The Lancaster SCHOOL

Allergy Safety Policy

September 2026

Compliant with Benedict's Law and the Allergy Safety in Schools statutory guidance (July 2026)

This policy is based on the Anaphylaxis UK model Allergy Safety Policy (July 2026), written and reviewed by Anaphylaxis UK in partnership with the Department for Education. Content is used with credit to Anaphylaxis UK.

Allergy Safety Policy

Person responsible for this policy and its implementation	Miss Naomi Haughton
Review frequency	Annually, or whenever an incident or near miss is experienced
Date approved	28.09.2026
Date of next review	September 2027
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school-related activity, and to ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies	Safeguarding; Behaviour; Anti-Bullying; Health and Safety; Supporting Pupils with Medical Conditions; Attendance

Introduction and Core Principles

In line with Benedict's Law, The Lancaster School is committed to providing a safe, inclusive and welcoming environment for all children, staff and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of contact with the allergen (for example, eating a trigger food), though they can occur several hours later (for example, allergy to mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30 minute window of opportunity during which steps can be taken to prevent death — therefore giving emergency adrenaline **immediately** and calling the emergency services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions — including anaphylaxis — are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

The Lancaster School has a whole-school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms, how to deal with allergic reactions, and that procedures are in place to minimise the risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy. It is important that coeliac disease and food intolerance are managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together — known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff, and an individual's asthma care plan needs to be included with their Individual Healthcare Plan. These conditions are not included in this allergy safety policy.

The Lancaster School understands that severe allergies are included in the Equality Act 2010. The Act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Emergency Treatment and Management of Anaphylaxis

What to look for

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body;
- a tingling or itchy feeling in the mouth;
- swelling of lips, face or eyes;
- stomach pain or vomiting;
- mild throat tightness;
- sudden change in behaviour.

These symptoms are treated with antihistamines.
More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** — swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing);
- **BREATHING** — sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough;
- **CIRCULATION** — dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.
As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action

- Keep the individual where they are, call for help and do not leave them unattended.

- **LIE THE INDIVIDUAL FLAT WITH LEGS RAISED** — they can be propped up if struggling to breathe, but this should be for as short a time as possible.
- **USE THE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh, or nasal devices into the nostril. Specific instructions vary by brand — always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If there is no improvement after 5 minutes, administer the second adrenaline device.
- If there are no signs of life, commence CPR.
- Call the parent/carer as soon as possible.

Whilst waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.
All individuals must go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual, and The Lancaster School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking area for the duration of the lesson when the pupil with the allergy is cooking. Blanket bans, especially of nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

The Lancaster School is allergy aware, ensuring that staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure, and have robust emergency response plans in place.

The Lancaster School completes a school-wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment includes:

- identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group, not just the pupil who has the allergy;
- conducting specific risk assessments to manage the risks of exposure to allergens for individuals when planning external visits or trips;
- identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff);
- identifying measures to manage the risks of exposure to a food allergen through food provided by the school;
- putting in place reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens;
- identifying non-food allergens within the environment and making adaptations to remove or reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, with hygiene measures after pupils have worked with the dog.

The Lancaster School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.
The Lancaster School will ensure that the risk of exposure is minimised by:

- all school staff receiving allergy training every year;
- educating pupils through awareness assemblies and within PSHE;
- educating the PTA about school expectations for allergy management;
- communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy, and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response;
- working closely with parents/carers and health professionals to understand the pupil's allergy;
- monitoring this policy to ensure that the agreed practices are implemented;
- establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

Food Provision and Catering

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

- ensuring the contract with the school catering company is compliant with the Food Standards Agency allergen management regulations;
- ensuring school caterers provide information on food allergens to parents/carers and have this available for pupils to check independently;
- providing pupils' allergen information to the caterers in a timely manner to ensure that pupils can eat safely;
- enabling parents/carers to liaise with the catering company;
- identifying pupils with allergies at the point of service by insert method of identification — e.g. photos in the dining hall, allergy champions; — two people must check that the correct meal is going to the correct child.
- ensuring 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 an allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as those from the school kitchen;
- teaching pupils not to food share, trade food, or share utensils or food containers — with the reasons why.

When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.
Where food is not directly provided by the school (for example, brought in as treats or to celebrate birthdays), parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.

These procedures apply to school-led breakfast and after-school provision. Where this is provided by a third party, The Lancaster School ensures that this policy is shared and the third-party provider meets the same procedures.

As best practice, PTA events will follow Food Standards Agency legislation for food labelling, creating allergen matrices as necessary. PTA members serving food will have a basic awareness of allergen management and will be signposted to free FSA training.

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

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from:

- school;
- the classroom;
- the lunch area;
- the playground;
- the sports field;
- visits and trips.

