# Bowden House School

## Allergy Policy

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Agreed by the schools governing body and minuted at their meeting.

Agreed: Autumn Term 2026

Review date: Autumn Term 2027, or earlier after a serious incident or near miss

**Statement of intent**

Bowden House School recognises that allergic reactions can be unpredictable and that anaphylaxis is a time-critical medical emergency. The school is committed to providing a safe, inclusive environment in which pupils with allergies can access education, residential provision, meals, visits and the wider life of the school without avoidable restriction or disadvantage.

Allergy safety is a shared responsibility. The school will work in partnership with pupils, parents and carers, healthcare professionals, catering providers and staff to identify individual needs, reduce exposure to known allergens and ensure that emergency treatment is available without delay.

Bowden House School will maintain trained and allergy-aware staff, current healthcare and action plans, clear information-sharing arrangements, suitable catering controls and readily accessible emergency medication. The school will learn from incidents and near misses and will review its arrangements whenever improvement is required.

The school cannot guarantee an allergen-free environment. It will instead apply reasonable, proportionate and pupil-specific controls while promoting dignity, wellbeing, participation and independence.

## 1. Policy Aims

This policy aims to:

- reduce the risk of exposure to known allergens through reasonable, proportionate controls;
- identify pupils who need an Individual Healthcare Plan (IHP), Allergy Action Plan or other adjustments;
- make emergency medication rapidly available and ensure staff can respond without delay;
- maintain a whole-school culture of allergy awareness, inclusion and respectful behaviour;
- record and learn from allergic reactions, serious incidents and near misses; and
- meet the needs of pupils without creating a false claim that the school is completely allergen-free.

### 1.1 Scope

This policy applies whenever Bowden House School is responsible for a pupil, including the school day, residential periods, school-arranged transport, educational visits, sporting

activities and work-related learning. It also explains the arrangements relevant to staff and visitors who experience an allergic reaction on site.

## 2. Legislation and Guidance

This policy has been prepared with reference to the following current requirements and guidance:

- Department for Education: Allergy safety in schools - statutory guidance (July 2026)
- Department for Education: Allergy safety policy template (2026)
- Department of Health and Social Care: Using emergency adrenaline auto-injectors in schools
- MHRA: Adrenaline auto-injectors - guidance and resources for safe use
- Children and Families Act 2014, section 100
- Human Medicines (Amendment) Regulations 2017
- Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019

This policy reflects the allergy-safety requirements introduced by section 34 of the Children's Wellbeing and Schools Act 2026, commonly referred to as "Benedict's Law", and the Department for Education's statutory guidance, *Allergy safety in schools*.

## 3. Definitions

| Term | Meaning in this policy |
|---|---|
| Allergy | An immune-system response to a substance that is normally harmless to most people. |
| Allergen | A substance capable of triggering an allergic reaction. Examples include foods, medicines, insect venom, latex, pollen and animal dander. |
| Anaphylaxis | A severe, potentially life-threatening allergic reaction requiring immediate treatment with adrenaline and an emergency ambulance. |
| Adrenaline device (AD) | A prescribed or spare device used to administer adrenaline, including an adrenaline auto-injector (AAI). |
| Allergy Action Plan | A healthcare-professional plan describing a person's allergens, symptoms and emergency treatment. |
| Near miss | An event that did not cause harm but had clear potential to cause a serious allergic incident. |

## 4. Roles and Responsibilities

4.1 Governing Body

- appoints a named governor to oversee allergy safety;
- ensures the school has, publishes and implements this policy;
- seeks assurance that allergy risks, staffing, training, catering controls and emergency arrangements are actively managed; and
- reviews serious incidents and significant near misses through the school's governance arrangements.

4.2 Headteacher

- holds overall responsibility for implementation and resources;
- appoints a named Allergy Safety Lead from the senior leadership team;
- decides, with parents/carers, the pupil and relevant healthcare professionals, whether an IHP is required; and
- signs requests to a pharmacy for the school's spare AAIs and ensures business-continuity arrangements are in place.

