



HARLINGTON LOWER AND SUNDON LOWER SCHOOL **ALLERGY AWARENESS POLICY**

**Approved by Curriculum Trustee Committee of Harlington and Sundon Academy Trust:
November 2023**

**Approved by Board of Trustees of Harlington and Sundon Academy Trust: January 2020 (to
be reviewed January 2024)**

**Updated September 2026 in accordance with Benedict's Law statutory guidance and
approved by Local Governing Committee of Harlington and Sundon Lower Schools.
Next review: November 2027**

Introduction and Core Principles

In line with Benedict's Law, and the DfE's Statutory Guidance on Allergy Safety in Schools (July 2026), Harlington and Sundon Lower Schools are 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 policy establishes risk-mitigation measures and emergency response protocols.

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

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

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

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

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

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

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

Harlington Lower School and Sundon Lower School have a whole-school awareness approach, because it ensures all staff and children are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions, and to ensure 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 be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma, and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

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

Emergency Treatment and Management of Anaphylaxis

What to Look For

Symptoms usually 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 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.

Emergency Action Protocol

1. **Keep the individual where they are**, call for help, and do not leave them unattended.
2. **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe, but this should be for as short a time as possible.
3. **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
4. **CALL 999** and state **ANAPHYLAXIS** (ana-fil-axis).
5. **If no improvement after 5 minutes**, administer a second adrenaline device.
6. **If no signs of life**, commence CPR.
7. **Call parent/carer** as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered, as a reaction can recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual, and Harlington Sundon Lower Schools will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary (for example, the cooking room for the duration of the lesson when the student with allergy is cooking). Blanket bans create a false sense of security; loose nuts and raw nut products are restricted from packed lunches and snacks due to high transference risks. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Both schools are allergy aware, ensuring that the staff and children 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.

Harlington and Sundon Lower Schools complete school-wide allergy risk assessments that seek to minimise the risks of exposure to known allergens. The risk assessments include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group, not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, children, staff).
- Identifying 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.

Both schools ensure that the risk of exposure is minimised by:

- All school staff receiving annual allergy training.
- Educating children through awareness assemblies and within PSHE.
- Educating parent associations/PTAs about school expectations for allergy management.

- Communicating with all visitors, temporary staff, and cover staff that they will be teaching a student with an allergy, 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 the child's allergy.
- Monitoring this policy to ensure that agreed practices are implemented.
- Establishing and maintaining high hygiene standards (enforcing mandatory soap and water handwashing before/after meals; note that alcohol gel does not remove food allergens).

Food Provision and Catering

Harlington and Sundon Lower Schools manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with Food Standards Agency allergen management regulations.
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the children to check.
- Providing children's allergen information to caterers in a timely manner.
- Enabling parents/carers to liaise with the catering company or school chef.
- Identifying children with allergies at point of service using visual alerts and kitchen allergen charts, ensuring two members of staff cross-check that the correct meal is served to the correct child.
- Ensuring food is always labelled, including foods used within the curriculum (e.g. cooking) as well as meals from the kitchen.
- Teaching children not to food share, trade food, or share utensils or food containers.

All staff receive training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination.

Parents/carers are asked not to bring in food to be shared, e.g. as treats or to celebrate birthdays.

The school ensures this policy is shared with third parties providing breakfast and after-school provision.

Children eligible for benefits-based Free School Meals are entitled to their free school meal entitlement. The school works with parents/carers to ensure children receive their meal safely.

Medication and Adrenaline Devices (ADs)

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, the classroom, lunch area, playground, sports field, and when on visits or trips.

Serious anaphylaxis is a time-critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes, so devices are stored in unlocked, accessible locations at all times (including during wraparound care):

- **Harlington Lower School:** School Office (Years 1–4); Oak Class (Year R).
- **Sundon Lower School:** Child's Classroom / Main Office Medical Cupboard.

Adrenaline devices must be stored at room temperature (15–25°C) and not exposed to extremes of heat or direct sunlight, nor refrigerated.

Spare Adrenaline Devices

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

Harlington and Sundon Lower Schools hold spare adrenaline devices for emergency situations. These are not a replacement for a child’s own adrenaline device. Children prescribed adrenaline are expected to have their own two adrenaline devices at school.

