BOWER
Learning Partnership

Allergy Safety Policy 2026

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- the use or misuse of this anaphylaxis policy;
- the user's failure to implement procedures or practices as appropriate for the user's organisation;
- any acts or omissions by the user's employees, contractors, or any third parties; or
- any anaphylactic or medical incidents occurring within the user's organisation.

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- death or personal injury caused by negligence; and
- fraud or fraudulent misrepresentation.

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Contacts and Review Information

Allergy Lead: **Fleur Cutler (Health & Wellbeing Lead)**

The policy was approved by Governors / Trustees on: **22nd October 2026**

Signature of Chair of Governors: _____

The next review date is: **September 2027**

Person responsible for this policy & its implementation	David Drew (Head of Operations) & Fleur Cutler (Health & Wellbeing Lead)
Review Frequency	Annually or when an incident is experienced
Date approved	October 2026
Signed by Chair of Governors	
Date of next review	September 2027
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies	Safeguarding Relational Policy Anti-bullying Health and Safety Whole School Food Policy

Introduction and Core Principles

This policy has been developed with regard to the Department for Education's statutory guidance *Allergy Safety in Schools* (July 2026), issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. These statutory allergy safety measures are commonly referred to as Benedict's Law.

In line with Benedict's Law, we 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 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") 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. Students who have a skin reaction need monitoring for at least an hour.

Bower Learning Partnership (Polden Bower & Avalon Schools) has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic rea ctions 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 is 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.

The Bower Learning Partnership (Polden Bower & Avalon Schools) 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.

Allergy Safety in SEND Provision

The Bower Learning Partnership recognises that children and young people with special educational needs and disabilities (SEND) may face additional challenges in recognising, communicating and managing allergic reactions. Some pupils may have limited awareness of risk, communication difficulties, sensory processing differences, learning disabilities, autism, physical disabilities or complex medical needs which increase their vulnerability to allergen exposure.

The Partnership is committed to ensuring that allergy management arrangements are personalised and proportionate to each pupil's needs. Individual Healthcare Plans (IHPs), risk assessments, communication plans and behaviour support plans will be considered together where appropriate to ensure a coordinated approach.

Reasonable adjustments will be made to ensure pupils with allergies can participate safely in all aspects of school life whilst maintaining dignity, inclusion, independence and equality of opportunity.

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.

Additional Signs of Allergic Reactions in Pupils with Communication Difficulties

The Partnership recognises that some pupils may be unable to verbally identify or communicate symptoms associated with an allergic reaction. Staff should be alert to additional indicators that may suggest an allergic reaction is occurring, including:

- Sudden anxiety, distress or agitation.
- Unexpected behavioural changes.
- Becoming unusually withdrawn or quiet.
- Increased dribbling or difficulty managing saliva.
- Repetitive throat clearing or coughing.
- Scratching or rubbing of the mouth, face, neck or throat.
- Refusal to eat or drink.
- Increased vocalisation or changes in vocal sounds.
- Sudden lethargy or reduced responsiveness.
- Changes in breathing patterns.
- Visible changes in colour or appearance.

Any significant or unexplained change from a pupil's usual presentation should be treated seriously and staff should seek immediate support where an allergic reaction is suspected.

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 t he throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathi ng, 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 uncons ciousness and, on rare occasions, can be fatal.

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

Staff should never delay administration of adrenaline whilst attempting to contact parents/carers, seek further advice or wait for additional staff to arrive. If anaphylaxis is suspected, adrenaline should be administered immediately and emergency services contacted without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **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.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs 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 (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- 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 Bower Learning Partnership (Polden Bower & Avalon 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, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Bower Learning Partnership (Polden Bower & Avalon Schools) is allergy aware ensuring that the 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.

Bower Learning Partnership (Polden Bower & Avalon Schools) completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions 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
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- 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 adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

Animals, Outdoor Learning and Environmental Allergens

The Partnership recognises that allergens are not limited to food and may be present within the wider learning environment.

Where schools utilise therapy animals, visiting animals, school pets, horticultural areas, outdoor learning environments or vocational activities, risk assessments will consider potential allergen exposure including:

- Animal hair and dander.
- Saliva.
- Animal feed.
- Insect stings.
- Pollen.
- Plants and vegetation.
- Latex products.
- Horticultural materials.

Reasonable measures will be implemented to reduce exposure while maintaining inclusion and access to learning opportunities.

Bower Learning Partnership (Polden Bower & Avalon Schools) will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Behaviour, Cognition and Allergy Risk

Some pupils may demonstrate behaviours that increase the risk of exposure to allergens. These behaviours may include:

- Food seeking.
- Taking food from other pupils.
- Food sharing.
- Mouthing objects.
- Pica behaviours.
- Accessing bins or discarded food.
- Throwing or smearing food.
- Limited awareness of danger associated with allergens.

Where these behaviours are identified, individual risk assessments will be completed and appropriate control measures implemented.

Where required, allergy management arrangements will be incorporated into Positive Behaviour Support Plans, Behaviour Support Plans or Risk Management Plans to ensure staff are aware of the potential risks and agreed strategies.

Measures implemented should promote safety whilst supporting the pupil's dignity, inclusion and independence.

Allergy Safety During Behaviour Support and Physical Intervention

The Partnership recognises that some pupils may require behaviour support, physical intervention, relocation or other risk management strategies as part of their educational provision.

Where a pupil has a known allergy, staff must ensure that allergy management arrangements remain effective during behavioural incidents and periods of heightened risk.

This includes:

- Ensuring emergency medication accompanies pupils when they are relocated to another area of the school or provision.
- Considering the potential risks posed by food, drink, saliva, environmental allergens or contaminated surfaces during behavioural incidents.
- Ensuring emergency medication remains immediately accessible during restrictive practices or physical interventions.
- Informing responding staff of known allergies where this is necessary to manage risk safely.
- Ensuring allergy-related risks are considered within Individual Healthcare Plans, Behaviour Support Plans, Positive Behaviour Support Plans and Risk Management Plans where appropriate.
- Reviewing behavioural incidents involving allergen exposure as part of post-incident learning and risk assessment processes.

The Partnership will ensure that behaviour support strategies promote safety, dignity, inclusion and reasonable adjustments while maintaining effective allergy management arrangements.

Intimate and Personal Care

The Partnership recognises that allergens may be present within products used during intimate care, personal care and medical support.
Where intimate care is provided, consideration will be given to potential allergies or sensitivities relating to:

- Latex gloves.
- Disposable gloves.
- Wipes.
- Creams and emollients.
- Adhesive dressings.
- Toiletries.
- Cleaning products.
- Continence products.

Suitable alternatives will be identified where necessary and recorded within the pupil's Individual Healthcare Plan and Intimate Care Plan.

Bower Learning Partnership (Polden Bower & Avalon Schools) will ensure that the risk of exposure is minimised by

- All school staff allergy training every year
- Access to Kitt Medical Anaphylaxis Kits on all School Sites
- Educating students through awareness assemblies and within PSHE
- Educating PTFAs (Parent Teacher Family Associations) 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 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 the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

Food Provision and Catering:

Bower Learning Partnership (Polden Bower & Avalon Schools) will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensure that Avalon Schools catering company and Polden Bowers in house Bower Kitchen is compliant with the Food Standards Agency allergen management regulations
- Ensuring school caterers (Avalon) & in the house Bower Kitchen provide information on food allergens to parents/carers and have this available for the students to check independently
- Provide student's 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
- Pupils with allergies will be identified through a combination of appropriate control measures, including allergy registers, kitchen photographs where appropriate, allergy information cards and/or clearly identifiable trays or meal-verification systems. Meals provided for pupils with allergies will always be subject to a minimum two-person verification process before being served.

- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teach students not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the students, they receive additional training to 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 as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, **Bower Learning Partnership (Polden Bower & Avalon Schools)**, ensures that this policy is shared and the third-party provider meets the same procedures.

These requirements apply equally to all wraparound care, holiday provision, youth activities and extended services operated through The Bower Hive. Staff working within these provisions will receive the same level of allergy awareness and emergency response training as school-based staff.

Ensuring that PTFA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTFA members who are serving food have a basic awareness of allergen management.

Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

Complex Feeding Needs and Restricted Diets

The Partnership acknowledges that some pupils may experience complex feeding needs in addition to allergies.
This may include:

- ARFID (Avoidant Restrictive Food Intake Disorder).
- Sensory-related food aversions.
- Restricted food preferences.

- Dysphagia.
- Enteral feeding.
- Complex dietary requirements arising from medical conditions.

The Partnership will work closely with families, catering providers and healthcare professionals to ensure that allergy management arrangements support both safety and nutritional wellbeing.

Where allergy restrictions impact upon a pupil's already limited food choices, individual planning will take place to ensure suitable alternatives are available.

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
- 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 if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care). 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.