4.3 Allergy Safety Lead

The named Allergy Safety Lead is: Alex Tytgat (Head of School) for Bowden Primary and Neil Wells (Headteacher) for Bowden House.

implements and reviews this policy and ensures it is published;

- maintains an accurate allergy register and ensures required IHPs and action plans are current;
- coordinates annual training, induction, briefings and emergency drills;
- ensures relevant staff receive the information they need before teaching, supervising, transporting, catering for or taking a pupil off site;
- confirms that the main-school front-office kit and the separate Bowden Primary kit are correctly stocked, checked and accessible at all pupil-occupied times;
- reviews risk assessments, incidents and near misses and shares learning; and
- reports compliance and significant risks to the Headteacher and Governing Body. 4.4 AAI coordinators

At least two named staff members will be appointed and recorded on the front-office emergency kit checklist. Their roles should normally include the First Aid Lead and a second nominated office, pastoral or residential staff member.

- check the kit at least monthly and after every use or suspected fault;
- record brand, dose, batch number, expiry dates, solution condition and kit completeness;
- arrange replacement before expiry and immediately after use, damage or misfire;
- ensure expired or used devices are disposed of safely; and
- escalate any missing device or access problem immediately to the Allergy Safety Lead.

4.5 All staff, including residential, transport and visiting staff

- complete required allergy awareness and emergency-response training;
- know the pupils in their care who have allergies, the location of their plans and medication, and the location of the relevant spare kit;
- follow IHPs, Allergy Action Plans, risk assessments and food-safety controls;
- never delay adrenaline or emergency assistance while trying to contact a parent/carer or senior leader;
- protect pupils' dignity and challenge allergy-related bullying or unsafe behaviour; and
- report every reaction, medication use, access failure and near miss promptly.

4.6 Catering staff and food providers

- comply with allergen-information and food-safety requirements;
- use current recipes, labels and allergen records and communicate substitutions before service;
- prevent cross-contact through suitable storage, cleaning, preparation, utensils and service arrangements;
- identify pupils requiring special dietary provision without publicly disclosing unnecessary medical information; and
- stop service and seek advice where ingredients or allergen status cannot be confirmed.

4.7 Parents and carers

- provide accurate and current information about allergies, asthma, medication and previous reactions;
- provide two in-date prescribed adrenaline devices where these have been prescribed, together with an up-to-date Allergy Action Plan;

- replace prescribed medication before expiry and notify the school immediately of any change;
- engage in IHP and risk-assessment reviews; and
- follow school arrangements for food brought onto the site or supplied for events.

4.8 Pupils

Pupils will be supported, in a way appropriate to their age, communication and understanding, to know their allergens, avoid unsafe sharing of food or equipment, tell an adult if symptoms begin, carry and use prescribed medication where assessed as safe, and respect the safety needs of others.

## 5. Identifying and planning for allergy

5.1 Identification and register

- Allergy and asthma information will be requested before admission and updated at least annually and whenever circumstances change.
- New information received mid-year will be acted on without waiting for the annual update.
- The school will maintain a confidential allergy register showing the pupil's photograph where consented, allergens, symptoms, prescribed medicines and doses, consent status, medication location, dietary controls and emergency contacts.
- Relevant staff will have rapid access to the information they need. A current emergency summary will be available in the front office and other food or care locations where the risk assessment identifies a need.
- Staff and planned visitors will be invited to disclose allergies relevant to their safety while on site. Contractors with no pupil-facing role will receive proportionate emergency information.

5.2 Individual Healthcare Plans and action plans

An IHP will be considered where an allergy has a functional impact in school, creates a risk of harm, or requires arrangements additional to or different from those ordinarily available. A formal diagnosis is not an absolute precondition where symptoms and risk require support.

- Plans will be developed with the pupil, parents/carers and relevant healthcare professionals and put in place as quickly as possible, normally within two weeks of the need being identified or by the start of the relevant term.

- Pupils with a known food or insect-sting allergy should have an Allergy Action Plan issued or endorsed by a healthcare professional; pupils with asthma should have an Asthma Action Plan.
- Plans will state triggers, symptoms, medication, dose, consent, storage, self-carry arrangements, dietary controls, emergency actions, trips and reasonable adjustments.
- Plans will be reviewed at least annually and following any change, reaction, serious incident or significant near miss.