Serious anaphylaxis is a time-critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes, so if the adrenaline device cannot be with the pupil in the classroom, it will be stored in an appropriate central location that is unlocked and accessible at all times (including during wraparound care). Adrenaline devices must be stored at room temperature (in line with the manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare adrenaline devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

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

The Lancaster School holds: **a pair of 150-microgram devices (e.g. EpiPen, Jext 300) is the minimum for pupils over 6; spares are never more than 5 minutes away**

These are located next to: **Next to the staff toilet near school office, in the same location as the First Aid Box. Second set is removable for school trips but will be placed in the staff room.**

They are stored in **red** containers and labelled 'Emergency Anaphylaxis Kit'.

The **Allergy Lead** is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box, kept **in the archive room** or given to the paramedic. Adrenaline devices that are out of date, or where the adrenaline has degraded, will be taken to a pharmacy for disposal. In order to receive a sharps box, the school registers with the Local Authority, which will collect it.

In the event of an 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 pupil should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the pupil **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the pupil **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.

- If the pupil'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 whether they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. The Lancaster School obtains advance consent from parents for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Pupil self-management

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for, and to always carry, their own two adrenaline devices on them in a suitable bag/container **e.g. a red drawstring bag — consistency across the school is urged for ease of identification.**

Older pupils should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the pupil cannot.

Staff Training and Emergency Response

All staff — including teaching staff, support staff, catering staff and others who may oversee pupils, including at breakfast or after-school clubs — will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching and peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- allergy awareness, the risks it poses, how allergic reactions occur and how to manage them;
- that allergy includes multiple co-existing conditions: asthma, eczema, hay fever;
- understanding the difference between food allergy, intolerance and coeliac disease;
- that a pupil can be allergic to any food, not just the top 14 allergens;
- knowing the symptoms of allergic reactions and how to treat them;
- knowing the symptoms of anaphylaxis and how to treat it;
- how to locate and administer adrenaline or an asthma inhaler;
- training with all adrenaline device types, as a pupil may have different ones to the spare adrenaline;
- how to report an allergic reaction, including mild to moderate reactions, anaphylaxis, and near misses/incidents;
- understanding their responsibilities in risk reduction to ensure that pupils are prevented from coming into contact with their allergens;
- understanding the impact that allergy can have on a pupil's wellbeing;
- understanding the school's allergy safety policy;
- how to check if a pupil is on the register of those with a known allergy;
- how to use an allergy or asthma action plan.

Emergency preparedness

The Lancaster School will annually hold a practice response to anaphylaxis, review how the practice went, and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy, such as:

- how to find out who has an allergy;
- the storage of spare adrenaline;
- practice with adrenaline trainer devices.

The Lancaster School will communicate key messages regarding risk reduction leading up to festivals, trips and end-of-term celebrations.
During fire drills and lockdown practices, The Lancaster School will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Roles and Responsibilities

Allergy Lead and governing body

The governing body of the Forest Skies Federation is responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens, and sets out the emergency response plan for cases of anaphylaxis. The governing body monitors this policy, with it being a standing agenda item at meetings. The Lancaster School has a named governor who works closely with the Allergy Lead and reports to meetings.

The Lancaster School includes the risks pertaining to pupils and staff with allergy on the school's risk register.

The Lancaster School has a named member of the senior leadership team who is responsible for allergy safety, which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The Allergy Lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensuring that information is shared with staff and catering teams as soon as possible, but within two weeks of the pupil starting;
- holding a register of pupils and staff with allergies, including whether they hold adrenaline and whether they have an allergy action plan;
- ensuring that systems are robust for the identification of pupils at mealtimes;
- communication about: the policy; the pupils who are on the register of those with allergies; and the importance of recording and reporting near misses and incidents;
- communication with: governors, to provide updates about policy implementation; Health and Safety and Designated Safeguarding Leads, to keep allergy safety as part of their roles; outside agencies such as the Health and Safety Executive (HSE) if a report under RIDDOR is needed; the caterer, regarding kitchen procedures and the procedures for ensuring that pupils with allergies are provided with a safe meal; parents/carers, to enable them to input into Individual Healthcare Plans (IHPs) and to request allergy action plans when appropriate; and pupils, to develop an understanding of allergy through assemblies and workshops and participation in awareness days and weeks;
- spare adrenaline devices — making sure these are checked and in date, with replacements secured before the current ones expire;

- ensuring that IHPs are created and communicated;
- training — ensuring all staff receive annual training, that allergy is included in induction (even for short-term members of staff), and that all staff have the opportunity to practise with trainer adrenaline devices at least annually, but ideally a few times a year.

All staff

All staff are responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency;
- supporting the creation of pupils' IHPs;
- implementing pupils' IHPs;
- creating an inclusive curriculum;
- curriculum adaptation to minimise risks;
- completing risk assessments for curriculum activities involving food, trips and visits, including sporting events;
- building proactive relationships with parents/carers;
- reporting near misses and incidents.

