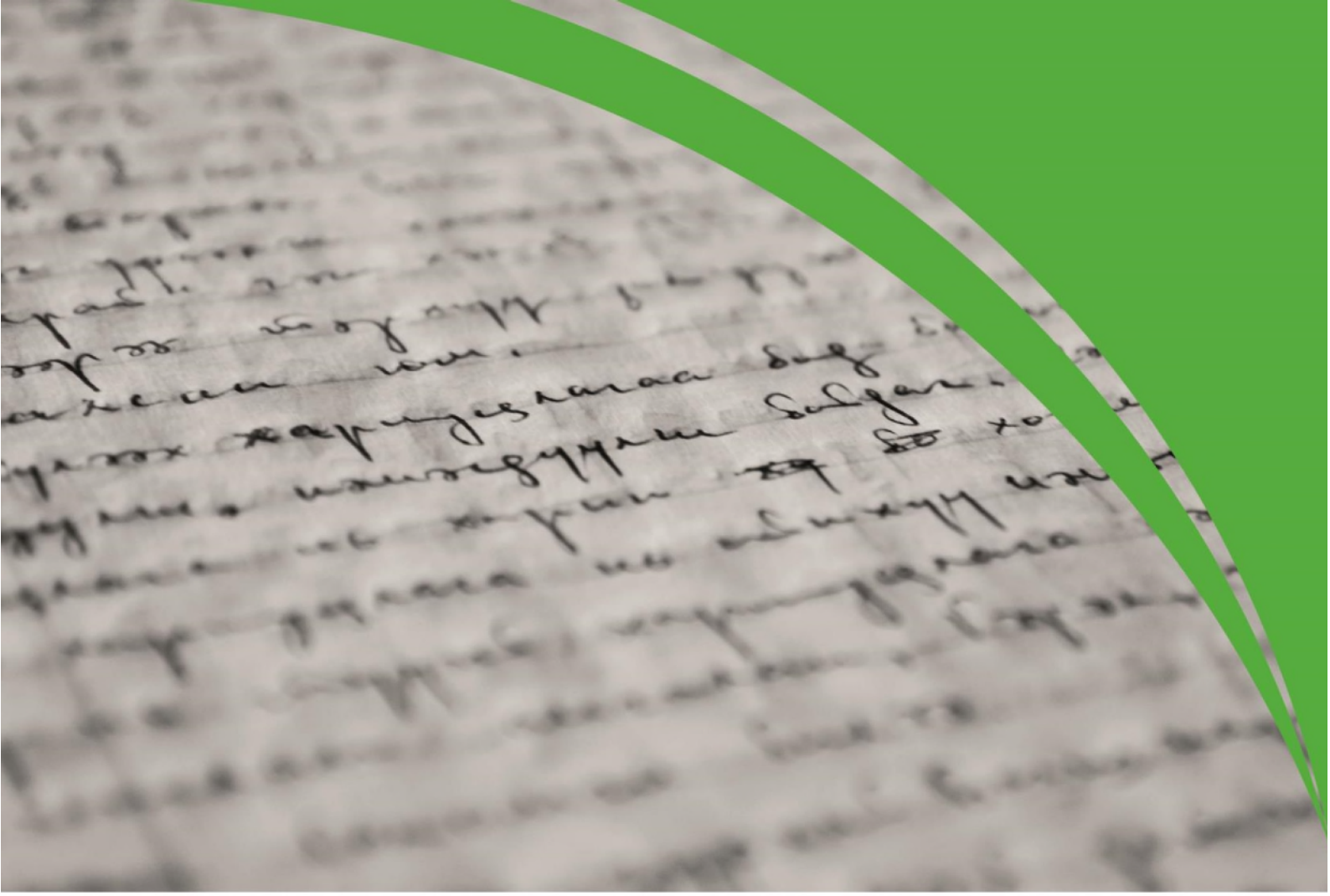

Health & Safety Policy
Allergy/Anaphylaxis – HSP 32

Key Document Details

School Name:	TWHF – All Schools		
Version no:	1.2	Ratified date:	September 2025
Author:	Rachael Lawton	Interim review date	June 2026
Owner:	David Maine	Next review date:	September 2027
Approved by:	Chief Operating Officer		