Both school sites hold:

- One pair of 150 microgram AAls (e.g., EpiPen Junior / Jext 150) and one pair of 300 microgram AAls (e.g., EpiPen / Jext 300).

These spare devices are located in the **Main Office** at both school sites. They are stored in **yellow** containers labelled ‘**Emergency Anaphylaxis Kit**’.

Emma Huntley (Harlington Lower School) and **Kat Bork** (Sundon Lower School) are responsible for checking on a monthly basis that all personal and spare adrenaline auto-injectors (AAls) are in date and remain clear (not cloudy), and securing replacements one month before devices expire. **Nikki Mason** (Senior Leader, HLS) and **Richard Kingham** (Senior Leader, SLS) are responsible for overseeing that these checks are systematically completed and logged.

Adrenaline devices that are used will be handed to attending paramedics or disposed of in a designated sharps box. Expired or degraded devices will be returned to parents or taken to a pharmacy for safe disposal.

In the Event of an Anaphylactic Reaction

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact emergency services before administering adrenaline.
- The individual should **not** be moved; adrenaline devices must be brought to them.
- Use prescribed devices first; if unavailable or misfired, use spare devices.
- If there is doubt whether an individual with asthma and severe allergy is having an asthma attack or anaphylaxis, **always administer adrenaline first**.
- In an emergency situation, anyone may take reasonable action to save a life using spare AAls.

Staff Training and Emergency Response

All staff—including teaching, support, catering, premises, and wraparound care staff—receive annual certified training in allergy awareness and emergency response. The schools ensure supply, cover, and peripatetic staff are appropriately trained.

Training covers:

- Allergy awareness, risks, mechanisms, and co-existing conditions (asthma, eczema, hay fever).
- Differences between food allergy, food intolerance, and coeliac disease.
- Recognising mild, moderate, and severe (ABC) symptoms and administering treatment.
- Locating and deploying AAls (using trainer devices) and asthma inhalers.
- Reporting incidents, near-misses, and navigating the central Allergy Register.
- Understanding risk reduction and impact on student well-being.

Emergency Preparedness

Harlington and Sundon Lower Schools hold annual practice response drills to review procedures. Reminders regarding register checks, spare pen storage, and trainer pen practice are provided regularly throughout the year. During fire drills and evacuations, staff ensure pupil AAI kits accompany the class.

Roles and Responsibilities

Governing Body & Senior Leadership

- The Local Governing Committee maintains statutory policy oversight, appointing a named Lead Allergy Governor to review effectiveness annually.
- The Lead Allergy Governor is tbc
- Senior Leaders **Nikki Mason** (HLS) and **Richard Kingham** (SLS) act as designated Lead Allergy Officers, overseeing policy implementation, risk registers, training records, monthly AAI audits, and incident reviews. They are responsible for overseeing and verifying that routine AAI expiry date and register checks are fully executed across both sites.

Designated Register Keepers & Medication Officers

- **Emma Huntley** (Harlington Lower) and **Kat Bork** (Sundon Lower) hold, update, and maintain the site Allergy Register day-to-day under senior leadership oversight, logging new diagnoses, consent, and AAI expiry dates immediately. They are responsible for conducting physical monthly checks of AAI expiry dates and fluid clarity, securing replacement devices prior to expiration.

All Staff

- Responsible for understanding policy implementation, knowing pupils' allergic profiles, enforcing zero food-sharing rules, completing risk assessments for trips/curriculum activities, and reporting incidents or near-misses.

Parents and Carers

- Responsible for notifying the school immediately of diagnoses, providing two in-date AAIs and prescribed medications, partnering to complete IHPs annually, and adhering to school allergy safeguards.

Identification of Individuals with Allergies

- **Admissions Data Collection:** Detailed medical information is collected prior to admission via medical intake forms.
- **Information Sharing:** Medical info is securely recorded on the central MIS system and displayed discreetly in staff/catering areas with parent consent.
- **Transition:** Allergy information and care plans are formally exchanged during pupil transitions between key stages or schools.
- **Staff & Visitors:** Pre-employment medical questionnaires capture staff allergies. Visitors and regular volunteers are screened prior to arrival to ensure a safe working environment.

Child Individual Healthcare Plans (IHPs) and Allergy Action Plans

- **Allergy Action Plans:** Official BSACI clinical plans provided by medical professionals. Signed by parents/carers, these provide formal authority for medication and spare AAI administration.

