be taken to hospital, staff should stay with the student until a parent/carer arrives or accompany the student to hospital by ambulance.

This information can be summarised as below:

Recognise the signs of anaphylaxis

A ADRENALINE - Tightening of the throat - Hoarse voice - Difficulty swallowing - Swollen tongue	B BREATHING - Sudden wheezing - Difficult or noisy breathing - Persistent cough	C CIRCULATION - Persistent dizziness - Pale or floppy - Suddenly sleepy - Collapse/unconscious
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If any one (or more) of these signs are present: **Don't delay**

① Lie flat with legs raised (if breathing is difficult, allow to sit)

✓

✓

✗

Scan this code for instructions on how to use adrenaline devices

② Give adrenaline device without delay
(use the school's spare device if needed)

③ Immediately dial 999 for ambulance
and say **ANAPHYLAXIS** (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

5:00
minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms