

Allergy and Anaphylaxis Safety Policy

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Ratified by: Fitri Brock - Proprietor

Outcome: The purpose of the plan is to:
Promoting and modelling good attendance and reducing absence, including persistent absence.
Ensuring every pupil has access to full-time education to which they are entitled.
Acting early to address patterns of absence.
Rewarding regular attendance.

This policy is one of a series of school policies that, taken together, are designed to form a comprehensive statement of the school's aspiration to provide an outstanding education for each of its students and of the mechanisms and procedures in place to achieve this. Accordingly, this policy should be read alongside these policies. In particular it should be read in conjunction with the policies covering equality and diversity, Health and Safety, safeguarding and child protection.

All of these policies have been written, not simply to meet statutory and other requirements, but to enable and evidence the work that the whole school is undertaking to ensure the implementation of its core values.

While this current policy document may be referred to elsewhere in Helm Academy documentation, including particulars of employment, it is non-contractual.

Policy Issues and Updates

Version Number	Created/ Reviewed/ Amended By	Date Created/ Reviewed/ Amended	Comment	Next Review Date
1	E. Bartlet	March 2026	Policy updated – new framework aligned	01/03/2027

Policy Statement

Helm Academy maintains uncompromising expectations regarding attendance, punctuality and behaviour. Excellent attendance is fundamental to safeguarding, academic success, wellbeing and personal development.

Attendance is treated as a whole-school priority and a core leadership responsibility. Attendance is everyone's responsibility: leaders, governors, staff, pupils and parents.

This policy is configured in accordance with statutory requirements and guidance including:

- Children and Families Act 2014 (supporting pupils with medical conditions)
- Supporting Pupils at School with Medical Conditions (DfE – latest)
- Human Medicines Regulations 2012 (for emergency adrenaline auto-injectors)
- Equality Act 2010
- Independent School Standards Regulations 2014 and ISS Guidance (April 2026 or latest)
- Keeping Children Safe in Education (latest)
- Working Together to Safeguard Children (latest)

The school applies this framework to ensure allergy safety is embedded within safeguarding, inclusion and health and safety systems.

EMPOWERING MINDS, NAVIGATING FUTURES

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Safeguarding Statement

At Helm Academy, we respect and value all children and are committed to providing a safe, welcoming and nurturing environment where every pupil can learn and thrive. We believe every child has the right to participate fully in school life, free from harm, neglect, abuse and discrimination.

Safeguarding and promoting the welfare of children is a legal responsibility shared by every adult working or volunteering in our school, including staff, governors, contractors and visitors. We are committed to a culture of vigilance where the best interests of the child come first, and where early help and timely intervention prevent harm from occurring.

In line with Keeping Children Safe in Education, our policies and practices aim to protect children from all forms of abuse and neglect, including physical abuse, sexual abuse, emotional abuse, neglect, child-on-child abuse, exploitation, online abuse and exposure to extremist views. We work in partnership with pupils, parents, carers and other agencies to ensure that every child feels safe, supported and able to achieve their full potential.

This policy will be reviewed ANNUALLY (as determined by the Governing Board).

Aims

Helm Academy recognises that allergies are medical conditions that may pose significant risk to pupil health, including the risk of anaphylaxis, a potentially life-threatening allergic reaction affecting airway, breathing and circulation.

The school will ensure medical advice on the best procedures to support pupils with allergies is sought, enabling them to take part as fully and safely as possible in all school activities.

Therefore, our school will do the following:

- Ensure accurate medical information regarding allergies is obtained, recorded securely and shared appropriately with relevant staff
- Ensure Individual Healthcare Plans (IHPs) are developed where appropriate in partnership with parents and healthcare professionals ([SEE APPENDIX 1 for MODEL IHP](#))
- Ensure pupils with prescribed medication can access their medication immediately when required
- Ensure staff understand allergy risks, symptoms and emergency procedures
- Ensure reasonable steps are taken to reduce exposure to allergens across the school environment
- Ensure compliance with the statutory duty under the Children and Families Act 2014 and relevant Department for Education guidance Supporting Pupils with Medical Conditions (including allergies)
- Ensure arrangements are reviewed regularly and updated where medical needs change
- Ensure allergy safety is embedded within safeguarding culture, recognising that deliberate exposure to allergens may present a serious safeguarding risk
- Ensure arrangements support pupils with allergies to attend school safely and participate fully in education, including school trips, clubs and wider activities

Leadership and Oversight

The Governing Board and Senior Leadership Team will ensure a named senior leader has oversight of arrangements for supporting pupils with medical conditions, including allergy safety.

The responsible person for coordinating medical needs provision is:

Deputy Head / SENCo

This person will ensure:

- policies are implemented effectively
- staff are aware of pupil needs
- training is provided where required
- Individual Healthcare Plans are in place
- incidents are reviewed and learning identified

Obtaining and Recording Accurate Information

All parents/carers are asked to provide details of medical conditions, including allergies, as part of the school's admission procedures. Information is recorded on the pupil's file and reviewed annually, or sooner, where medical needs change.

Records may include:

- Personal details
- Type of allergy and triggers
- Symptoms and severity of reactions
- Prescribed medication
- Emergency treatment procedures
- Consent for medication administration
- Whether the pupil is permitted to carry and self-administer medication
- Details of healthcare professionals involved
- Hospital reference (if applicable)
- arrangements for sharing relevant information with staff on a need-to-know basis

Where appropriate, an Individual Healthcare Plan will be created to ensure staff understand how to reduce risk and respond effectively in the event of an allergic reaction.

It is the responsibility of parents/carers to notify the school of any changes to medical information as soon as possible.

Where pupils transfer between schools, reasonable steps will be taken to ensure medical information is shared appropriately to support continuity of care.

Staff Training

The school will ensure staff receive appropriate allergy awareness training, so they understand:

- common allergens
- symptoms of allergic reactions

- signs of anaphylaxis
- emergency procedures
- how to access medication
- how to respond quickly and appropriately

Where appropriate, staff will receive training in administering adrenaline auto-injectors. Training will be refreshed periodically in line with school procedures and statutory guidance.

Access to Medication and Adrenaline Auto-Injectors

Pupils will be given access to medication prescribed by a healthcare professional, including adrenaline auto-injectors where required.

Medication will be stored in the classroom / medical room / pupil's bag – dependant on the type of medication, and the needs required, but in a location that is secure but readily accessible. All medication will be clearly labelled with the pupil's name.

Many pupils prescribed adrenaline auto-injectors are advised to carry two devices.

The school may also hold spare adrenaline auto-injectors in accordance with Human Medicines Regulations 2012, for emergency use where:

- a pupil's own medication is not available
- a second dose is required
- an allergic reaction occurs in a pupil not previously diagnosed

Spare adrenaline auto-injectors will be stored in an accessible and clearly identified location. Expiry dates will be monitored regularly.

Following use, replacement medication will be obtained as soon as possible.

All use of medication will be recorded in accordance with the Administration of Medication Policy. Staff do not routinely administer medication unless agreed within an Individual Healthcare Plan or Administration of Medication Policy.

Allergen Risk Reduction

The school will take reasonable steps to reduce the risk of exposure to allergens, recognising that it is not possible to guarantee a completely allergen-free environment.

Risk reduction strategies may include:

- staff awareness of pupils with allergies
- discouraging the sharing of food
- promoting handwashing before and after eating
- cleaning of surfaces and equipment
- supervision of eating areas
- careful planning of activities involving food
- communication with parents regarding food-related activities
- consideration of allergens when planning curriculum activities

The school may communicate with parents regarding allergen risks where appropriate to support pupil safety.

The school will balance risk management with inclusion to ensure pupils with allergies can participate fully in school life.

The school operates a whole-school Allergy Risk Assessment to identify and reduce exposure to allergens across all aspects of school life, including food provision, curriculum activities and events.

See Appendix 2: Whole School Allergy Risk Assessment

Food Safety and Safe Handling Procedures

Where food is handled, prepared or distributed, reasonable steps will be taken to reduce allergen risks.

Staff and volunteers involved in food activities should understand basic food hygiene principles and allergen awareness, including:

- avoiding cross contamination
- maintaining appropriate hygiene practices
- awareness of ingredients used in classroom activities
- supervision of food distribution at events
- consideration of allergen risks when planning fundraising or cultural activities involving food

Where appropriate, staff will receive food safety awareness training.

Where volunteers or third parties are involved in food-related activities, the school will ensure they understand allergen safety expectations.