Spare Adrenaline Devices
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.

Bower Learning Partnership (Polden Bower & Avalon Schools) holds spare adrenaline devices 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.

School type	***AAI for children under age 6 years*** *(150 micrograms) e.g. EpiPen Junior, Jext 150*	***AAI for individuals over 6 years of age*** *(300 micrograms) e.g. EpiPen, Jext 300*
Primary school	*One pair of "spare" devices*	*One pair of "spare" devices*
Special school	*One pair of "spare" devices***	*One pair of "spare" devices***

Bower Learning Partnership (Polden Bower & Avalon Schools) holds:

A Kitt Medical Anaphylaxis Kitt on all Sites that contain:
2 x 150 microgram EpiPens
2 x 300microgram EpiPens:

These are located in:

Polden Bower School, Bower Lane - In the Cove outside the swimming pool

Polden Bower School – Albert Street Campus – In the main reception area

Polden Bower School – Somerset Bridge Satellite – located outside the classrooms

Avalon School – located in the meeting room

They are stored in **Orange Kitt Medical Anaphylaxis Kits** coloured containers and labelled 'Kitt Medical Emergency Anaphylaxis Kit'
The Health & Wellbeing Team is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires

Used adrenaline auto-injectors should be placed in a sharps container located in the **First Aid Room** or handed directly to the attending paramedic for safe disposal. Expired adrenaline auto-injectors, or those showing signs of degradation, should be returned to a pharmacy for disposal. Where appropriate, expired or unusable devices may be sent home with parents/carers for disposal through a pharmacy.

To ensure the safe disposal of sharps, the school should register with the Local Authority's clinical waste collection service. Once registered, supplied sharps

containers will be collected and disposed of by the Local Authority in accordance with relevant waste management regulations.

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 ADs or "spare" ADs).
- 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**, "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. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Student self-management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container

Emergency medication will be stored in a clearly identifiable emergency medication bag:

- Asthma emergency meds are in blue bags
- Epilepsy emergency meds are in red bags
- Allergy emergency meds are in yellow bags

displaying the pupil's name, photograph, medication requirements and emergency contact information where appropriate. A consistent approach will be used across all schools within the Partnership to support rapid identification.

Older students and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis
can come on **very suddenly**, so school staff need to be prepared to administ er medication if the young person cannot.

Individual Assessment of Self-Management

The Partnership encourages pupils to develop increasing independence in managing their allergies wherever appropriate.

Decisions regarding medication carrying and self-management will not be based solely on age but will consider:

- Communication ability.
- Understanding of risk.
- Ability to recognise symptoms.
- Ability to seek assistance.
- Physical capability.
- Cognitive understanding.
- Previous experience and confidence.

The level of independence expected of each pupil will be clearly recorded within their Individual Healthcare Plan.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee 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, cover, coaching, 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
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler

- All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline
- How to report an allergic reaction including
- Mild to moderate
- Anaphylaxis
- Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
- How to check if a student is on the record of those with a known allergy
- How to use an allergy or asthma action plan

Training Records and Competency Assurance

The Partnership will ensure that all staff receive annual allergy awareness training and understand the emergency procedures outlined within this policy.
In addition, leaders will assure themselves that staff are confident in:

- Recognising allergic reactions.
- Recognising anaphylaxis.
- Locating emergency medication.
- Using adrenaline devices.
- Following emergency response procedures.

Training records will be maintained centrally and monitored as part of the Partnership's quality assurance arrangements.

Where incidents, near misses or changes to guidance occur, additional training or refresher sessions may be provided.

Emergency preparedness

Bower Learning Partnership (Polden Bower & Avalon Schools) will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.
Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- Access to the Kitt Medical online training portal
- Access to National Online College – Allergy training
- practice with adrenaline trainer devices

Bower Learning Partnership (Polden Bower & Avalon Schools) will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.
During fire drills and lockdown practices, **Bower Learning Partnership (Polden Bower & Avalon Schools)** will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Roles and Responsibilities:

Allergy lead and governing body:
The governing body 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 monitor this policy with it being a standing agenda item at meetings. **Bower Learning Partnership (Polden Bower & Avalon Schools)** have a named governor (Helen Walker) who works closely with the allergy lead and reports to the meetings.

Bower Learning Partnership (Polden Bower & Avalon Schools) includes the risks pertaining to students and staff with allergy on the school's risk register.

The Partnership Allergy Safety Lead is the Head of Operations. Each school within the Partnership will identify an operational Allergy Lead responsible for implementing local procedures and supporting compliance with this policy.