## 6. Risk assessment and risk reduction

The school will take reasonable, proportionate steps to reduce exposure to known allergens. Controls will be personalised; the school will not describe itself as “allergen-free” because complete elimination cannot be guaranteed.

### 6.1 Activities requiring specific consideration

- food technology, cooking, tasting, celebrations and fundraising;
- science, art, craft, vocational and sensory activities involving food, latex, animals, plants or chemicals;
- school meals, snacks, breakfast, residential meals and independent-living activities;
- visitors, therapy animals, guide dogs, gardening and outdoor activities;
- school transport, sports, work experience, trips and overnight stays; and
- changes to a pupil’s condition, medication, staffing, room, menu or timetable.

### 6.2 General controls

- hands are washed with soap and water before and after eating and food activities; hand sanitiser is not treated as a substitute for allergen removal;
- food, drinks, bottles, containers and utensils are not shared where this could create risk;
- surfaces and equipment are cleaned effectively before and after food use;
- known allergens are excluded from a pupil’s activity where required by their plan and safer alternatives are provided;
- food brought from home or supplied for events is managed through prior approval and clear ingredient information;
- medication accompanies the pupil when they move around the site or take part in activities where the plan requires it; and
- risk controls are communicated during staff handovers, including education-to-residential and transport handovers.

## 7. Responding to an allergic reaction or anaphylaxis

**Act immediately**

**If anaphylaxis is suspected, use adrenaline without delay - even if there is doubt about the severity. Do not wait for a senior member of staff, parent/carer or ambulance before administering adrenaline.**

### 7.1 Possible signs

Anaphylaxis may involve airway, breathing or circulation problems and can develop rapidly. Warning signs can include swelling of the throat or tongue, difficulty swallowing, a hoarse voice, wheezing, persistent cough, breathing difficulty, dizziness, collapse, confusion, marked tiredness or loss of consciousness. Skin symptoms may be absent.

### 7.2 Emergency procedure

| Step | Emergency action |
|---|---|
| 1 | Call for help and bring the pupil's prescribed adrenaline devices and the nearest appropriate school emergency anaphylaxis kit to the person. Do not move the person to the medication. |
| 2 | Lay the person flat with legs raised. If breathing is difficult, allow them to sit up gently. Do not allow them to stand or walk and do not change position suddenly. |
| 3 | Administer the person's prescribed adrenaline device immediately. If it is unavailable, has misfired, or the person has no prescribed device, use a correctly dosed spare EpiPen from the school kit. |
| 4 | Call 999 immediately after giving adrenaline. State "anaphylaxis", give the school address and location, and follow the call handler's instructions. |
| 5 | Note the time. If symptoms have not improved after five minutes, administer the second adrenaline auto-injector. |
| 6 | Keep the person under continuous supervision. Send a member of staff to direct the ambulance. Provide the action plan, used device(s) and relevant information to paramedics. |
| 7 | Contact parents/carers and the Allergy Safety Lead after emergency treatment and the 999 call are underway. The person must be assessed by emergency medical services even if they appear to recover. |

For a mild reaction without signs of anaphylaxis, staff will follow the individual's Allergy Action Plan and administer the medication specified in that plan. The person will be monitored closely because symptoms can progress.

## 8. Adrenaline devices and emergency medicines

8.1 Prescribed devices

- Pupils prescribed adrenaline should have rapid access to both prescribed devices at all times, including journeys, meals, recreation, residential periods and trips.
- Where a pupil can safely self-carry, this will be recorded in the IHP. A second device may be held in a named, unlocked, rapidly accessible location if the plan requires it.
- Where self-carry is not appropriate, both devices will be stored in a clearly labelled, unlocked location identified in the IHP and capable of being brought to the pupil within five minutes.
- Medication will be stored at room temperature, away from direct sunlight and extremes of heat, in accordance with the manufacturer's instructions.
- A copy of the current Allergy Action Plan will be kept with the pupil's medication.