Title:	HSP 32 – Allergy/Anaphylaxis
Author(s):	Rachael Lawton
Authorised by:	Board of Trustees
Date:	September 2025
Review date:	September 2027
Application:	This policy applies equally to all The White Horse Federation (TWHF) employees including agency or casual staff, and to all premises where TWHF is either the 'employer' or is in control of the premises. The Health and Safety (First-Aid) Regulations 1981 place a duty on TWHF to make an assessment of first-aid needs appropriate to the circumstances of each workplace. In practice this means that a sufficient number of suitably competent personnel, appropriate equipment and facilities are provided so that first-aid can be administered.

Definitions

For the purpose of this policy, the following definitions apply;

Allergy	An immune system response to typically harmless substances.
Anaphylaxis	A severe, life-threatening allergic reaction affecting the whole body; a medical emergency.
British Society for Allergy & Clinical Immunology (BSACI)	A professional body that provides nationally recognised guidance and standardised Allergy Action Plans for managing allergic conditions in schools.
BSACI Allergy Action Plan	A nationally recognised medical document signed by a doctor. A prescription label/box is not a substitute for this plan.
Co-morbidity	The presence of Asthma alongside a food allergy. This significantly increases the risk of a fatal reaction and marks a pupil as Highest Risk.
AAI (Adrenaline Auto-Injector)	A medical device (e.g., EpiPen, Jext) used to deliver emergency adrenaline.

Policy Aims

This policy establishes the Trust's framework for the prevention and management of allergies and anaphylaxis. It reflects the strengthened national expectations of **"Benedict's Law"** (effective September 2026) and the DfE statutory guidance *Supporting pupils with medical conditions at school.*

The Trust is committed to:

- Integrating allergy safety into catering, PE, and off-site activities.
- Competency-Based Training: Moving beyond theory to mandatory annual training and termly emergency drills**.**
- Ensuring immediate access to both pupil-specific and the schools emergency spare AAIs**.**
- Requiring medically signed, individualised BSACI Allergy Action Plans for all high-risk pupils.

Policy

TWHF recognises that anaphylaxis is a medical emergency**.** We are committed to a robust, "safety-first" system to reduce allergen exposure and ensure a rapid response to reactions.

- In line with the Equality Act 2010**,** we will make all reasonable adjustments to ensure pupils with allergies are fully included in school life, including trips and celebrations.
- This document must be read alongside ***HSP 25 – Medication*** and ***HSP 5 – Accident & Incident Reporting***.
- Failure to follow allergy management protocols — including the failure to provide or carry emergency medication— will be treated as a Safeguarding concern**.**

Risk

The primary risks addressed by this policy include:

- Delay in administering adrenaline due to lack of staff confidence or misplaced medication.
- The significantly increased risk of fatality for pupils who have both Asthma and a food allergy**.**
- The heightened risk during school trips, sporting events, and transitions between settings.
- Failure to share accurate allergy data with catering teams, supply staff, or wrap-around care providers.

1.0 Roles & Responsibilities

The Chief Executive Officer (CEO) holds overall responsibility as the duty holder. Responsibility for managing allergy and anaphylaxis procedures is delegated to the Headteacher of each school.

The Governing Body will:

- Appoint a Named Allergy Governor with specific oversight of the school's allergy management.
- Monitor the school's compliance with statutory allergy guidance and review the effectiveness of this policy annually.
- Review all reported allergic incidents and "near misses" to ensure lessons are learned and procedures updated.

The Headteacher will:

- Hold ultimate accountability for the implementation of allergy safety across the school.
- Ensure that allergy management is included in the school's formal health and safety risk assessments and audits.
- Oversee the scheduling of termly anaphylaxis drills to ensure staff remain confident in emergency response and the use of Adrenaline Auto-Injectors (AAIs).
- Ensure the school stocks sufficient, in-date spare emergency AAIs for use by any pupil in an emergency.

The Allergy Lead (e.g. Lead First Aider or SENCo) will:

- Ensure all staff, including temporary and supply staff, are aware of pupils with allergies and relevant emergency procedures before they work with pupils.
- Coordinate mandatory annual allergy awareness training for all staff to recognise symptoms and respond to anaphylaxis.
- Facilitate termly anaphylaxis rehearsals/drills, maintaining a record of participation and identifying further training needs.

- Undertake termly checks of both pupil-specific and school emergency spare AAIs, notifying parents/carers or the SLT Lead when replacements are needed.
- Maintain the Allergy Register, including a "photo-board" for catering staff (where consent is provided), and record all incidents and medication use according to Trust procedures.
- Oversee food handling and catering control measures, ensuring compliance with guidance like Managing Allergies at Lunchtime.

The SENCo will:

- Ensure all pupils with allergies are supported through a ***BSACI Allergy Action Plan*** or ***BSACI Allergy & Intolerance Form***.
- Coordinate the development of ***Individual Healthcare Plans (IHCPs)*** for pupils with additional or complex medical needs beyond a standard allergy plan.
- Flag pupils with co-morbid asthma as "Highest Risk" and ensure their reliever inhaler is stored alongside their AAI.
- Ensure that allergy management promotes full inclusion, removing barriers to learning or participation in school activities.
- Support staff in understanding how allergies and associated conditions (such as asthma) impact a pupil's learning and wellbeing.

Parents/Carers are expected to:

- Must provide two in-date AAIs and a signed BSACI plan.
- If a parent fails to provide essential medication or a signed medical plan, the school will escalate this as a Safeguarding/Medical Neglect concern. The child may be required to provide their own packed lunch until a safe catering plan is verified.

Pupils are encouraged to:

- Take age-appropriate responsibility for managing and carrying their medication.
- Never share food and communicate any concerns about ingredients to staff immediately.
- Support peers with allergies and know how to raise the alarm in an emergency.

1.1 Allergy Action Plans

Allergy Action Plans (*HSF 32.1 – BSACI*)

All pupils at risk of anaphylaxis must have a BSACI Allergy Action Plan.

- Medical Authority: Plans must be completed and signed by a healthcare professional. A prescription label is not a valid substitute for a plan.
- Staff Restrictions: Under no circumstances should school staff create, write, or amend a medical plan.
- Standalone Authority: The BSACI plan serves as the pupil's complete Individual Healthcare Plan (IHCP). A separate IHCP is not required for a standard allergy.

Storage & Accessibility:

To ensure an emergency response within 5 minutes, plans must be stored:

- Digitally on the pupil's electronic profile (e.g., SIMS/Arbor).
- Physically in the school's central medical/medication file.
- Crucially: Inside the pupil's emergency medication kit ("Grab Bag").

Mild Allergy & Intolerance Form (*HSF 32.2*)

Used locally where anaphylaxis has not been diagnosed (e.g., mild hay fever or intolerances).

- Recording: All medication administered under this form must be logged on ***HSF 25.3*** (Long Term Medication Record).
- Review: If symptoms escalate or a child is prescribed an AAI, this form must be immediately replaced by a full BSACI plan.

Individual Healthcare Plan (***IHCP – HSF 25.2***) – Exception Only
A separate IHCP is only required for complex cases where an allergy overlaps with other conditions (e.g., brittle asthma, diabetes, or physical disabilities).

Emergency Medication & Audit Log (*HSF 25.12*)
The Allergy Lead must maintain a master log for all emergency medication, including:

- Clearly defined (e.g., "Office Cabinet 1" or "Dining Hall Spare Kit").
- Audited monthly. Note: Parents must be notified one month before a pupil's AAI expires.
- Training Records: A list of staff who have completed the annual training and termly drills.