This **is Fleur Cutler (Health & Wellbeing Lead)** for both for **Polden Bower** and **Avalon School**.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the student starting
- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of students at mealtimes
- Communication about:
  - the policy
  - the students who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents

- communication with:
  - governors to provide updates about the policy implementation
  - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
  - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
  - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- Training
  - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
  - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

If the allergy lead is supported by a medical officer, lead first aider or school nurse, the above can be amended to reflect who is responsible for which aspects.

Partnership-Wide Allergy Assurance

The Bower Learning Partnership is committed to maintaining consistently high standards of allergy management across all schools and provisions.
Each setting will:

- Maintain an allergy register.
- Monitor training compliance.
- Ensure Individual Healthcare Plans remain current.
- Review risk assessments.
- Monitor incidents and near misses.
- Conduct regular audits of emergency medication arrangements.
- Share learning arising from incidents.

Partnership leaders will review emerging themes and support continuous improvement in allergy safety arrangements.

Allergy Safety Audits

To ensure the effective implementation of this policy, each school will undertake periodic allergy safety audits which may include review of:

- Staff training compliance.
- Allergy registers.
- Individual Healthcare Plans.
- Emergency medication.
- Catering controls.
- Signage and communication arrangements.
- Incident reporting records.

Findings will be reviewed by Partnership leaders to identify strengths, areas for improvement and any emerging risks. Actions arising from audits will be monitored through the Partnership's quality assurance arrangements and used to support continuous improvement.

Monitoring and Review Schedule

Activity	**Lead**	**Frequency**
Policy review	**Head of Operations**	**Annual**
Medication audit	**Health & Wellbeing Team**	**Monthly**
Training compliance review	**School Leaders**	**Termly**
Allergy register review	**School Allergy Lead**	**Termly**
Emergency response drill	**School Leaders**	**Annual**
Governor assurance report	**Link Governor**	**Annual**
Incident trend review	**Partnership Leaders**	**Termly**

Reporting to Governors

The governing body will receive regular assurance that the requirements of this policy are being implemented effectively.
This may include information regarding:

- Numbers of pupils with significant allergies.
- Training compliance rates.
- Medication audits.
- Incidents and near misses.
- Policy reviews.
- Emerging risks and lessons learned.

Governors will support oversight of allergy safety as part of their wider responsibilities for safeguarding, health and safety and pupil welfare.

All Staff:
Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents:
Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating 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: Bower Learning Partnership (Polden Bower & Avalon Schools) collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission.

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, support staff, supply cover, and catering teams
while maintaining appropriate data privacy. This is done through our Arbor MIS system.

Transition: Allergy information and existing care plans are shared as part of a student's transition. **Bower Learning Partnership (Polden Bower & Avalon Schools)** will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. **Bower Learning Partnership (Polden Bower & Avalon Schools)** work with parents/carers and the student if appropriate to write a

new IHP Staff will provide information about students for transition visits ahead of a formal move.

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 as part of line management, links with the Health & Wellbeing Team or where necessary a referral to Occupational Health.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, 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. This has been added to the schools visitor leaflets, we also have signage about our allergen kits on each site.

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 mediation 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 or school 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 will identify 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.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Bower Learning Partnership (Polden Bower & Avalon Schools) 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

Home-to-School Transport and Other Journeys

The Partnership recognises that allergy incidents may occur during transport arrangements.

Where required, schools will work with transport providers and local authorities to ensure that appropriate information is shared regarding severe allergies and emergency procedures.

Arrangements will be agreed regarding:

- Emergency medication.
- Handover procedures.
- Emergency contacts.
- Reporting concerns or incidents.
- Support required during transport.

Where pupils travel through local authority commissioned transport, schools will ensure that relevant allergy and emergency information is shared in accordance with GDPR and safeguarding requirements and that emergency medication arrangements are clearly agreed.

Any transport-related allergy incident or near miss will be reviewed in accordance with this policy

School Trips and External Visits

Bower Learning Partnership (Polden Bower & Avalon Schools) ensures that students with allergies are fully included in every trip, sporting event, 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. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.

Swimming, Hydrotherapy and Water-Based Activities

Allergy risk assessments will be completed for swimming, hydrotherapy and water-based activities where appropriate.
Risk assessments will consider:

- Latex-containing equipment.
- Swimming caps.
- Personal care products.
- Sun protection products.
- Cleaning materials.
- Poolside food and drink.
- Emergency medication access.