Curriculum Activities, Trips, Clubs and Events

Allergy safety will be considered when planning:

- educational visits
- clubs and extended provision
- curriculum activities involving food or materials
- fundraising events and celebrations

Where appropriate:

- risk assessments will consider allergen exposure
- staff will be aware of pupils' needs
- medication will be accessible
- venues will be informed of medical needs where necessary
- reasonable adjustments will be made to support inclusion
- Parents/carers may be informed in advance where activities involve food.

Emergency Procedures

Staff will respond to allergic reactions in accordance with the Individual Healthcare Plan and staff training.

In the event of a suspected allergic reaction staff will:

- recognise symptoms
- follow the Individual Healthcare Plan
- administer medication where required
- call emergency services (999) where symptoms of anaphylaxis are present
- remain with the pupil
- contact parents/carers
- record the incident

An ambulance will always be called where an adrenaline auto-injector has been administered. All incidents will be recorded and reviewed to support learning and improve safety arrangements. All incidents and near misses will be reviewed to identify whether improvements to procedures or risk reduction measures are required.

Allergy Safety and Safeguarding

Deliberate exposure to allergens may place a pupil at risk of serious harm and will be treated as a safeguarding concern.

Any incidents involving potential allergy-related bullying will be addressed in line with the Safeguarding and Child Protection Policy and Behaviour Policy.

Where necessary, concerns will be shared with the Designated Safeguarding Lead in accordance with safeguarding procedures.

Repeated incidents involving allergen exposure may indicate bullying or harmful behaviour and will be managed through safeguarding procedures.

Returning to School Following an Allergic Reaction

Following an allergic reaction, parents/carers should ensure the pupil is medically fit to return to school.

The school may review the Individual Healthcare Plan and risk assessment to ensure appropriate measures remain in place.

Where appropriate, adjustments may be agreed to support the pupil's wellbeing.

Staff will monitor pupils returning following a significant allergic reaction and inform the DSL or medical lead where concerns arise.

Arrangements for monitoring

This policy will be reviewed ANNUALLY (as determined by the Governing Board).

Interim updates will be made if required, following:

- changes to statutory guidance
- medical advice updates
- serious incidents
- changes to school procedures

Other policy links

- Administration of Medicines Policy
- Supporting Pupils with Medical Conditions Policy
- Children with Health Needs who cannot attend school Policy
- Safeguarding and Child Protection Policy
- First Aid Policy
- Health and Safety Policy
- SEND Policy
- Educational Visits Policy
- Behaviour Policy



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EMPOWERING MINDS, NAVIGATING FUTURES

Appendix 1 - INDIVIDUAL HEALTHCARE PLAN (IHP)

Risk Assessment Template (2026 compliant)

School name: _____

Pupil name: _____

Date of birth: _____

Year group/class: _____

UPN (optional): _____

Photo (optional): _____

Date plan created: _____

Review date: _____

Plan prepared by (name and role): _____

1. Medical Condition Details

Item	Information
Medical diagnosis	
Condition type	e.g. asthma, epilepsy, diabetes, severe allergy, anaphylaxis
Date diagnosed	
Is condition life-threatening?	YES / NO
Does pupil have allergies?	YES / NO
Details of allergies	
Other relevant medical needs	
Typical impact on pupil	

2. Clinical Advice and Supporting Evidence

Item	Information
Healthcare professional name	
Role / service	GP / consultant / nurse / allergy clinic
Date advice received	
Summary of clinical advice	
Supporting documents attached	care plan / clinic letter / prescription / allergy plan
Review date recommended by clinician	

3. Triggers and Risk Factors

Trigger	Risk level (Low/Med/High)	Control measures
Food allergens		
Environmental allergens		
Exercise		

Illness/infection		
Stress or anxiety		
Temperature		
Medication triggers		
Other		

4. Symptoms and Early Warning Signs

Stage	Signs	Action
Early symptoms		
Developing symptoms		
Severe symptoms		
Emergency symptoms		

Examples may include:

- rash, hives, swelling
- coughing, wheezing
- breathing difficulty
- dizziness
- collapse



5. Medication and Treatment Requirements

Medication	Dose	Method	Storage location	Expiry check	Who administers

Additional information:

Can pupil self-administer? YES / NO

Medication carried by pupil? YES / NO

Spare medication stored in school? YES / NO

Is emergency medication required? YES / NO

Location of medication in school: _____

6. Emergency Response Plan

Situation	Action
Mild symptoms	
Symptoms worsening	
Severe symptoms	
Anaphylaxis suspected	administer AAI immediately and call 999
Collapse or unconsciousness	

Emergency contact details: _____

Contact	Phone
Parent/carer 1	

Parent/carer 2	
GP	
Hospital consultant	

7. Staff Responsibilities

Role	Responsibility
Class teacher	
Teaching assistant	
First aider	
SENCO	
DSL (if safeguarding concerns arise)	
Lunchtime staff	
Trip leader	
Office staff	
Senior leader	

Cover arrangements if key staff absent: _____

8. Risk Reduction and Prevention Measures

Area	Control measures
Classroom environment	
Food safety arrangements	
Dining arrangements	
Cleaning procedures	
Handwashing routines	
Practical lessons (science, DT etc.)	
PE and sports	
Trips and visits	
After-school clubs	
Transport	
Exam arrangements	
Outdoor learning	

9. Day-to-Day Support and Educational Adjustments

Area	Support required
Attendance considerations	
Access to drinks, snacks or medication	
Toilet access	

Rest breaks	
PE participation	
Exams or assessments	
Catch-up support	
Flexible timetable adjustments	
Emotional wellbeing support	

10. Communication Arrangements

Person/group	Information shared
Teaching staff	
Support staff	
Lunchtime staff	
Trip leaders	
Volunteers	
Supply staff	
Catering staff	
Parents	
Pupil	

Communication methods:

- staff briefing
- secure MIS system
- medical register
- classroom information sheet
- photo sheet (where appropriate)

11. Consent and Information Sharing

Parent/carers confirms:

- Information is accurate
- Consent given for staff to administer medication
- Consent to share information with relevant staff
- Consent to contact emergency services
- Consent to share plan with trip leaders and external providers where necessary
- Consent for use of spare emergency medication where appropriate

Parent/carers name:

Signature: _____

Date: _____

School representative:

Signature: _____

Date: _____

Healthcare professional (if applicable):

Signature: _____

Date: _____

12. Review Arrangements

This plan will be reviewed:

- annually
- following any medical incident
- if medication changes
- if clinical advice changes
- on transition to new class or school

Next review date: _____

13. Record of Incidents and Near Misses

Date	Incident / near miss	Parent informed	Healthcare advice sought	Changes required to IHP	Outcome

14. Links to Other Plans

Tick where relevant:

- ☐ Allergy Management Plan
- ☐ Asthma Plan
- ☐ Care Plan
- ☐ Education Health and Care Plan
- ☐ Behaviour Support Plan
- ☐ Risk assessment for trips
- ☐ Intimate care plan

Notes for schools

For pupils with allergies, this document functions as:

Individual Allergy Management Plan

Key expectations:

- allergens clearly identified
- medication immediately accessible
- staff aware of symptoms
- emergency response understood
- preventative measures in place
- communication arrangements clear
- consent documented



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Appendix 2 - WHOLE SCHOOL ALLERGY RISK ASSESSMENT (2026 compliant)

School name: _____

Assessment completed by: _____

Role: _____

Date completed: _____

Review date: _____

Approved by: _____

1. Purpose

This risk assessment identifies how the school reduces the risk of exposure to allergens and ensures a consistent whole-school approach to prevention, communication and emergency response.

The school recognises that allergic reactions can be life-threatening and must be managed through effective planning, staff awareness and appropriate control measures.

2. Scope

This risk assessment applies to:

- food provision
- classroom activities
- curriculum activities
- trips and visits
- clubs and extended provision
- volunteers and third parties
- hygiene and cleaning arrangements
- shared equipment
- events and fundraising activities



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3. Risk Assessment Matrix

Likelihood	Impact	Risk level
Low	Minor reaction	Low
Medium	Moderate reaction	Medium
High	Severe reaction/anaphylaxis	High

4. Food Provision Arrangements

Hazard	Risk level	Control measures	Responsible person
Exposure to allergens in school meals		allergen information available	

Incorrect food provided		catering staff trained in allergen awareness	
Cross contamination in kitchen		separation of utensils and preparation areas	
allergen labelling errors		food information checked and verified	
pupils swapping food		supervision during mealtimes	
communication of dietary needs		allergy information shared with catering staff	

