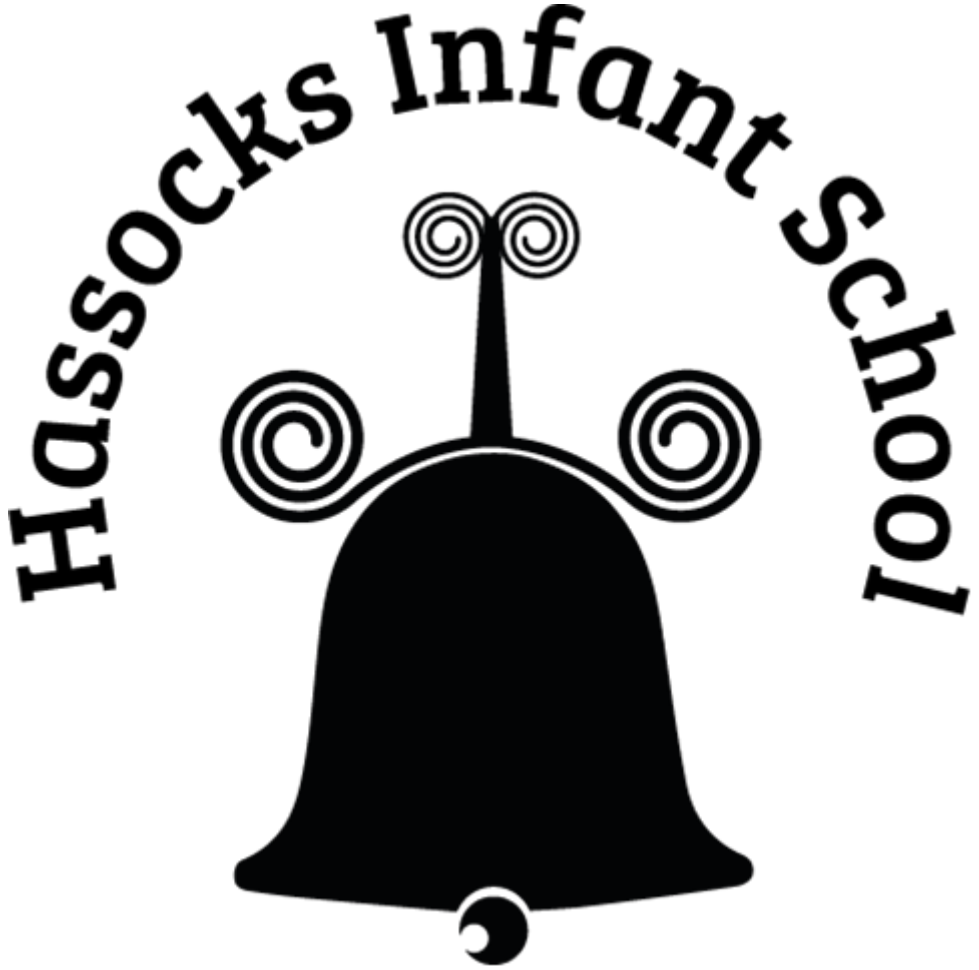
Hassocks Infant School

Allergy Safety Policy



✯ Explore ✯ Respect ✯ Flourish

Date policy agreed:	October, 2026
Date policy to be reviewed:	October, 2027
Responsibility:	Alison Green

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1. Document Control

Date	Comments	Author	Version Number
August, 2026	New document produced following introduction of Benedict's Law September 2026.	K. Cooper	1.0
September 2026	Downloaded from WSx and implemented for Hassocks Infant School		

2. Glossary

Abbreviation	Explanation
AAI	Adrenaline Auto Injector
AAP	Allergy Action Plan
IgE	Immunoglobulin E (IgE) Antibodies
IHP	Individual Health Plan
GDPR	General Data Protection Regulations
PRU	Pupil Referral Unit
WSCC	West Sussex County Council

3. Introduction

NB This is not intended to be a definitive school allergy policy. It is intended as a framework and schools **must** amend and develop it appropriate to their individual circumstances.

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy. Following the implementation of *Benedict's Law* 2026 (part of the Children's Wellbeing and Schools Act) and guidance from the Department for Education, it is a requirement that the allergy safety policy sets out the school's arrangements to reduce the risk of individuals coming into contact with their known allergens, and to set out emergency response plans for cases of anaphylaxis.

Alison Green, a member of the Senior Leadership Team, has overall responsibility for allergy safety at Hassocks Infant School. This includes the implementation, monitoring, and review of the Allergy Safety Policy, and ensuring that the policy is formally reviewed annually, or sooner following an incident, significant change in legislation, or changes in key personnel.

We will ensure that the Allergy Safety Policy is readily accessible to parents and staff by publishing it on the school's website and will provide a hard copy upon request.