Emergency medication must remain readily accessible during activities and staff supervising the activity must understand the emergency response procedures.

Residential Visits and Overnight Activities

The Partnership is committed to ensuring that pupils with allergies are fully included in residential visits, overnight activities and educational visits wherever it is safe and reasonable to do so.

Additional planning will consider:

- Catering arrangements.
- Medication storage.
- Emergency medication access.
- Staff competency.
- Emergency services access.
- Overnight supervision arrangements.
- Venue-specific risks.

Parents and carers will be involved in planning arrangements where appropriate.

Staff leading school trips will ensure they carry all relevant emergency supplie s. 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, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. **Bower Learning Partnership (Polden Bower & Avalon Schools)** will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Bower Learning Partnership (Polden Bower & Avalon Schools) will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the students' school will ensure the students' allergies are communicated and appropriate food is provided.

Additional controls may include advance liaison with venues, catering providers and accommodation providers, confirmation of emergency service access, transport arrangements, ensuring mobile phone coverage where possible, carrying additional emergency medication, allocation of trained staff and providing allergy information to host organisations where appropriate.

Serious Incidents and "Near Misses":

Bower Learning Partnership (Polden Bower & Avalon Schools) 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.

Bower Learning Partnership (Polden Bower & Avalon Schools) is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Bower Learning Partnership (Polden Bower & Avalon Schools) uses MyConcerns and the Partnership Accident and Incident Reporting System on IAM Compliant to record allergic reactions, incidents, administration of emergency medication and near misses immediately.
to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

Bower Learning Partnership (Polden Bower & Avalon Schools) will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened

and to contribute their views to the consequent lessons learned review. **Bower Learning Partnership (Polden Bower & Avalon Schools)** will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

The Allergy Safety Lead will oversee all investigations relating to allergy incidents and significant near misses. Investigations will identify contributing factors, lessons learned, required actions, responsible persons and completion dates. Outcomes will be used to review staff training, risk assessments, Individual Healthcare Plans, emergency arrangements and operational procedures to reduce the likelihood of reoccurrence.

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.

SEND Considerations Following Incidents and Near Misses

Following an allergy incident or near miss, the review process will consider whether any SEND-related factors may have contributed to the event. This may include:

- Communication barriers.
- Sensory needs.
- Environmental factors.
- Behavioural factors.
- Staffing arrangements.
- Supervision levels.
- Information sharing arrangements.

Lessons learned will be incorporated into risk assessments, Individual Healthcare Plans and relevant support plans to reduce the likelihood of reoccurrence.

Wellbeing and Support

At **Bower Learning Partnership (Polden Bower & Avalon Schools)** allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergy 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.

Accessible Information and Emotional Support

The Partnership recognises that living with allergies can have a significant impact on a child's emotional wellbeing, confidence and participation in school life.

Where appropriate, allergy-related information will be provided in accessible formats including:

- Symbols.
- Photographs.
- Social stories.
- Easy-read documents.
- Visual timetables.
- Communication aids.

Schools will actively monitor for anxiety, social isolation, avoidance behaviours or bullying linked to allergy management.

Staff will work collaboratively with pupils and families to ensure that allergy management promotes confidence, inclusion and a sense of belonging.

Bower Learning Partnership (Polden Bower & Avalon Schools):

- regularly communicate to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons during PSHE
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves students and staff with allergies in developing and reviewing the policy and procedures for allergy management
- 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
- promotes **"allergy champion"** roles for staff and students (not just within the catering team) who act as a point of contact for students and staff with allergies, they can share feedback and support new joiners or anxious students
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

Safeguarding:

Bower Learning Partnership (Polden Bower & Avalon Schools) 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 a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

Bower Learning Partnership (Polden Bower & Avalon Schools) staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100%

attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

Complaints and Concerns

Concerns about allergy safety should be raised as soon as possible with the Head of School or Allergy Safety Lead. Formal complaints will be managed in accordance with the Partnership Complaints Policy. Feedback arising from complaints will be considered during policy review, quality assurance processes and continuous improvement activities.

Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

The Partnership will publish this policy on the website of each school within the Partnership. At least annually, the policy and key allergy safety procedures will be communicated to pupils, parents and carers, employees, agency staff, volunteers, contractors, catering providers and regular visitors. This communication may take place through induction, training, newsletters, websites, staff briefings and parent communications.

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
Allergy Guidance for food businesses:
https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

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.

The Early Years Foundation Stage (EYFS) statutory framework.