

Bales College

Allergy Safety Policy

2026-27



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This allergy safety policy ensures that all staff in the school are fully aware of and clear about the actions necessary to protect those with Allergy and promote their wellbeing.

Championing Allergy Safety

The SLT member at Bales College with responsibility for allergy safety, our Allergy Safety Champion, is Ms Agnieszka Sabat. She can be contacted on asabat@balescollege.co.uk or 020 8960 5899.

The responsibilities include ensuring the implementation of the policy and leading the policy review which will be at least annually, or whenever incidents or “near misses” suggest areas for improvement. Such immediate review is essential where incidents suggest that any policies or procedures may leave individuals with allergy at risk.

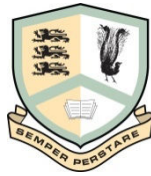
Our Allergy Safety Champion will remain up to date with relevant DfE guidance, such as *Allergy safety in schools - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026)*

Training

Staff are trained in allergy awareness and emergency response through online training (“Understanding Anaphylaxis” via Tes Develop) and in-person training delivered by Training & Education Around Child Health (TEACH). This training must be carried out at least annually. It is included in the induction process for all new members of staff and is carried out prior to starting work at Bales College.

Allergy awareness training is to ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
 - calling emergency services and informing parents;
 - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
 - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school’s “spare” adrenaline devices);



- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand this allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").
- That this training is allergy awareness and emergency response training and does not replace any separate arrangements for a child or young person who requires individual healthcare support beyond school-level allergy safety arrangements.

All staff present during times when pupils are scheduled to be on site receive this training, not just permanent staff. It is not required for short-term contractors who have no involvement with pupils, but is required for all temporary staff, supply teachers, peripatetic staff, any agency workers and regular volunteers. We ensure supply and cover staff have received allergy awareness training by requiring any cover staff to complete the online "Understanding Anaphylaxis" training (Tes Develop) before working with pupils.

Promoting pupil wellbeing

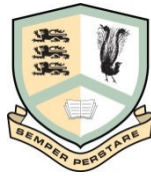
The risk posed by allergy and the possibility of anaphylaxis can be a significant cause of anxiety. At Bales College, we promote the wellbeing of pupils with allergy by treating each pupil's allergy calmly and without singling them out, involving the pupil and their parents in decisions about their support, and ensuring staff are confident in managing allergies so that pupils and families feel secure.

We also recognise the potential for bullying of pupils with allergy, and this is addressed by our Anti-bullying Policy and our PSHEE programme, which promote respect for others and understanding of difference, including medical conditions and allergy.

Minimising the risk of contact with known allergens

We minimise the risk of individuals, whether pupils, staff or visitors, coming into contact with their known allergens by the following:

- Measures to manage the risks of exposure to a food allergen through food provided by the school. Parents complete a form on entry indicating whether their child has any food allergies. These are notified to the catering team (chef), who take them



into account when planning and preparing food, and a risk assessment is completed for any pupil with a known food allergy. The chef is given a printed list of pupils with food allergies, which is updated whenever there is a change, and completes an allergen chart (see Appendix 3) before serving all dishes.

- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, pupils or staff). Pupils with a known food allergy and their parents are made aware of the risks of food brought in by others. Food is not routinely shared between pupils, and where food is brought in for events or celebrations, staff take account of known allergies and the relevant risk assessments
- Where pupils have known allergy to airborne or contact allergens, we put measures in place to manage the risk of the child or young person being exposed to such allergens. We do this by recording the specific triggers and required adjustments in the pupil's Individual Healthcare Plan, sharing these with relevant staff, and making reasonable adjustments to the pupil's environment and activities to reduce the risk of exposure
- Staff planning any activity consider, as part of standard risk assessment, the risk of exposure to allergens, for example in craft, science, music, cooking, or where activities involve animals.
- Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Food allergy

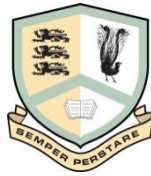
We manage the risk of food allergy by the measures set out above — collecting allergy information from parents, notifying the catering team, completing individual risk assessments, and providing clear allergen information for food provided by the school. We provide clear information on allergens in any food provided by the school.