Approved by Headteacher: A. Bates-Hallam

Date: 5.11.26

Approved by Governors: Felicity A Sarkey

Date: 9.11.26.

4. Policy Statement

Hassocks Infant School is committed to providing a safe, inclusive and supportive environment for all pupils, staff, and visitors who have allergies. We recognise that allergies can cause serious and potentially life-threatening reactions, including anaphylaxis, and we are committed to reducing the risk of exposure to known allergens whilst ensuring a prompt and effective emergency response.

This policy supports compliance with statutory allergy safety requirements and forms part of the school's wider health, safety, wellbeing and safeguarding arrangements.

The purpose of this policy is to:

- Reduce the risk of exposure to known allergens.
- Support pupils and staff with allergies.
- Establish clear arrangements for allergy management.
- Ensure staff can recognise and respond appropriately to allergic reactions including anaphylaxis.
- Clarify roles and responsibilities for allergy safety.

This policy will be reviewed annually and approved by the Governing Body.

5. Responsibilities

5.1 Role of the Allergy Lead

Alison Green is the lead for allergies at Hassocks Infant School.

The Allergy Lead is responsible for:

- Regularly communicating allergy safety information to staff
- Investigating incidents and near misses.
- Ensuring allergy requirements are considered within the evacuation and lockdown procedures.
- Reviewing arrangements following drills, incidents or near misses.
- Supporting implementation and review of this policy.

The School Office are responsible (with oversight from Allergy Lead) for:

- Maintaining allergy records and healthcare plans and sharing these with staff
- Ensuring that emergency medication is monitored and accessible.
- Coordinating staff training.

Teachers are responsible for:

- Ensuring that allergy awareness is promoted during events and celebrations.
- Completing Risk Assessments for school trips and off site visits.

5.2. Parents and Carers

Parents/carers are responsible for:

- Providing accurate allergy information.
- Supplying prescribed medication.
- Updating the school regarding changes in medical needs.
- Participating in healthcare planning where required.
- Obtaining allergy plans from medical professionals and providing these to school

6. Culture

6.1 Awareness training

Staff are trained in allergy awareness and emergency response at least annually. **All** school staff present during times when pupils are scheduled to be on site will receive allergy awareness training. This includes all permanent staff, temporary staff, supply teachers and regular volunteers. It includes catering staff but does not include ad-hoc staff with no pupil facing role e.g. builders, electricians or maintenance personnel. Kudize, who oversee children and young people at breakfast and after school clubs, are responsible for staff allergy training. This also applies to outside companies that use our school building for clubs before and after school.

New staff will receive allergy awareness training as part of their induction, and this will be recorded on their new staff induction checklist.

Allergy awareness training will ensure that 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 the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergies 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").

6.2 Wellbeing

Hassocks Infant School recognises that the wellbeing of pupils with allergy and at risk of anaphylaxis can be significantly impacted by anxiety and considers this within wellbeing arrangements at the school. We will:

- Regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- Plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- Understand 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. Incidents of bullying will be addressed under the school's behaviour policy.
- Have proactive engagement with new joiners with known allergies, setting out the school, policy and the support available

6.3 Minimising risk

Hassocks Infant School will minimise the risk of individuals (whether pupils, young people, staff or visitors) coming into contact with their known allergens by taking a whole-school approach to allergy safety, that creates a consistently safe environment, reduces the risk of accidental exposure, and ensures rapid, life-saving treatment during an emergency.

There are measures in place to manage the risks of exposure to a food allergen through food provided by the school, and food brought in by others (for example parents, children and young people or staff). These include:

- Parents are asked to name bottles, other drinks and lunch boxes sent into school
- School caterers will provide information on food allergens to parent/carers and have this available for the child's parents to be able to check independently.
- ISS can be contacted directly to discuss provision of allergen safe meals.
- West Sussex County Council are aware of, and engage with, caterers to understand the controls in place to ensure that food service conforms with legislation.
- Where food is provided by the school, school staff must read labels for food allergens and put in place measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Where food is not directly provided by the school (as a general rule, we would not usually provide food from others, e.g. birthday treats) parental engagement and permission will be sought in advance to ensure inclusion and safety for children with allergy.
- Children are discouraged from trading and sharing of food, food utensils or food containers.
- Foods will be labelled (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.

- Subject leaders are responsible to ensure that curriculum risk assessments will consider the use of food in crafts, cooking classes, science experiments, music or activities that involve animals. Alternatives are used when needed (e.g. wheat-free flour for play dough or cooking) or use of non-food containers for craft / junk modelling.
- Teachers will complete risk assessments of special events (e.g. fetes, assemblies, cultural events) consider the use of food, and alternatives are used when needed.
- When planning external visits or trips such as sporting events, excursions and residentials, a specific risk assessment will be carried out by the Class Teacher to manage the risks of exposure to allergens in individuals with a known allergy. Early consideration will be made for the catering requirements and emergency planning of any child with food allergies (including access to emergency medication and medical care).
- Where children and young people have a known allergy to airborne or contact allergens, the school will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens.