1.2 Risk Assessments

All schools must implement and maintain a structured approach to identifying and reducing allergy hazards:

- **Whole-School Allergy Management Risk Assessment (*GRA 32.1*):** A comprehensive campus-wide risk assessment detailing allergen segregation in kitchens, dining areas, classrooms, and during off-site activities.
- **Individual Pupil Risk Assessments (*GRA 32.2*):** A personalised risk assessment completed for every pupil at risk of anaphylaxis. This must be written in partnership with parents/carers and, where appropriate, the pupil.

Monitoring and Updates:

- All risk assessments must be monitored by the Allergy Lead to ensure consistency and effectiveness.
- **Incident Triggers:** Assessments must be updated immediately following any allergic reaction, near miss, or change in a pupil's medical condition.
- Completed assessments must be proactively shared with all relevant staff, including supply teachers and lunchtime supervisors, to ensure an informed approach to managing risk.

Records for AAI Administration
The deployment of an Adrenaline Auto-Injector (AAI) constitutes a major medical intervention and must be formally recorded in line with Trust procedures (1.1):

- **Primary Settings:** Staff must immediately record the deployment on an **Accident/Incident Form (*HSF 5.1*)**.
- **Secondary Settings:** Staff must log the deployment on the **EVOLVE Accident Book** platform as a Major Accident.
- **Statutory Escalation:** Any incident resulting in hospitalisation must be reported immediately to the Headteacher and the Health & Safety Manager.

Post-Incident Learning:
Following any AAI deployment, and incident investigation will take place by the Senior Leadership Team (SLT) and Allergy Lead guided by the Health & Safety Manager. This review will capture key learning points and directly update local risk assessments and site control measures

1.3 Training

Staff Training and Competency Framework

The Headteacher holds ultimate operational responsibility for ensuring that all staff are fully trained, competent, and confident in recognising and responding to allergic reactions.

The training framework mandates that:

- All contracted, casual, and volunteer staff must receive comprehensive allergy awareness training during their initial induction period.
- Basic allergy awareness and emergency response training must be formally refreshed at least annually for all school-based personnel.
- Staff identified through local risk assessments as working closely with high-risk pupils must receive advanced training in anaphylaxis clinical management and hands-on AAI deployment techniques.
- The Administrative Manager must ensure all temporary, agency, and supply teachers are explicitly briefed on pupils with life-threatening allergies, their triggers, and site emergency protocols before they enter the classroom.
- All allergy and anaphylaxis training must be delivered via the Kitt Medical platform and tracked automatically through Trust HR compliance systems. The Headteacher must review these digital completion records termly.

Educational Visits, Sports Fixtures, and Off-Site Excursions

All out-of-school activities, residential trips, and sporting fixtures must be meticulously planned to ensure the absolute safety and full inclusion of pupils with allergies.

- Pre-Trip Risk Assessments: Trip leaders must cross-reference all excursion plans against individual GRA 32.2 pupil risk assessments. External venues, host schools, and third-party activity providers must be notified in writing of all relevant allergen restrictions and dietary needs at least 14 days in advance.
- Medication Portability (The Direct-Carry Rule): The trip leader must ensure that both of the pupil's personal AAIs, alongside a physical copy of their BSACI Allergy Action Plan, are kept in a dedicated, clearly labelled grab-pack. This pack must remain in the immediate physical possession of the staff member directly supervising that pupil at all times during transit and activities. It must never be stored in coach holds or luggage rooms.
- Staffing Ratios: No off-site excursion or sporting fixture containing a pupil at risk of anaphylaxis may proceed unless accompanied by at least one Kitt Medical-trained staff member who is certified and competent to administer an AAI in an emergency.
- Emergency Excursion Protocol: In the event of suspected anaphylaxis during an off-site activity, staff must administer the AAI into the outer thigh without delay, check the time of injection, and immediately dial 999, stating "Anaphylaxis" to the emergency operator.