Parents

Parents are responsible for:

- adhering to this policy;
- providing the school with the information it needs to create Individual Healthcare Plans;
- updating the school when reactions happen outside of school, or of any changes to the pupil's allergy and its management;
- ensuring that the pupil always has in-date medication with them at school.

Identification of Individuals with Allergies

Admissions data collection: The Lancaster School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions and treatment histories prior to admission e.g. via the admissions form and Arbor data collection.

Information sharing: UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary, in a controlled way, with teaching staff, support staff, supply cover and catering teams, while maintaining appropriate data privacy. This is done through Arbor (the school's management information system).

Transition: Allergy information and existing care plans are shared as part of a pupil's transition. The Lancaster School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. The Lancaster School works with parents/carers, and the pupil if appropriate, to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether staff have any allergies. If an allergy is declared, there will be a discussion and an action plan created to ensure that the member of staff has a safe working environment and this will be disclosed on their Arbor File.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the Allergy Lead will be notified and this information will be communicated as necessary to

ensure that the visitor or regular volunteer has a safe environment. This will be indicated on the InVentry System.

Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP, allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer, as this is the parental authority to administer medication, including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management; this could be annually or five-yearly. Parents/carers or the school need to update the photo of the pupil annually so that the pupil is recognisable.

Allergy action plans 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.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. They identify the exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school-owned documents that are co-created by the school, parents/carers and pupils. They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested from the school nursing service if needed.

Where a child has an allergy action plan and/or an asthma plan, this must be included with the IHP.

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

The Lancaster School will ensure that:

- pupils with an allergy action plan and/or an asthma plan have 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 are created whilst pupils are waiting for a diagnosis.

School Trips and External Visits

The Lancaster School ensures that pupils with allergies are fully included in every trip, sporting event and extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken, with control measures identified. In order to ensure that the pupil is safe and included, alternative activities will be planned where necessary. This includes the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication, including adrenaline devices, with them before

departure. Pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with the Allergy Lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The Lancaster School will provide additional spare adrenaline devices should the risk assessment for the trip deem it necessary to take them, ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

The Lancaster School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

Serious Incidents and "Near Misses"

The Lancaster School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

The Lancaster School is aware that, when an incident occurs, materials such as residues of food consumed or handled, or samples of fluids, may constitute evidence which may need to be seized and retained.

The Lancaster School uses CPOMS to record allergic reactions (incidents) and near misses (e.g. accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

The Lancaster School will share the report with the pupil's parents/carers, the pupil, and the individual involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons-learned review. The Lancaster School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

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.

Wellbeing and Support

At The Lancaster School, allergy safety is a priority, and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy can become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Birchwood Junior School:

- regularly communicates with pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks;
- includes allergy and anaphylaxis lessons during assembly and in PSHE;
- plans school celebrations, rewards and communal events inclusively from the outset to eliminate social isolation;
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management;
- understands that allergy bullying is extremely serious, and actively monitors, prevents and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints;

- promotes 'allergy champion' roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies; they can share feedback and support new joiners or anxious pupils;
- invites new joiners with allergies to have a tour of the kitchen and dining hall so they can meet staff and get used to the mealtime environment, which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall;
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available.

Safeguarding

The Lancaster School recognises that a safeguarding referral may be needed if an incident highlights concern that the child might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child's medical condition is not provided to the school, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable Practice

The Lancaster School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur, the school will follow its own procedures to identify and address this using staff conduct policies.

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

- preventing children from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example, prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child who becomes unwell to a school office or medical room without suitable supervision — in the case of an emergency or suspected emergency (for example, anaphylaxis), help should come to the child;
- penalising children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children from rewards for 100% attendance where their non-attendance is the result of a medical condition, and this is reflected in the school's attendance policy;
- requiring parents/carers (or otherwise making them feel obliged) to attend school to administer medication or provide medical support to their child;
- preventing children from participating, or creating unnecessary barriers to them participating, in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child.

Policy Review and Publication

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

Further Reading

Anaphylaxis UK — the one-stop shop for all school allergy needs: anaphylaxis.org.uk/education

Allergy UK: allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools (July 2026): gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools: assets.publishing.service.gov.uk

Spare Pens in Schools: sparepensinschools.uk

Benedict's Law: benedictblythe.com/benedicts-law · anaphylaxis.org.uk/education/benedicts-law

Allergy guidance for schools: gov.uk school food standards — allergy guidance

Allergen guidance for food businesses: gov.uk/government/publications/allergen-guidance-for-food-businesses

Statutory Duties

This policy is written with regard to:

- the duties under Section 34 of the Children's Wellbeing and Schools Act 2026, which place a requirement on LA-maintained schools, academies and PRUs to have allergy safety policies, publish them and keep them under review;
- the duty of care under Section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;
- the duties to safeguard and promote the welfare of pupils under Sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and the associated statutory guidance, Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;
- the duty of the employer under Section 2 of the Health and Safety at Work etc. Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
- the duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled;
- the Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years;
- the Early Years Foundation Stage (EYFS) statutory framework.