6.4 Food allergy

Hassocks Infant School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- West Sussex County Council will ensure the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- West Sussex County Council will ensure school caterers provide information on food allergens to parents/carers and have this available for the parents to check independently
- Parents are to provide pupil's allergen information to the caterers in a timely manner to ensure that they can eat safely. (Via the FEED app which is the school meal provider's communication method)
- Enabling parents/carers to liaise with the catering company
- Identify pupils with allergies at point of service by:
    - Yellow lanyards and laminated disks/placemats – both with photograph, name & dietary details.
- 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 as that from the school kitchen or canteen.
- Teach pupils not to food share, trade food or share utensils or food containers.

7 Individual children and young people

7.1 Identification

Hassocks Infant School takes steps to identify those with known allergies, and whether they carry medication, so that arrangements can be put in place:

- For pupils, the school collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission from our Enrolment Form and completion of Individual Healthcare Plan.
- Staff with allergies are identified at recruitment ("Staff / Student Medical" form).
- Regular volunteers will be asked about any known allergies before they start their role ("Volunteer Agreement" form)
- A poster will be displayed at the Office to encourage visitors to let us know about any allergies we need to be aware of.

The school keeps a record of all individuals with allergies, including whether the person has an Individual Healthcare Plan (IHP) and/or Allergy Action Plan (AAP). Documents containing this information can be found:
I:\NEW COMMON\Medical\FIRST AID & DIETARY\2026-27\Year Group Medical Information
I:\NEW COMMON\Medical\HEALTHCARE PLANS\2026 to 2027
Paper copies can be found in each classroom, first aid room, staff room, year 1 and year two outside first aid kits.

Documentation containing information regarding the pupil will contain a photo to assist with identification.

Allergy information and existing care plans are shared as part of a student's transition.

- Staff will provide information about pupils for transition visits ahead of a formal move.
- We will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement.
- We will work with parents/carers and the pupil if appropriate to write a new IHP.

7.2 Individual Healthcare plans

Individual healthcare plans (IHPs) are a communication tool that provide clarity about the arrangements needed to ensure that a pupil is fully included in school life. IHPs identify exact risk-mitigation measures that need to be followed. Where a pupil has an allergy action plan and / or an asthma plan, this will be included with the IHP. They are reviewed annually or earlier if an incident or near miss occurs.

Individual Healthcare Plans are school owned documents that are co-created by the school, parents/carers and pupils and include advice received from health professionals. IHPs will be written for children if:

- They have an allergy which has a functional impact on them in their school;
- 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.

In addition:

- Pupils with an allergy action plan and/or an asthma plan may also need an individual healthcare plan
- Pupils without an allergy action plan or asthma plan but who have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- Individual healthcare plans will still be created if pupils are waiting for a diagnosis

7.3 Allergy action plans

These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the child's allergy and medication.

- Allergy Action Plans (AAPs) contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.
- AAPs 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 pupil annually so that the pupil is recognisable.

AAPs are issued for Pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

7.4 Prescribed adrenaline

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. Children's devices are stored in classrooms and accompany children at lunch, on visits and trips. Parents are responsible for children until they are dropped off at the door and when they are collected.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. **Adrenaline needs to be administered within five minutes.**

Pupils prescribed an adrenaline auto injector (AAI) need rapid access to their device at all times. Pupils are encouraged to carry their own devices with them where this is possible.

- Parents will ensure that two in date AAIs are available in school daily.
- AAIs are left in school for use in an emergency
- Stored in accordance with the manufacturer's instructions (not subjected to extreme temperatures)

Records of children/young people who have been prescribed an AAI will be maintained along with the pupil's IHAP.

8 Schoolwide Policies

8.1. "Spare" Adrenaline Devices

The school holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own device and pupils are expected to have their own adrenaline devices with them at school for use in an emergency.

The school emergency Adrenaline Auto-Injectors (AAIs):

- Are not a substitute for a pupil's prescribed medication.
- May be used in emergencies where clinically appropriate.
- Are always accessible and not locked away.
- Will be stored in pairs in clearly marked emergency anaphylaxis kits.