1.4 Supply, storage and care of medication

Storage Conditions and Accessibility

- Environmental Controls: Adrenaline Auto-Injectors (AAIs) must be stored in strict accordance with manufacturer guidance. They must be maintained at room temperature and protected from direct sunlight, freezing, or extreme heat. They must never be refrigerated.
- Primary Settings and Supervised Access: For primary-aged pupils, or those unable to self-manage, the school will store emergency medication in a clearly identified, keyless, central location.
    - Medication must be physically accessible to staff within 2 minutes from any area of the school site to ensure a rapid emergency response.
    - Emergency AAIs must never be kept behind locked doors or inside locked cabinets. They must be held in an unlocked, keyless container that is accessible to all adults but secure from unauthorized pupil tampering.
    - Parents must supply, and the school must store, a minimum of two in-date personal AAIs for each diagnosed pupil.

- Secondary school pupils, subject to an individual risk assessment (***GRA 32.2***), are encouraged and expected to carry two personal AAIs on their person at all times in a suitable bag or container. Pupils must maintain physical possession of these devices and must not leave them unattended in lockers or changing rooms.

Mandatory Labelling and Container Controls

All personal medication kits must:

- Be stored in an appropriate, protective container.
- Be clearly labelled with the pupil's full name.
- Be readily accessible in the event of an emergency.
- Contain a copy of the pupil's healthcare-professional-signed BSACI Allergy Action Plan.

Parental Responsibilities

Parents and carers retain absolute responsibility for ensuring that their child's medication is:

- Maintained strictly within its printed expiry date.
- Clearly labelled with the pupil's details and original dispensing instructions.
- Replaced immediately as required following deployment, damage, or expiry.

Monitoring, Oversight, and Compliance Logs

The Lead First Aider (or designated site Allergy Lead) will actively manage site safety by performing the following checks:

- Medication Expiry Audits: Conducting physical inspections of all student-specific and school spare AAIs on a regular basis.
- Proactive Parental Alerts: Notifying parents/carers in writing when a pupil's medication is approaching its expiration date.
- System Tracking: Maintaining the central and up-to-date Emergency Medication Log (***HSF 25.12***) to track compliance.

Safe Disposal Protocols

- Expired Stock: Parents/carers should physically collect out-of-date medication. If expired devices are not collected, the school will dispose of them via a local pharmacy or a licensed medical waste contractor.
- Post-Incident Disposal: AAIs are strictly single-use devices and must be disposed of safely as clinical sharps. Following emergency deployment, the used injector may be handed directly to the responding ambulance paramedics or placed immediately into an approved site sharps container.

1.5 School Emergency AAI's

All-Staff Accountability

All TWHF staff are expected to be able to recognize the signs of an allergic reaction and respond appropriately. This includes an operational expectation to administer emergency medication, including Adrenaline Auto-Injectors (AAIs), without delay where life-threatening anaphylaxis is suspected.

Emergency Procedure for Anaphylaxis

In the event of suspected anaphylaxis, staff must follow this sequence immediately:

1. Check for airway swelling, severe wheezing, difficulty breathing, or a sudden drop in consciousness.
2. Inject the pupil's personal AAI into the outer middle thigh. Note the exact time of administration.
3. Contact emergency services immediately. State clearly to the operator that a child is suffering from Anaphylaxis.
4. Position the pupil flat on their back with their legs raised (or sitting up if breathing is highly difficult). Never leave them unattended.
5. If symptoms do not improve, or if they deteriorate after 5 minutes, administer a second AAI into the opposite thigh. This can be the pupil's second personal AAI or a school emergency spare device.
6. Notify parents or emergency contacts as soon as the emergency services have been successfully dispatched.