Supporting Individuals

Identification

Our arrangements for identifying individuals with allergy (including staff and visitors as well as pupils) are as follows: gathering information from parents, both on entry and when circumstances change, drawing where relevant on information from the pupil and their previous setting.

We identify their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices). We keep a record of all individuals with allergies, including, for pupils, whether there is an Individual Healthcare Plan and/or an



Allergy Action Plan. These lists are maintained by the office staff.

Individual Healthcare Plans - (see template in Appendix 2)

In collaboration with the pupil and their parents, we will develop an Individual Healthcare Plan (IHP) for a pupil if:

- they have an allergy which has a functional impact on them in the school setting;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

This includes pupils whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication either proactively or in an emergency. The IHP sets out the arrangements for supporting the pupil with their medical condition or allergy, including in an emergency.

Where pupils have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP will refer to or attach it. Whenever an Action Plan is updated, the IHP will be reviewed to incorporate it.

Prescribed adrenaline

We ensure that pupils who are prescribed adrenaline devices have rapid access to their devices at all times, including in the lunch area, playground, and when on sports fields, visits or trips. Adrenaline devices are stored in a central location that can be reached from anywhere in the school within five minutes. In a case of anaphylaxis, adrenaline should be administered within five minutes.

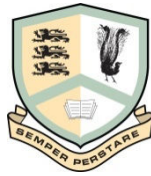
The arrangements for pupils and parents to take individually prescribed adrenaline devices home (for example at the end of the day for the journey home) are that the pupil is handed their device by the office staff at the end of the day, before leaving school.

Checks are made at the end of each term on all prescribed adrenaline devices held in school to check that they are in date until the end of the following term at least. These checks are undertaken by Ms Sabat (Allergy Safety Champion) on the last day of each term.

The Allergy Safety Champion keeps records of which pupils have prescribed adrenaline devices and any Allergy Action Plans.

“Spare” adrenaline devices

As noted above, in a case of anaphylaxis, adrenaline should be administered within five minutes, and we ensure that no pupil is more than five minutes from adrenaline devices. The school keeps a stock of two pairs of "spare" adrenaline devices which are always stocked and stored in pairs, so that if a second one is necessary it is on hand rather than needing to be



obtained from elsewhere on site. These are located in the staff kitchen (in the top drawer, marked with a sticker on the outside) and in the travel first aid kit, and not locked away. "Spare" adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. They are contained in a clearly marked "emergency anaphylaxis kit" containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

Checks are made at the end of each term on all "spare" adrenaline devices held in school to check that they are in date until the end of the following term at least. These checks are undertaken by Ms Sabat on the last day of each term.

When devices are used or go out of date, they will be replaced over the school holidays, in line with the school's other medical orders. Those that go out of date will be safely disposed of.

All staff are trained in when and how "spare" adrenaline devices should be used and a further guide to anaphylaxis is in Appendix 1.

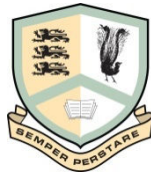
Trips and Visits

We want all our pupils to be able to take part in all activities whenever possible and will make arrangements and adjustments to ensure pupils with allergy are able to participate in trips and visits and do so safely (including ensuring access to adrenaline where required). As part of our standard risk assessment processes, staff consider the risk of anaphylaxis for pupils taking part in any off-site activity. Pupils at known risk of anaphylaxis should have their own adrenaline device with them, and there will be accompanying staff trained to administer adrenaline in an emergency. A travel first aid kit containing spare adrenaline devices and an emergency asthma reliever inhaler is taken on all off-site trips and visits, whether or not any pupil attending has a known allergy.

Serious incidents and "near misses"

As indicated at the start of this document, we recognise the importance of learning lessons of any serious incidents or "near misses" involving allergy safety.