Hassocks Infant School maintains emergency spare AAIs in accordance with statutory requirements:

School type	**AAI for children under age 6 (150 micrograms) e.g. EpiPen**	**AAI for individuals over age 6 (300 micrograms) e.g. EpiPen**
State funded nursery school	One pair of "spare devices"	N/A
Primary school	One pair of "spare devices"	One pair of "spare devices"
Secondary school	N/A	One pair of "spare devices"
Special school	One pair of "spare devices"	One pair of "spare devices"

" Department for Education (July 2026) Allergy Safety in Schools – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Accessed 10th August 2026"

The school holds:

- EpiPenJr Auto Injector 0.15mg (for children under 6 years old)
- EpiPen Auto Injector 0.3mg (for adults and children over 6 years old)

The school's emergency AAIs are located in:

- First Aid room, in the wall cabinet (key held on the side)
- The devices will not be locked away or kept in a room where access is restricted.

They are stored in clear plastic containers and labelled 'Emergency Anaphylaxis Kit'

The office staff will ensure all emergency medication is checked regularly (at least monthly) and replaced before expiry. They will secure replacements one month before the current adrenaline device expires. A simple record of the check will be kept for audit purposes.

Used AAIs will be disposed of safely in either a sharps box or given to the paramedic. Expired AAIs will be given to parents to take to a pharmacy to be disposed of.

8.2. Using 'spare' adrenaline devices

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.

8.3. Visits and Trips

Arrangements and adjustments will be put in place to ensure pupils with allergies are able to participate fully in visits and trips, and do so safely, including access to their AAIs where required.

Class Teachers will conduct risk assessments for any pupil at risk of anaphylaxis taking part in a trip off the premises. This will consider allergen exposure, emergency medication, transport, proximity to emergency services and staff training.

The trip leader will ensure that children and young people at risk of anaphylaxis have access to their own adrenaline device during the trip. If they are unable to produce their required medication, they will not be able to attend the excursion.

When arranging a sporting fixture, the lead teacher will inform the host school of any known allergies and if food is to be provided, we will ensure that information about a pupil's allergies is communicated and appropriate food is provided.

8.4. Serious Incidents and Near Misses

Hassocks Infant School will follow the WSCC Accident and Incident Reporting H&S Arrangements, ensuring that any incidents or near misses are reported on the WSCC online incident reporting form.

For incidents involving the catering company, the ISS incident reporting procedures will be followed and a copy kept on the WSCC online incident system.

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.

8.5. Information Sharing

Hassocks Infant School will share information about pupils with allergies to ensure their safety whilst participating in school lead activities, in accordance with the UK General Data Protection Regulations (UK GDPR) and the school policy on data protection.

A child or young person's health information is considered special category data, which means it is highly sensitive and has additional legal protections. Hassocks Infant School has a lawful basis to hold, use and share a child's special category health data when this is necessary, but it will always be done in a controlled and respectful way.

8.6. Awareness of the Allergy Safety Policy

Hassocks Infant School will raise awareness of this policy by publishing it on the school website. All staff will be made aware of and understand the policy, as part of the annual allergy awareness training.

We will raise awareness of allergy safety among pupils and young people through PSHE, food technology and general class discussions.

Where pupils are prescribed adrenaline devices, it may be appropriate (with parental consent) for their friends to be made aware of how to seek help in an emergency. This will be considered on an individual basis and will not replace staff emergency response arrangements.

9 Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed as 'cover available' in the RMP Medical Malpractice Treatment Table will be insured under the WSCC Public Liability insurance policy. The Treatment Table is available to view on West Sussex Services for Education under Other Documents in the Insurance, Resources section.

In addition to this policy the Council also maintains a Medical Malpractice policy to incorporate insurance cover for the more invasive and complicated procedures that staff are now expected to undertake and that are not covered under a standard Public Liability policy.

10 Emergency Response

Mild to Moderate Symptoms

These may include:

- Itching or tingling.
- Localised swelling.
- Mild rash or hives.
- Stomach discomfort.

Appropriate treatment will be provided in accordance with the individual's healthcare plan.

Suspected Anaphylaxis

Symptoms may include:

Airway

- Swelling of tongue or throat.
- Difficulty swallowing.
- Hoarse voice.

Breathing

- Wheezing.
- Persistent cough.
- Difficulty breathing.

Circulation

- Dizziness.
- Pale or clammy skin.
- Collapse or loss of consciousness.

Emergency Procedure

Where anaphylaxis is suspected:

1. Administer an adrenaline auto-injector immediately.
2. Call 999 and state "anaphylaxis".
3. Send for additional medication if available.
4. Monitor the individual continuously.
5. Administer a second AAI if symptoms persist and medical advice indicates.
6. Inform parents/carers as soon as practicable.
7. Complete incident reporting procedures.

Staff should never delay administration of adrenaline while waiting for emergency services.

11 Monitoring and Review

Hassocks Infant School will monitor:

- Allergy-related incidents.
- Near misses.
- Staff training compliance.
- Healthcare plan completion.
- Medication checks.

This policy will be reviewed annually or sooner where legislation changes, best practice develops, or following a significant incident.