8.2 Bowden House and Bowden Primary spare EpiPen kits

Bowden House School keeps a school-owned emergency anaphylaxis kit containing two spare EpiPen AAIs in the business managers office medical cabinet, here are also 2 AAIs in the medical room in the residential block. Bowden Primary keeps a separate emergency kit containing two spare EpiPen AAIs in each classroom's first aid kit. "EpiPen" is the brand currently specified for both kits; the school will use one brand where practicable to reduce confusion and will provide training that matches the stocked device.

- two in-date EpiPen AAIs of the appropriate dose, stored as a pair; the brand, dose, batch number and expiry date will be recorded for each kit;
- manufacturer instructions and the school's emergency anaphylaxis procedure;
- a monthly check record showing dose, batch numbers, expiry dates and checker initials;
- the current list of pupils with known allergy and prescribed dose, accessible only to staff who need it;
- arrangements for safe disposal and immediate replacement after use or expiry; and
- an emergency asthma inhaler and spacers where separately authorised and managed under the school's asthma/medicines arrangements.

Both kits will be clearly labelled, readily accessible to staff, not locked away, protected from direct sunlight and temperature extremes, and positioned out of pupils' unsupervised reach. The main front-office kit must be accessible whenever pupils are on site, including residential periods. Any out-of-hours office-security arrangement must preserve immediate staff access. The Bowden Primary kit must be available throughout all times when Primary pupils are present.

The Allergy Safety Lead will complete and record a timed accessibility test for both kits at least annually and after material site or security changes. If a pair of AAIs cannot be brought to any pupil-occupied part of the relevant provision within five minutes, an additional pair will be placed in a further safe, central and unlocked location. Each occupied site must have suitable spare provision.

8.3 When the spare devices may be used

- for suspected anaphylaxis where the person has no prescribed adrenaline device;
- where the person's prescribed device is not immediately available, is damaged, empty, expired or misfires; or
- where a person prescribed nasal adrenaline does not have it available and emergency injectable adrenaline is required.

Prior consent is not legally required before a school spare AAI is used to save a life. The school will seek advance consent as good practice, but staff must not delay emergency treatment to check consent.

8.4 Checks, replacement and disposal

- Two named AAI coordinators will check each kit monthly, following any use and before major off-site or holiday periods.
- Replacement will be arranged early enough to avoid a gap in cover. Used, expired, damaged or discoloured devices will be quarantined safely and replaced without delay.
- Used devices will be given to ambulance staff where possible or disposed of through a pharmacy or approved sharps route in accordance with the manufacturer's instructions. They will never be placed in general waste.
- A suspected defective device will be retained safely and reported through the MHRA Yellow Card scheme after emergency needs have been met.

8.5 Off-site use

A pupil at risk of anaphylaxis must take both prescribed devices on trips and off-site activities. A trained member of staff will be present. The trip risk assessment will decide whether a separate pair of school spare AAIs should be taken. Removing the only school pair is not permitted if this would leave pupils remaining on site without emergency cover.

## 9. Food, catering and allergen information

The school will provide clear allergen information and safe, suitable food arrangements for pupils with allergies. The 14 regulated allergens will be identified in accordance with current food-information requirements, while recognising that a person may be allergic to substances outside that list.

- current dietary and allergy information is provided securely to catering staff before food is prepared or served;
- menus, recipes and ingredient labels are checked and substitutions are communicated and rechecked;
- food for a pupil with allergy is clearly identified and protected from cross-contact during storage, preparation and service;
- staff will not guess where allergen information is missing; the food will not be served until its status is confirmed;
- pupils are supported to make safe choices without being isolated or unnecessarily restricted; and
- allergen-related food-safety concerns are escalated immediately to the catering lead and Allergy Safety Lead.

## 10. Educational visits, transport and residential provision

No pupil will be excluded from a visit, journey, activity or residential experience solely because of allergy where reasonable adjustments can make participation safe.

