

Hazelwick School Allergy Safety Policy

Document Owner:	Deputy Headteacher
Committee:	Curriculum and Standards
Date of Policy:	September 2026
Review Date:	September 2027
Location:	School website

Statement of Intent

The Children and Families Act 2014 places a duty on “governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions”. Benedict’s Law, part of the Children’s Wellbeing and Schools Act 2026, introduces specific statutory requirements relating to allergy safety in schools.

Hazelwick School will ensure that its arrangements for students with allergies comply with its statutory duties and have regard to the Department for Education guidance **Allergy safety in schools**. Allergies can be life-threatening. Hazelwick School recognises its responsibility to ensure that students with allergies are appropriately supported, have access to their emergency medication and are able to participate fully in school life.

This policy should be read alongside the **Hazelwick School Policy on Supporting Students with Medical Conditions**, which sets out the school's wider arrangements for the management and administration of medicines.

Introduction and Core Principles

In line with Benedict’s Law, Hazelwick School is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”), to which they are allergic. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen (e.g. eating a trigger food, though can occur several hours later. Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame)
- insect stings (e.g. bee, wasp)
- medication (e.g. antibiotics, pain medicines such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps)

Even for food allergy, the vast majority of anaphylaxis reactions requires the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

At Hazelwick, we have a whole school awareness approach, because it ensures all students are aware of staff and of what allergies are, the importance of avoiding the individuals' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure that procedures are in place to minimise risk of exposure.

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

Ecema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma and anaphylaxis training is completed annually by all staff and an individual's asthma care plan is included with their individual healthcare plan, where necessary. These conditions are not included in this allergy safety policy; they are included in the Hazelwick School Policy on Supporting Students with Medical Conditions.

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

Emergency Treatment and Management of Anaphylaxis

Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting

- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing)
- **BREATHING** - sudden onset of wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion pale clammy skin, loss of consciousness

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

- Keep the individual where they are, call for help and do not leave them unattended.
- LIE the individual FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE THE ADRENALINE AUTOINJECTOR (AAI) WITHOUT DELAY** and note the time given. AAI should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS.
- If there are no signs of life, commence CPR.
- If there is no improvement after 5 minutes, administer a second adrenaline device.

Whilst waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

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

Hazelwick School seeks to minimise the risks of exposure to known allergens. This includes:

- Identifying food used within the curriculum and making adaptations to remove allergens that pose a risk
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk
- Ensuring that all school staff undertake yearly allergy training
- Educating students through assemblies and within the curriculum
- Communicating with supply staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand a student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented

Food Provision and Catering

Hazelwick School manages the risk of food allergy and provides clear information on allergens in food by:

- Ensuring that the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring that school caterers provide information on food allergens to parents/carers and have this available for the students to check independently
- Providing students' allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Ensuring that food is always labelled
- Encouraging students not to food share, trade food or share utensils or food containers, telling them with the reasons why

When staff provide food for students, they ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in for bake sales), students, staff and parents/carers will be notified in advance that this will take place.

Medication, Adrenaline Autoinjectors (AAIs) and Spare AAIs

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes:

- the journey to and from school
- classroom/teaching spaces
- lunch area
- playground
- sports field
- when on educational visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes. Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

At Hazelwick, spare adrenaline devices are kept for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

At Hazelwick, students requiring adrenaline devices must carry two with them at all times. These students have a further two named and labelled devices, which are accessible by all staff and are located in the medical room. Additional unnamed spare devices are also located in the medical room as well as in the Food and Nutrition curriculum area.

The School Allergy Lead (M Chalmers) and School First Aider (A Mason) are responsible for checking that adrenaline devices are in date and remain clear (not cloudy); this happens on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in the sharps box, kept in the medical room, or given to the paramedic in attendance. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed AAIs or "spare" AAIs).
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.

- If the child, young person or individual's prescribed adrenaline devices are not available or misfire, then "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used.