Criteria for the Use of School Spare AAIs

Trust-funded or school-held emergency spare AAIs are maintained to act as a vital safety net. They are intended for emergency use exclusively when:

- A pupil's own prescribed personal AAIs are not immediately available or are located too far away.
- A pupil's personal device is found to be faulty, damaged, or out of date.
- A second dose of adrenaline is clinically required after 5 minutes, and the pupil's second personal device is missing or spent.
- An individual (including a pupil without a prior diagnosis, a staff member, or a visitor) is experiencing suspected anaphylaxis and there is a reasonable belief that they are at risk of death or severe harm. Staff must act in the immediate best interests of the individual and deploy the spare device.

Storage, Accessibility, and Accountability of Spare AAIs

- The 2-Minute Rule: Spare AAIs must be stored in a clearly labelled, highly visible, central location that is physically accessible to adults within 2 minutes from any point on the school site. They must never be locked away.
- Site Awareness: The exact location of the emergency spare kit must be communicated to all permanent, casual, and supply staff during induction and displayed prominently on noticeboards.
- Monitoring and Oversight: The Lead First Aider (or designated site Allergy Lead) holds explicit responsibility for checking the spare AAI kits on the first working day of every month. They must verify that the devices are in date, ensure stock is replenished immediately after any deployment, and record all checks within the Emergency Medication Log (***HSF 25.12***)

1.6 Catering

WHF schools and their catering providers operate in accordance with the Food Information Regulations 2014 (UK), which require allergen information for the 14 regulated allergens to be available for all food products.

The Trust recognises that pupils may have allergies beyond the 14 regulated allergens. Where required, the Catering Team will provide suitable or bespoke menus to meet individual dietary needs.

The school will work in partnership with the Catering Team to ensure that:

- Accurate and up-to-date allergen information is available
- Individual dietary requirements are clearly communicated, understood, and regularly reviewed
- Appropriate controls are in place to minimise the risk of cross-contamination

Identification Systems (Primary Schools)

In primary schools, a visual identification system is a key control measure to support safe meal provision and reduce the risk of allergen exposure.

- The **RED** band must be worn by all pupils with known allergies
- The **RED** band is the only band mandated under this Health & Safety policy
- It must be used consistently to ensure pupils are clearly and immediately identifiable to all staff, including catering staff and lunchtime supervisors
- All staff must understand the purpose of the **RED** band and take appropriate precautions when supervising food-related activities

Other band colours (e.g. BLUE, GREEN, ORANGE) are used for operational catering purposes. Responsibility for the implementation, management and oversight of all non-allergen banding systems sits with the Director responsible for managing the catering contract. These bands are not mandated under this policy and are managed through catering contract arrangements.

In PFI schools or where alternative catering arrangements are in place, equivalent systems may be used; however, the **RED** allergen identification band and associated control measures must remain in place at all times.

The **RED** band system must be used alongside Allergy Action Plans and risk assessments and does not replace the need for staff awareness, vigilance, and adherence to control measures.

Control Measures

The following control measures must be in place:

- Parents/carers providing packed lunches and drinks must clearly label all items with the pupil's name
- Where meals are provided by the school, parents/carers of primary pupils must select the appropriate allergy menu option
- Secondary pupils should be supported and encouraged to check allergen information directly with catering staff before selecting food
- Pupils must not share food or drink under any circumstances.

Catering teams must implement controls to minimise cross-contamination, including:

- Separation of allergenic ingredients where possible
- Appropriate cleaning procedures (e.g. two-stage cleaning)

Staff involved in food handling must be trained to:

- Read and understand allergen labels
- Prevent cross-contamination during food preparation and service

Food in School Activities

- Food must not be given to primary-aged pupils with known allergies without prior parental agreement (e.g. birthday celebrations or food-based activities)
- All activities involving food (including cooking, science experiments, and events such as fetes or assemblies) must be risk assessed to ensure exposure to allergens is appropriately controlled

Appropriate cleaning procedures will be implemented across the school environment to reduce the risk of allergen exposure

Accountability

The Headteacher retains overall responsibility for ensuring that effective allergen management systems are in place, including where catering services are provided by an external contractor.
This includes ensuring compliance with ***HSG 32.4*** – Managing Allergens at Lunchtime (Primary Schools) and that appropriate monitoring and oversight arrangements are in place.