- the pupil's IHP and Allergy Action Plan will inform a specific risk assessment;
- venues, accommodation, transport providers and food providers will receive necessary information in advance, and their controls will be checked;
- both prescribed adrenaline devices and other required medication will travel with the pupil and not be stored in inaccessible luggage;
- a trained adult will be identified, staff will know the emergency address/location, mobile coverage and how to summon help;
- overnight and residential handovers will confirm medication location, expiry, food arrangements and emergency responsibilities;
- pupils remaining at school will not be left without the school's spare AAI cover when a trip takes a spare pair off site; and
- where emergency-service response may be delayed, the risk assessment will seek clinical advice and strengthen controls.

## 11. Training and awareness

All staff expected to be present while pupils are on site will receive allergy awareness and emergency-response training at least annually. This includes education, pastoral, residential, office, catering, transport, temporary, supply, agency and regular volunteer staff. New starters will be trained through induction before taking unsupervised responsibility for pupils.

- the nature of allergy and the difference between food allergy, intolerance and coeliac disease;
- common and pupil-specific triggers and how to reduce exposure;
- recognition of mild reactions and anaphylaxis, including reactions without skin symptoms;
- the emergency procedure, body positioning, calling 999 and use of a second dose after five minutes if there is no improvement;
- location and access arrangements for prescribed medication, the main-school front-office spare EpiPen kit and the separate Bowden Primary kit;
- practical use of a training auto-injector matching the stocked brand;
- use of IHPs and Allergy/Asthma Action Plans, confidentiality and information sharing;
- wellbeing, inclusion, bullying and incident/near-miss reporting; and
- the distinct consent rules applying to spare AAIs and emergency asthma inhalers.

The school will run and record an anaphylaxis response drill at least annually. Supply and cover staff will receive a concise emergency briefing before deployment and will be directed to the policy, pupil information and medication locations.

**12. Wellbeing, inclusion and bullying**

The school recognises that allergy may affect confidence, attendance, participation, eating and emotional wellbeing. Staff will listen to pupils and parents/carers, provide proportionate reassurance and avoid arrangements that stigmatise or unnecessarily isolate a pupil.

- regular check-ins through the pupil's pastoral or key-work arrangements where needed;
- reasonable adjustments to meals, lessons, activities and transitions;
- prompt challenge of teasing, deliberate allergen exposure, threats, unsafe food sharing or interference with medication;
- response to bullying in accordance with the Behaviour and Relationships Policy and safeguarding procedures; and
- support for the affected pupil, family, staff and witnesses following an incident or near miss.

**13. Monitoring and Review**

The school recognises that allergy may affect confidence, attendance, participation, eating and emotional wellbeing. Staff will listen to pupils and parents/carers, provide proportionate reassurance and avoid arrangements that stigmatise or unnecessarily isolate a pupil.

- regular check-ins through the pupil's pastoral or key-work arrangements where needed;

- reasonable adjustments to meals, lessons, activities and transitions;
- prompt challenge of teasing, deliberate allergen exposure, threats, unsafe food sharing or interference with medication;
- response to bullying in accordance with the Behaviour and Relationships Policy and safeguarding procedures; and
- support for the affected pupil, family, staff and witnesses following an incident or near miss.

**14. Information sharing and confidentiality**

Health information is special category personal data. The school will share the minimum necessary information with staff, caterers, transport providers, trip venues and emergency responders where this is required to keep the pupil safe, and will handle records in accordance with the Data Protection Policy and applicable data-protection law.

- parents/carers and pupils will be told how relevant information will be used and shared;
- photographs and emergency summaries will be used only where necessary and with an appropriate lawful basis and consent where required;
- pupil information will not be displayed publicly or discussed with people who do not need to know; and
- handover arrangements will ensure that relevant information follows the pupil across education, residential care, transport and off-site provision.

**15. Serious incidents and near misses**

A serious incident includes an allergy-related event causing harm or immediate and significant risk of harm, including any event requiring adrenaline, urgent clinical intervention or emergency services. A near miss is an error, omission or system failure that could reasonably have caused such harm.