- **Individual Healthcare Plans (IHPs):** Co-created by the school, parents/carers, and medical guidance. IHPs outline specific daily risk-mitigation measures, emergency contacts, and combined asthma/allergy guidance. Reviewed annually or immediately following any incident or near-miss.

School Trips and External Visits

Pupils with allergies are fully included in all visits and residential trips.

- Dedicated risk assessments evaluate venue meal protocols, travel times, and emergency service access.
- Trip leaders check that pupils have their two personal AAIs before departure; pupils without required medication cannot depart.
- Trip leaders carry spare AAIs where deemed necessary by risk assessment, ensuring sufficient spare stock remains at school.
- Host venues and sports fixture partners are notified of dietary/allergy requirements in advance.

Serious Incidents and "Near Misses"

- Incidents and near-misses (e.g., accidental exposure without reaction, mislabelled food) are recorded in the school safety log in a "no-blame" learning spirit.
- Formal debriefs and investigations are conducted within 48 hours by the Headteacher and Lead Allergy Officer, sharing findings with parents, trustees, and updating IHPs.
- Unsafe food incidents involving school catering are reported to Local Authority Environmental Health.

Wellbeing, Support, and Safeguarding

- **Wellbeing:** To reduce anxiety and prevent social isolation, allergy awareness is integrated into assemblies and PSHE. New joiners receive dining hall tours to meet catering teams. Allergy-related bullying is strictly addressed under anti-bullying policies.
- **Safeguarding:** A safeguarding referral will be made if non-compliance (e.g., failure to provide prescribed AAIs or essential medical info) repeatedly exposes a child to severe risk or neglect.

Unacceptable Practice

Staff must never engage in unacceptable practice, including:

- Preventing easy, unlocked access to AAIs or inhalers.
- Assuming all children with allergies require identical support or isolating pupils during mealtimes.
- Sending an unwell child to the medical room unescorted during a suspected reaction (help must come to the child).
- Penalising attendance records for medical appointments or requiring parents to attend trips/school to administer routine care.

children

Linked to the Medical Conditions Policy



We support children in becoming well rounded individuals where they naturally demonstrate the values of the school in all aspects of their lives.



HARLINGTON AND SUNDON LOWER SCHOOLS

BENEDICT'S LAW: A GUIDE FOR SCHOOL STAFF

Benedict's Law, and statutory DfE guidance on allergy safety, was inspired by the campaign of the Benedict Blythe Foundation. Following the tragic death of 5-year-old Benedict Blythe in 2021, the UK government has moved to make allergy safety a legal requirement in schools.

As of September 2026, new statutory requirements transform allergy management from 'best practice' to a mandatory safeguarding duty.

The 5 Pillars of Benedict's Law

All schools in England are required to implement the following protections:

1. **Dedicated Allergy Policy:** Schools must have a standalone, whole-school allergy policy (separate from general medical or first aid policies). This must be published on the school website.
2. **Mandatory Staff Training:** All staff—including teachers, TAs, and lunchtime supervisors—must receive certified training in allergy awareness and the use of Adrenaline Auto-Injectors (AAIs).
3. **Spare Adrenaline Pens:** Schools are expected to hold 'spare' (non-designated) AAIs for emergency use. These must be easily accessible and never locked away.
4. **Individual Healthcare Plans (IHPs):** Every pupil with a diagnosed allergy must have a clear, up-to-date IHP/Allergy Action Plan that is accessible to all staff members who interact with them.
5. **Named Allergy Lead:** Each school must appoint a senior leader and a named governor to oversee allergy safety and conduct regular 'anaphylaxis drills.'

Preventative Measures in the Classroom

- **Zero-Sharing:** Enforce a strict 'no food sharing' policy among children.
- **Cleaning:** Ensure tables are wiped down after snack/lunch times; handwashing with soap and water is more effective than hand sanitiser for removing food proteins.
- **Communication:** Always check the IHP of every child before using food in science experiments, cooking classes, or as rewards.

Key Statistics for Staff

- 2 per Class: On average, two children in every UK classroom have a food allergy.
- 20%: One in five severe allergic reactions in children occurs while they are at school.
- 30%: Nearly a third of severe reactions in schools occur in children with no prior diagnosis. This is why spare AAIs are life-saving.