5. Classroom Activities Involving Food

Hazard	Risk level	Control measures	Responsible person
cooking activities		staff check allergy register before activity	
food used in craft activities		alternative materials provided where required	
celebration food brought from home		clear guidance provided to parents	
baking activities		ingredient checks completed in advance	
food used in sensory activities		allergy-safe alternatives used	

6. Tuck Shops, Events and Fundraising

Hazard	Risk level	Control measures	Responsible person
sale of food items		allergen information displayed	
homemade food brought into school		guidance provided on allergen safety	
charity bake sales		staff oversight of ingredients	
party food		parents informed of allergy procedures	
external food providers		allergen information requested in advance	

7. Curriculum Activities

Hazard	Risk level	Control measures	Responsible person
science experiments using food products		risk assessment completed in advance	
use of latex in science or art		latex-free alternatives used	
use of milk products		alternatives provided where required	

DT food technology		allergens clearly identified	
sensory play materials		ingredients checked and recorded	

8. Cleaning and Hygiene Procedures

Hazard	Risk level	Control measures	Responsible person
allergen residue on surfaces		cleaning products used effectively	
inadequate cleaning routines		cleaning schedule monitored	
contaminated equipment		shared equipment cleaned after use	
food residue in classrooms		surfaces cleaned after eating	

9. Handwashing Routines

Hazard	Risk level	Control measures	Responsible person
allergen transfer via hands		pupils wash hands before and after eating	
inadequate handwashing facilities		soap and water available	
pupils not following routines		staff supervision	
use of hand sanitiser instead of washing		clear guidance provided	

10. Shared Equipment Risks

Hazard	Risk level	Control measures	Responsible person
shared classroom equipment contaminated with allergens		equipment cleaned regularly	
shared cooking equipment		separate utensils used	
shared IT equipment		cleaning routines in place	
shared art materials		allergen-safe materials used	

11. Cross Contamination Prevention

Hazard	Risk level	Control measures	Responsible person
mixing allergen and non-allergen foods		separate preparation areas	
use of shared utensils		utensils cleaned thoroughly	
staff unaware of contamination risks		staff training provided	

storage of allergen foods		clearly labelled containers	
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12. Communication of Allergen Information

Hazard	Risk level	Control measures	Responsible person
staff unaware of pupil allergies		allergy register maintained	
supply staff unaware of needs		medical information shared appropriately	
volunteers unaware of procedures		guidance provided before activities	
parents unaware of restrictions		allergy information communicated clearly	
pupils unaware of risks		age-appropriate awareness provided	

13. Extended Provision and Trips

Hazard	Risk level	Control measures	Responsible person
food provided on trips		allergy information shared with trip leaders	
packed lunches		parents reminded of allergen safety	
residential visits		detailed planning undertaken	
breakfast clubs		staff aware of allergies	
after-school clubs		medication accessible	

14. Volunteers and Third Parties

Hazard	Risk level	Control measures	Responsible person
volunteers bringing food		clear allergen guidance provided	
external providers unaware of allergies		information shared in advance	
contractors providing catering		allergen procedures confirmed	

15. Emergency Preparedness

Control area	Arrangements
staff awareness of symptoms	training provided
emergency medication accessible	AAI stored in accessible location
staff aware of emergency procedures	guidance provided
communication with emergency services	clear procedures in place
spare AAI available where required	location known

16. Monitoring and Review

The school will:

- review this risk assessment annually
- review following any allergic reaction or near miss
- update arrangements where risks are identified
- ensure control measures remain effective
- ensure staff remain aware of procedures

17. Linked Documents

This risk assessment should be read alongside:

- Allergy Safety Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Individual Healthcare Plans
- Safeguarding Policy
- Educational Visits Policy
- Food Safety procedures



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Ofsted Toolkit and Safeguarding Assurance (Consolidated)

Leaders ensure that allergy safety is embedded within safeguarding systems, recognising that medical risk and vulnerability intersect. Incidents, near misses and patterns are reviewed and inform whole-school practice and early intervention.

Quality Assurance and Continuous Improvement

Leaders monitor the effectiveness of allergy management through review of incidents, training records and pupil voice.

Governance ensures appropriate oversight, compliance and continuous improvement.



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