Our processes for recording, reporting and responding to serious incidents or "near misses" involving allergy safety are as follows: any allergic reaction, use of an adrenaline device or near miss is recorded and reported to the Allergy Safety Champion (Ms Sabat) as soon as possible. The incident is logged and parents are informed, and the Allergy Safety Champion reviews what happened to identify any lessons and any changes needed to reduce the risk of recurrence. Serious incidents are escalated to the Head of School, and where a child may be



at risk of harm the Designated Safeguarding Lead is informed.

In some cases, the impact of exposure to an allergen while at school might not be recognised until the pupil is back at home. It is therefore important that the pupil, their parents or others (such as healthcare professionals) can report that there has been an incident. They should contact our Allergy Safety Champion, who will liaise with those concerned to determine the appropriate response and support.

Information sharing

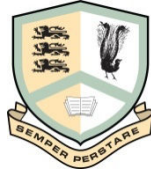
Information about pupils with allergy is made known to staff by an Engage notice, which informs staff of any pupils with allergies.

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for pupil who may not want to be singled out.

Awareness of the allergy safety policy

This allergy safety policy is published on the school website. All staff are made aware of and are trained to understand the policy, as part of annual allergy awareness training. Allergy safety is raised with our pupils as part of the school's PSHEE provision.

Where pupils are prescribed their own adrenaline devices, it may be appropriate for their friends also to be made particularly aware of how to seek help in an emergency. Any wider awareness or training such as this will be considered carefully and discussed with the pupil and their parents. It does not replace or reduce the need for staff emergency response arrangements and training.



Monitoring & review

The school will review this policy annually. More frequent revision may occur if any guidance or advice published by the DfE or other relevant bodies makes this necessary.

Reviewed: 27 July 2026

Reviewed by:

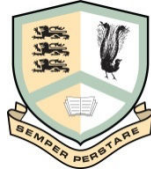
Ben Moore (Head of School)

Agnieszka Sabat (Business Manager)

Agreed by:

Mr William Moore (Proprietor)

To be reviewed: 12 months from “Reviewed” date



Appendix 1

Allergic reactions and response

Allergic reactions

Allergic reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Most allergic reactions do not affect the **Airway/Breathing/Circulation (“ABC”)** and can be treated with an oral antihistamine. The features of an allergic reaction are shown in Figure 1.

Allergic reactions are unpredictable. Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe (e.g. skin rash, vomiting) but then become anaphylaxis – so someone having a reaction should always be monitored (e.g. in a first aid room) for at least 60 minutes afterwards, just in case the reaction gets worse.

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:

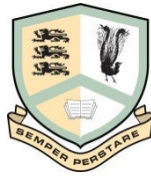
- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Mild reactions can worsen and become **anaphylaxis**, affecting the

Airway/Breathing/Circulation (“ABC”):

- **A: Airways:** Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
- **B: Breathing:** Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing
- **C: Circulation:** Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Anaphylaxis reactions involve the **Airway/Breathing/Circulation (“ABC”)**. Reactions usually progress quickly and can be life-threatening – so anaphylaxis **always** requires



an immediate emergency response. The features of an anaphylaxis reaction are shown in Figure 1.

The vast majority of anaphylaxis reactions require the individual to have eaten food to which they are allergic. Contact through skin or the air tends to produce less severe allergic reactions. Anaphylaxis reactions solely due to skin contact are very rare. As noted above, anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger. Emergency planning should therefore be based on the individual child or young person's documented triggers and clinical history, rather than any assumption over whether the person has eaten a trigger food.

Anaphylaxis

Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat). They typically affect the breathing (**A** and **B**, i.e. mimic an asthma attack) rather than the Circulation (blood pressure).

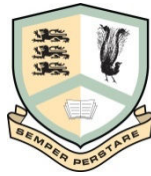
Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that **there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death**. Giving emergency adrenaline **immediately** and calling Emergency Services (999) is essential.

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.