For more information, please refer to the [Benedict Blythe Foundation](#)

APPENDIX 2

TEMPLATE FOR INDIVIDUAL HEALTH PLAN



HARLINGTON AND SUNDON LOWER SCHOOLS

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	
Visits and trips: <i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where “spare” adrenaline devices are located.

Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

APPENDIX 3



HARLINGTON AND SUNDON LOWER SCHOOLS

ALLERGY REGISTER

Name	Year group & class	Allergy	Medication	Allergy Action Plan signed Y/N	Spare pen consent Y/N	Expiry date of adrenaline auto-injectors	Date information checked



HARLINGTON AND SUNDON LOWER SCHOOLS

Allergy Management Risk Assessment for Individual Children

This form should be completed by the setting in liaison with the parents/guardian and the student if appropriate. It should be shared with everyone who has contact with the student. It should be read alongside the student's Health Care Plan that has been produced the Allergy clinic. A whole school approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Child/Young person: Click or tap here to enter text.	Date of Birth: Click or tap here to enter text.
Setting/School: Click or tap here to enter text.	Key Worker/Teacher/Tutor: Click or tap here to enter text.
Allergies: Click or tap here to enter text. Are reactions: Ingestion Click or tap here to enter text. Direct contact: Click or tap here to enter text. Indirect contact: Click or tap here to enter text.	
G.P: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	Clinic/Hospital: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Date: Click or tap here to enter text.	Review date: Click or tap here to enter text.
Who is responsible for providing support in school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
Signatures: Setting Manager/Head teacher: Young person: I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe, I give permission for my child's photograph to be displayed sensitively to keep my child safe,	
<div style="text-align: right;"> Date: Click or tap here to enter text. Date: Click or tap here to enter text. </div>	

I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected.

Parents:

Date: [Click or tap here to enter text.](#)

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.

Can the student recognise a reaction for themselves?

What have been the symptoms of previous reactions?

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
Storage: Location of child's medication Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: Hot meals Sandwiches Drinks			
Events involving food: Cake sales Parties Other PTA events Drinks			
Celebrations: e.g. Birthdays, Easter			
Curriculum activities:			
Cooking			

Creative activities: e.g. junk modelling, pasta			
Music: instrument sharing (cross contamination issue)			
Science activities:			
PE: Indoor Outdoor Forest Schools			
Playtime: Playground Field			
Offsite activities:			
Curriculum visitors Day trips			
Residential visits			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable

APPENDIX 5



HARLINGTON AND SUNDON LOWER SCHOOLS

RECORD SHEET FOR ALLERGY INCIDENTS AND NEAR MISSES

This form should be completed as soon as possible following any allergy-related incident or near miss. Near misses must be recorded even where no harm has occurred, as they may identify gaps in procedures, communication, supervision, or training and help prevent future incidents. Parents/carers and, where appropriate, the individual affected should be involved in reviewing the incident and identifying any lessons learned. The named allergy senior leader and governor should also review incidents to ensure that school policies, risk assessments, and Individual Healthcare Plans were appropriate, followed correctly, and updated where needed.

Date	Time	Incident location	Child affected	Staff member present	Emergency services called?

What happened/ allergen involved (if known)?

Allergy incident and near miss report



Why the incident happened? (as far as is known)

How staff and pupils responded?

What support was provided to the individual including any medication administered?

What immediate actions were taken afterwards?

Any lessons learned and recommended changes to any policies, procedures, training and supervision?

Reviewed by:	Name	Signed	Date
School allergy governor:			
School allergy lead:			

Allergy incident and near miss report

APPENDIX 6

TEMPLATE LETTER TO INFORM SCHOOL COMMUNITY ABOUT A CHILD WITH ALLERGIES



Dear Parents and Carers,

I hope that you are really enjoying your summer break and this special time before your little ones start school. I am writing to you about the need for your help in keeping one of your child's new friends safe and healthy when we start in September.

One of the children who is starting in September has a number of allergies. He/she is not allowed to eat or drink lots of things: (insert the specific allergies here). Everything that he/she eats has to be checked and even if it says 'may contain' it has to be checked because it may not be safe for him/her to eat. He/she will become particularly poorly if he/she eats or has contact with (insert allergies here). He/she has medication to help him/her recover but sometimes he/she has needed to go to hospital.