1.7 Allergy Awareness

While catering menus may be described as "nut-free", TWHF schools recognise that nuts are only one of many potential allergens. It is not possible to guarantee a completely allergen-free environment within a school setting.

The Trust therefore adopts an allergy-aware approach, focused on risk reduction, awareness, and the implementation of safe management practices.

TWHF schools are committed to fostering a culture of awareness, understanding, and shared responsibility. Pupils are supported, in an age-appropriate way, to develop knowledge of:

- Allergies
- Coeliac disease
- Food intolerances and to demonstrate empathy, respect, and consideration towards their peers.

The school promotes open and effective communication between:

- Staff
- Parents/carers
- Catering teams
- Relevant healthcare professionals

Regular reminders and awareness messages will be communicated to the school community to ensure that pupils with allergies and hypersensitivities are supported safely, consistently, and in a way that enables full inclusion in school life.

The school will communicate appropriate allergy awareness information to the wider school community, including pupils, parents/carers and visitors, where necessary to reduce risk and promote a safe environment.

1.8 Educational Visits

Trip leaders must ensure that allergies, anaphylaxis, and known triggers are fully considered as part of the visit risk assessment, and that appropriate control measures are in place to safeguard pupils. At least one additional member of staff should be aware of emergency procedures in case of absence.

Emergency medication must be readily available at all times throughout the visit.

A nominated, trained member of staff will be responsible for:

- Carrying emergency medication
- Administering medication where required

Where required medication is not available, a dynamic risk assessment must be undertaken. The visit must not proceed for the pupil unless it is safe to do so.

Planning and Risk Management

The Trust uses EVOLVE to manage and review all educational visits.

- All visits must be submitted, risk assessed, and approved through the EVOLVE system
- Trip leaders must ensure that allergy risks are clearly identified and appropriate control measures are implemented
- Trained Educational Visits Advisors are available to provide guidance on risk management, including medical and allergen control measures
- Trip leaders must seek advice through EVOLVE where there is any uncertainty regarding the safe management of pupils with medical needs

All activities must be risk assessed to determine whether they pose a risk to pupils with allergies. Where necessary, reasonable adjustments or alternative activities must be planned to support inclusion.

Residential and Higher-Risk Visits

- Overnight visits must be planned with additional consideration for pupils with allergies
- A meeting with parents/carers must take place in advance to discuss the pupil's medical needs and agree control measures
- Providers and venues must be informed in advance of any pupils with allergies
- Appropriate food provision must be confirmed prior to the visit where applicable

Sporting Fixtures and Excursions

Pupils with allergies should be supported to participate in sporting activities wherever possible.

The school will ensure that:

- Relevant staff (e.g. PE staff) are fully aware of the pupil's medical needs
- The host school or venue is informed of any allergies when arranging the fixture
- A trained member of staff accompanies pupils and has access to emergency medication at all times

- Where necessary, alternative food arrangements will be made, including pupils bringing their own food where appropriate.

1.9 Inclusion and safeguarding

The school is committed to ensuring that pupils with allergies are fully supported to participate safely and confidently in all aspects of school life. This includes educational activities, school visits, and extracurricular provision.

Appropriate measures will be put in place to manage risks associated with allergies while maintaining inclusion and promoting equality of opportunity.

The Trust recognises that allergies and anaphylaxis can present a serious and potentially life-threatening risk. Safeguarding arrangements will take into account the individual medical needs of pupils and ensure that appropriate controls and support systems are in place.