Responding to an allergic reaction and anaphylaxis

Mild to moderate allergic reactions which do not involve **ABC** can be treated with oral antihistamines. For a child or young person, telephone their parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child or young person does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis. Anaphylaxis commonly occurs alongside mild symptoms or signs, such as an itchy



mouth or skin rash. Anaphylaxis can also occur on its own, without a skin rash or other mild signs being present.

Anaphylaxis (i.e. any reactions which involve the **ABC**) must be treated promptly with emergency adrenaline (see figure 1). The individual's prescribed adrenaline device – for example an adrenaline auto-injector (AAI) or nasal adrenaline device – should be used if it is available. If not, a “spare” adrenaline device can be used (see below). If in doubt whether the reaction is anaphylaxis, treat with adrenaline. Always dial 999 to request an ambulance if someone is experiencing anaphylaxis. The emergency (‘999’) operator can provide advice over the telephone if needed.

Always stay with someone having an allergic reaction for at least one hour.

- **If in doubt, always treat for anaphylaxis**
- If the child or young person has a Allergy Action Plan issued by a healthcare professional, it should be followed
- Treatment of anaphylaxis is with a dose of adrenaline (e.g. an AAI “pen” or nasal adrenaline device)

Action in an emergency

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, **anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure.**

People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do **not** amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.



Recognise the signs of anaphylaxis



- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue



- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough



- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

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



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



Scan this code for instructions on how to use adrenaline devices

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



After giving adrenaline:

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



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

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



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

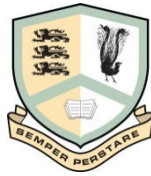
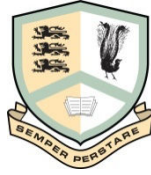


Figure 1: SIGNS OF ANAPHYLAXIS (a potentially life-threatening allergic reaction) and MANAGEMENT OF ANAPHYLAXIS



Appendix 2

See following sheets for

1. Individual Healthcare Plan for Allergy

2. Medication needed while in school

3. Care or Action Plans issued by healthcare professionals



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:**

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. Note any requirement for a risk assessment and prompts for specific issues which should be considered.

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.

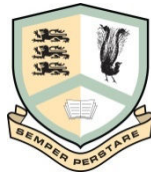
Set out what to do in an emergency, including whom to contact.

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

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



NAME – Individual Healthcare Plan for allergy	
Annex: Medication needed while in school / college / setting	
Non-prescription medication: <i>Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Parental consent:	Date:
Prescription medication: <i>Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Prescribed by:	Date:
Parental consent:	Date:
Use of “spare” adrenaline devices: <i>Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</i>	
Parental consent:	Date:
Use of “spare” salbutamol inhaler: <i>If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</i>	
Parental consent:	Date:



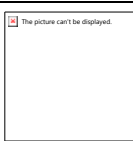
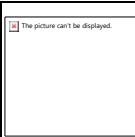
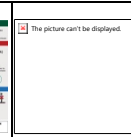
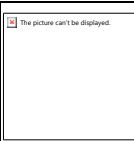
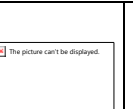
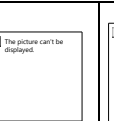
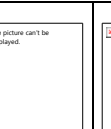
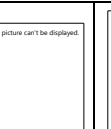
NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: <i>Attach any Action Plan to the IHP for use in an emergency.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Issued by:	Date:
Care Plan: <i>Note where any relevant care plan can be found.</i> <i>Note what staff are responsible for delivering / supporting delivery of the care plan.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Date:	Date:



Appendix 3

Dishes and their allergen content

(Note – please state the name of the cereal(s) containing gluten* and/or the name of the nut(s)[†].)

Dishes														
	Celery	Cereals containing gluten*	Crustaceans	Eggs	Fish	Lupin	Milk	Mollusc	Mustard	Nuts [†]	Peanuts	Sesame seeds	Soya	Sulphur Dioxide



Review
date:

Reviewed by:



You can find this template,
including more information at
www.food.gov.uk/allergy-guidance