We need your help to keep him/her safe and healthy. You can do this by:

- Ensuring that he/she only eats his own food; please let your child know that touching his/her food or swapping food will make him/her poorly
- Ensuring that your child is able to wash their hands with soap thoroughly every time after eating so they don't get any crumbs/splashes on anything in the classroom
- Helping the teachers to talk to your child about allergies and how they can make the child feel (this is a good link for adults to view Leo's Story; a very short video about a child's experience living with an allergy: <https://youtu.be/MqncMJY1rLQ>)
- Ensuring that you don't send cake or sweets into school for birthdays
- Ensuring that you talk to his/her parents about the best way to include him/her in out of school parties and events

The little boy/girl is just like your son/daughter; he/she loves to play and be with his/her friends, but his/her parents do worry because they want him/her to enjoy school and all the experiences as much as your son/daughter will do. Thank you for reading this letter and for talking to your son/daughter about why we are asking them to do these things as their understanding will help him/her stay safe. If you have any questions, please do ask any of the staff.

[Anaphylaxis UK](#) has a huge range of resources to help you understand more about allergies and anaphylaxis and support you if you or your child has allergies.

Thank you for your understanding.

Yours sincerely

Allergy incident and near miss report

APPENDIX 7

BAKE SALE GUIDANCE



(Produced by Anaphylaxis UK)

Cake sales are a good fundraising activity. Allergy labelling at a school bake sale is not a legal requirement, however at Harlington and Sundon Lower Schools we aim to provide as much information as we can about allergens.

For more information visit the Food Standards Agency website at [Providing food at community and charity events - GOV.UK](https://www.food.gov.uk/charity-events)

We aim to make bake sales safe and inclusive by:

Ahead of the sale:

Sharing the information sheet about allergies with all the helpers.

Ask those who are baking cakes to list the allergen, so helpers can be prepared to talk to customers about the ingredients in each item and how they have been prepared.

Setting up the sale:

Label each item correctly to ensure the correct allergens are displayed.

Display allergy notice disclaimer posters (available from [Guidance-for-Bake-sales.pdf](#)) around the sale venue.

Wipe down all surfaces with hot water and detergent to remove all allergen and traces.

During the sale:

Ensure all helpers wash their hands before serving cakes.

Put all allergy-friendly bakes in a separate area from those that contain the top 14 allergens.

Consider wrapping allergy-friendly bakes up before the sale.

Assign helpers to serve in the different areas as this will reduce cross contamination.

Ensure that different serving utensils are used for different items, even within the allergy-friendly area.

Assign a helper to collect money, this will reduce cross contamination.

Consider allowing children with allergies to visit the sale first.

Encourage children with allergies to tell the helpers that they have an allergy. The helpers will know how to do from their guidance sheet to ensure that the child is given the correct cake.

After the sale:

Ensure that surfaces are wiped down with hot water and detergent before being put away.

If there is any left-over cake, ensure that the ingredient labels are provided with the cake if this is donated.

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APPENDIX 8

GUIDANCE FOR SCHOOL TRIPS
(Produced by Anaphylaxis UK)



Purpose

To ensure that children with allergies are able to participate fully and safely in all school visits through effective planning, communication, and risk assessment. It can feel a little daunting when a student with allergies is due to attend a trip. There are some key principles to follow when planning a trip:

- Children with allergies only become unwell when exposed to their allergen.
- With appropriate planning, all trips (day, UK residential, overseas) are accessible.
- Communication must be early, proactive, and ongoing.
- Identified risks must lead to clear and proportionate control measures.

It is not lawful to expect children with allergies to be excluded from a trip or to expect parents/carers to accompany the trip and take responsibility for their child. It is really important for the student that they have an equitable experience with their peers. This may be challenging as the student, and their parent/carers may find it difficult to hand over the management of their child's allergies.

This guidance should be used alongside the school's usual trip planning processes. It has been prepared by the Education and AllergyWise® Manager, a retired headteacher, draws on Supporting pupils at school with medical conditions, her experience in leading multiple trips and her experience of being a parent of a child who has allergies that require adrenaline to ensure that the trip leader and accompanying staff can have confidence at leading safe and inclusive trips both in the UK and abroad.