Student self-management

Hazelwick students should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may come into contact with students, including at breakfast or after school clubs, will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, coaching and peripatetic staff have received allergy awareness training. Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Understanding that allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understanding the difference between food allergy, intolerance and coeliac disease
- Understanding that a student can be allergic to any food, not just the top 14 allergens
- Knowing the symptoms of allergic reactions and how to treat it
- Knowing the symptoms of anaphylaxis and how to treat it
- How to locate and administer adrenaline or an asthma inhaler
- An understanding of different AAls as the student may have different ones to the spare AAls
- How to report an allergic reaction, including
 - Mild to moderate
 - Anaphylaxis
 - Near miss/incident
- Understanding their responsibilities in risk reduction to ensure that students are prevented from coming into contact with their allergens
- Understanding the impact that allergy can have on a student's wellbeing
- Understanding the school's allergy safety policy and how to check if a student is known to have an allergy

Emergency preparedness

Hazelwick School will hold a practice response to anaphylaxis at least annually, review how the practice went and update policy and procedures accordingly. Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the location of AAls and spare AAls
- practice with adrenaline trainer devices

Hazelwick School will communicate key messages regarding risk reduction leading up to festivals, educational trips and visits and celebrations.

During fire drills and lockdown practices, a student's adrenaline device must be kept with them. Should a real evacuation take place, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Roles and Responsibilities

The Allergy Lead and the Governing Body

The Governing Body and Academy Trust are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The governing body and Academy Trust monitor this policy with it being a standing agenda item at meetings of the Curriculum and Standards Committee.

Hazelwick School includes the risks pertaining to students and staff with allergies on the school's risk register and has a named member of the Senior Leadership Team (Mr Chalmers, Deputy Headteacher), who is responsible for allergy safety, which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The Allergy Lead, together with the School First Aider, is responsible for:

- Systems to collect allergy information during the enrolment process, ensuring that this information is shared with staff, including catering staff
- Holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- Liaising with the canteen to ensure that systems are robust for the identification of students at mealtimes
- Communication about the policy to staff, students, parents/carers and governors
- Spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- IHPs being created and communicated
- Ensuring that all school staff undertake appropriate training

All staff are responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency

- Supporting the creation of a student's IHP, where appropriate
- Implementing the students' IHPs, where appropriate
- Creating an inclusive curriculum, with regard to allergy awareness
- Curriculum adaptation to minimise risks, where appropriate
- Completing risk assessments for curriculum activities involving food and educational trips and visits, including sporting events
- Reporting near misses and incidents

Parents/carers are responsible for:

- Adhering to this policy
- Providing school with the information they need to create IHPs
- Updating the school when reactions happen outside of school or any changes to the student's allergy and its management
- Ensuring that the student always has in date medication with them at school

Identification of Individuals with Allergies

Admissions Data Collection

Hazelwick School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission in Year 7 and during in-year admissions.

Information Sharing

UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, associate staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through the Student Information Site and the Management Information System.

Transition

Allergy information and existing care plans are shared as part of a student's transition. Hazelwick School requests allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Staff work with parents/carers and the student to write a new IHP, where necessary.

Staff

Pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers

Visitors and regular volunteers will be asked about allergies ahead of their visit. If an allergy is declared, HR and the Allergy Lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management; this could be annually or 5 yearly. Parents/carers need to update the photo of the student annually so that the student is recognisable. Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It identifies the exact risk-mitigation measures that need to be followed. Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students. They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed. Where a child has an allergy action plan and/or an asthma plan, this must be included with the IHP.

Hazelwick School will ensure that:

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

Educational Trips and Visits

Hazelwick School ensures that students with allergies are offered to take part in trips, sporting events, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the Allergy Lead and/or Educational Visits Co-ordinator, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip.

Serious Incidents and "Near Misses"

Hazelwick School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

When an incident occurs, materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) are reported immediately to the Allergy Lead and/or the School First Aider. The incident or near miss will be reviewed and a report produced.

The incident will be shared with the student's parents/carers, the student and the individual involved. All involved should be given the opportunity to discuss what happened and to contribute their views to the consequent "lessons learned" review. The student's IHP will be updated if necessary. If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

Wellbeing and Support

At Hazelwick School, allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergies may become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Hazelwick School:

- regularly communicates to students, parents/carers and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons during assembly and the curriculum inclusively from the outset to eliminate social isolation
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

Safeguarding

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

Unacceptable practice

Hazelwick School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur, staff should report this to the Allergy Lead or the School First Aider.

Further reading

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs:

<https://www.anaphylaxis.org.uk/education>

Allergy UK: <https://www.allergyuk.org/about-allergy/types-of-allergies>

Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: <https://www.sparepensinschools.uk>

Benedict's law: <https://benedictblythe.com/benedicts-law>

<https://www.anaphylaxis.org.uk/education/benedicts-law>

Food:

Allergy Guidance for Schools: <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child.

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015.

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety.

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.