14.1 Immediate recording and notification

- record who was affected; the date, time and place; symptoms; suspected trigger; actions and timings; medication and device details; 999 call; outcome; and witnesses;
- inform the Allergy Safety Lead and Headteacher as soon as the emergency is controlled;
- notify parents/carers as soon as possible. For a pupil aged 16 or over, involve the young person in decisions about wider family communication unless safeguarding or another lawful reason requires otherwise;
- invite the pupil and parents/carers to contribute information, including delayed reactions identified after leaving school; and

- make any external report required by the circumstances, including RIDDOR, food-safety or safeguarding notifications where the relevant legal threshold is met.

14.2 Learning review

The school will use a fair, learning-focused review to establish what happened, why controls did or did not work, and what must change. The review will consider this policy, the pupil's IHP/action plan, training, staffing, catering, communication, device access and emergency response. Actions will have a named owner and completion date and will be shared with relevant staff and governors.

**16. Monitoring, review and publication**

- The Allergy Safety Lead will monitor training completion, IHP/action-plan currency, monthly kit checks, timed access tests, incidents, near misses and actions.
- The policy will be reviewed at least annually and sooner after a serious incident, significant near miss, material change in guidance, site arrangements or pupil needs.
- The Governing Body will approve the policy and receive assurance on implementation.
- The current policy will be published on the school website, included in staff induction and made available in hard copy on request.

**17. Related Policies**

- Supporting Pupils with Medical Conditions / Medicines Administration Policy
- Health and Safety Policy
- Behaviour and Relationships / Anti-Bullying Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- First Aid Policy
- Food Safety / School Food arrangements
- Data Protection Policy and Records Retention Schedule
- Risk Assessment Policy

**Appendix A: Emergency anaphylaxis response**

**ANAPHYLAXIS IS A MEDICAL EMERGENCY**

Give adrenaline first. Call 999 immediately afterwards. Say “anaphylaxis”. Do not make the person stand or walk.

**1. Call for help and bring the pupil’s prescribed adrenaline devices and the nearest appropriate school emergency anaphylaxis kit to the person. Do not move the person to the medication.**

**2. Lay the person flat with legs raised. If breathing is difficult, allow them to sit up gently. Do not allow them to stand or walk and do not change position suddenly.**

**3. Administer the person’s prescribed adrenaline device immediately. If it is unavailable, has misfired, or the person has no prescribed device, use a correctly dosed spare EpiPen from the school kit.**

**4. Call 999 immediately after giving adrenaline. State “anaphylaxis”, give the school address and location, and follow the call handler’s instructions.**

**5. Note the time. If symptoms have not improved after five minutes, administer the second adrenaline auto-injector.**

**6. Keep the person under continuous supervision. Send a member of staff to direct the ambulance. Provide the action plan, used device(s) and relevant information to paramedics.**

**7. Contact parents/carers and the Allergy Safety Lead after emergency treatment and the 999 call are underway. The person must be assessed by emergency medical services even if they appear to recover.**

**Main School: Two spare EpiPen auto-injectors are stored in the emergency kit in the front office managers office in the medical cabinet.**

**Residential Building: Two spare EpiPen auto-injectors are stored in the medical room.**

**Bowden Primary: Two spare EpiPen auto-injectors are stored in each classroom’s first-aid kit.**

**Each kit must contain the correct recorded dose, clear instructions for use and an up-to-date checking record. The kits must remain unlocked and readily accessible to staff whenever the pupils they cover are on site.**

**Appendix B: Monthly spare AAI check**

Complete at least monthly, after every use, and whenever the kit is moved or opened unexpectedly. Escalate and remedy any failed check immediately.

| Check | Device 1 | Device 2 | Action / initials |
|---|---|---|---|
| Brand and dose | | | |
| Batch number | | | |
| Expiry date | | | |
| Device/packaging undamaged | | | |
| Viewing window/solution acceptable where visible | | | |
| Instructions present | | | |
| Kit clearly labelled and unlocked | | | |
| Storage temperature/location suitable | | | |
| Register and emergency procedure current | | | |
| Replacement required by | | | |

| | | | |
|---|---|---|---|
| **Date checked** | | **Checker** | |
| **Second checker/reviewer** | | **Next check due** | |
| **Access test completed?** | Yes / No | **Time to furthest point** | ____ min ____ sec |