Processes:

Once the trip has been confirmed allergy management must feature throughout the planning, delivery and evaluative stages.

The trip leader needs to at the earliest possible opportunity find out from the venue their allergy management processes and meet with parents/carers as the information gained will be needed for the risk assessment.

Step 1

Meeting with Parents/Carers

- Confirm allergens and typical symptoms.
- Clarify triggers (food, contact, airborne).
- Discuss management strategies used in school.
- Identify any trip-specific concerns.
- Agree on medication storage and temperature protection.

Information required from venue regarding food

When liaising with venues, ask:

- What are the provider's allergy management procedures? Is there a risk assessment?
- What are the provider's emergency procedures?
- Can a sample menu be provided?
- Can meals be adapted so everyone eats the same allergen-free option (even for some meals)?
- How is cross-contamination prevented in food preparation?
- How are tables cleaned? Are allergen residues fully removed?
- Is there a no-food-in-bedrooms policy?

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- Does the venue operate a tuck shop? Can certain items be removed? Can items be added that the student is able to eat?



Step 2

A. Preparation:

Consider the activities that have been booked and how the student will be safely included. For example, when climbing where will the student's adrenaline be?

Write the risk assessment paying attention to:

Medication Management

- AAIs must remain accessible at all times.
 - o They should not be in the hold of a coach, ferry or aeroplane.
 - o The school's spare AAI is usually required to remain at school.
 - o Consider whether the student has an additional set at home that can accompany them on the trip. Where will this be stored? An accessible common area that (not locked away) is recommended.
- If self-carry impacts participation, a trained adult carries them.
- Clear handover if supervising adult changes.
- Protect AAIs from extreme heat/cold and direct sunlight.
- Ensure they are in a suitable carrying case for all activities include those on or in the water.

Food

Consider all opportunities when food could be present including:

- Food that the venue provides.
- Food that has been brought from home (even when this has been explicitly stated that it should not be sent, someone will have some).
- Food that has been provided for staff or brought by staff.

Travel:

Be clear able the expectations for food during travel. If food isn't being eaten on the coach, consider whether there are any circumstances when this may have to change in an emergency. If food is eaten on the coach unexpectedly, how can it be made safe afterwards?

Find out the airline's policy on allergen management. Find out how parents/carers manage the allergy when flying. Can the student eat the airline food, or do they need their own food? If so, what will happen for the return journey? Contact allergywise@anaphylaxis.org.uk for more information about flying and managing allergies.

Venue/provider:

Ensure that there is a way to summon the emergency services at all times. If the mobile phone signal is weak or the mobile phone doesn't work abroad, what is the back up? Obtain the provider's allergy policy if they have one.

Emergency procedures:

Create one-page charts for daytime and nighttime emergency procedures which are known to all on the trip.

B. Preparation

1. Include clear guidance to all parents/carers regarding:

- Travel snacks
- Packed lunches

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- Treats
- Any temporary allergen restrictions

This information should be included in the trip parent meeting and all written communications.



2. Hold a meeting with staff accompanying the trip to:

- Ensure up-to-date allergy management and AAI training. Arrange for training if needed. All staff should be trained.
- Practise with trainer adrenaline auto-injectors before departure.
- Identify clearly who is responsible for carrying medication if carried by an adult.
- Run through the charts for daytime and nighttime emergency procedures
- Practice a scenario
- Volunteers accompanying the trip should not have any responsibility for the student with allergies. The student should always be in a group with a member of staff.
- Run through the risk assessment and the control measures, check to see if there are any concerns about the trip, areas that haven't been covered or comments

3. Hold a meeting with parents/carers and the student:

- Run through the risk assessment and the control measures, check to see if there are any remaining concerns about the trip
- Ensure understanding of their allergy and safety strategies for the trip including how to get help if needed.
- Confirm confidence with self-carrying medication (if appropriate).

4. In the fortnight leading up to the trip, hold a session with the other children

- Explain why restrictions may be necessary.
- Ensure room-sharing children know how to seek help urgently.

Step 3:

Post trip evaluation should include speaking with parents/carers, student and updating the risk assessment. If an incident has occurred during the trip, ensure that a full investigation is conducted by the senior leadership with lessons learned identified and communicated to the school EVC for future trips.

Key Message

With planning, communication and clear control measures, children with allergies can safely participate in all school visits.