All staff must be aware of pupils with allergies and understand their role in maintaining a safe environment. This includes:

- Following risk assessments, Allergy Action Plans, and, where applicable, Individual Healthcare Plans (IHCPs)
- Adhering to control measures and agreed procedures
- Responding appropriately and without delay in the event of an allergic reaction

The school will work in partnership with parents, carers, and relevant professionals to ensure that:

- Appropriate support is in place
- Information is accurate and up to date
- A consistent approach to managing allergies is maintained

Any concerns regarding a pupil's safety in relation to allergies must be treated as a safeguarding matter and acted upon immediately in line with school safeguarding procedures.

Failure to adequately manage a pupil's allergy, including failure to follow this policy, may place a pupil at risk of harm and will be treated as a safeguarding concern.

The misuse of allergens, including the deliberate exposure of a pupil to a known allergen, will be treated as a serious safeguarding and behavioural matter and will be managed in line with the school's safeguarding and behaviour policies.

The school will monitor the implementation of this policy to ensure it is being followed consistently in practice

1.10 Limitations to this Policy

This policy sets out the general principles and procedures for managing allergies and anaphylaxis within the school environment. It cannot cover every individual circumstance that may arise.

Staff are expected to apply professional judgement in line with this policy, relevant risk assessments, the **BSACI Allergy Action Plan**, and, where applicable, Individual Healthcare Plans (IHCPs), to take all reasonable steps to ensure the safety of pupils, staff, and visitors.

Where there is any doubt regarding the safe management of a pupil's medical needs, advice must be sought from the Headteacher, appropriate senior staff, or the School Nursing Team before proceeding.

Nothing in this policy overrides the duty of care to act in the **best interests of the individual in an emergency**.

This policy will be reviewed every three years, or sooner in response to any significant incident, change in legislation, or updated national guidance.

1.11 Appendices

Forms

- HSF 32.1 BSACI Allergy Action Plan
- HSF 32.2 Mild Allergy / Undiagnosed Anaphylaxis Form
- HSF 32.3 Weekly Food Orders for the Kitchen – now an electronic form
- HSF 32.4 Letter to Parents About Allergies

Guidance

- HSG 32.1 Signs and Symptoms of an Allergic Reaction
- HSG 32.2 Adrenaline Auto Injectors in Schools
- HSG 32.3 The Allergy Fact Sheet For Parents
- HSG 32.4 Managing Allergens at Lunch Times - Primary's
- HSG 32.5 LACA Allergen Management Guidance
- HSG 32.6 LACA Special Diet Risk Analysis Process for Caterers
- HSG 32.7 Caterlink - Our Approach to Safe Allergen Management in Primary Schools
- HSG 32.8 Caterlink - Allergen and Special Diets Briefing Document
- HSG 32.9 Caterlink - Example Flow Chart and Risk Assessment

Risk Assessment

- GRA 32.1 Allergy Management Risk Assessment
- GRA 32.2 Allergy Management Risk Assessment for Individual Pupils

1.12 Changes

Version	Date	Page	Change
1.0	March 2025		Allergies and Anaphylaxis separated from the HSP 4 First Aid and Medications Policy. New Risk Assessments, Forms and Guidance produced.
1.1	Sept 2025	1.7	* PIF Schools have different catering teams and systems of service. These schools will still use the RED allergen children band and plate, however their colour system for food options thereafter may differ.
1.2	Sept 2026	Full review	The allergy policy has been updated to Version 1.2 for September 2026, incorporating "Benedict's Law" by strengthening staff accountability for allergic reactions and enhancing training requirements. Key changes include adopting the BSACI Allergy Action Plan as the standard, clarifying Individual Healthcare Plan (IHCP) requirements, and updating emergency protocols for pupil safety.
1.3	April 26	1.0 HSF 32.2	Rewritten BSACI - Mild Allergy - Undiagnosed Anaphylaxis Allergy Plan – Updated to Anaphylaxis UK version