ALLERGY POLICY

Last Review:	October 2026
Committee:	PSW
Date Ratified:	10.11.2026

1. Rationale

1.1 Oldfield School is committed to ensuring that all students with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

1.2 An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis. Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs. Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

1.3 It is possible to be allergic to anything which contains a protein, however most students will react to a fairly small group of potent allergens. Common UK allergens include (but are not limited to): Peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

1.4 The school recognises that ineffective management of allergies and anaphylaxis may place students at risk of significant harm. Allergy management therefore forms part of the school's wider safeguarding responsibilities.

1.5 The Allergies Policy is drawn up in consultation with a wide range of key stakeholders within the school and health settings and should be used in conjunction with other relevant policies, such as the Medical Conditions, Health and Safety, Safeguarding and Equalities policies.

1.6 The school will make reasonable adjustments to ensure students with allergies are able to access all aspects of school life and are not placed at a substantial disadvantage.

2. Communication Plan

2.1 The Allergies Policy is supported by a clear communication plan for staff, parents students and other key stakeholders to ensure its full implementation.

2.2 Students are informed and regularly reminded about the allergies policy

- in personal, social and health education
- through school-wide communication

2.3 Parents are informed and regularly reminded about Allergies policy:

- by referencing Medical Conditions including those with allergies and Healthcare Plans in the Essential Information document for parents;
- in the school newsletter;
- when their students are enrolled as a new student parents/carers are asked to declare whether their student has an allergy and complete an IHP and/or BSACI Allergy Action Plan.
- via the policy which is on the school's website;
- through school-wide communication.

2.4 School staff are informed and regularly reminded about the allergies policy:

- at scheduled allergies training which is held annually;
- through school-wide communication e.g. staff bulletin, email, network shared documents.
- allergy information and BSACI Allergy Action Plan or IHPs which have been received are available on a child's record on SIMS and should be taken on trips and visits.

3. Roles and Responsibilities

3.1. The roles and responsibilities for parents, staff and students are outlined in **Appendix 2** of this policy.

3.2 **Allergy Safety Leads:** The School's Designated Allergy Safety Lead is:

- S. Mills, Assistant Headteacher (Inclusion) s.mills@oldfieldschool.com

They are responsible for:

- overseeing the allergy register
- coordinating training
- monitoring Healthcare Plans / Allergy Action Plans
- ensuring the school is complying to national guidance such as ensuring there are spare AAIs in school
- reviewing incidents and near misses.

3.3 The Governing Body will ensure appropriate arrangements are in place to support students with allergies and anaphylaxis, including appropriate policies, risk assessments, staff training and monitoring arrangements. Governors will receive periodic reports on allergy incidents, use of AAIs and significant near misses.

3.4 The Allergy Safety Lead will undertake an annual audit of allergy management arrangements and report findings to the Governing Body.

4. Allergy Action Plans

4.1 Students at risk of anaphylaxis will have either an Individual Healthcare Plan (IHP), and/or a BSACI Allergy Action Plan. Allergy Action Plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

4.2 Where possible the School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

4.3 It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4.4. The School maintains a central Allergy Register on SIMS (the School's MIS System) which is reviewed at least termly and whenever a new diagnosis is reported. This information is available to all staff via SIMS and also regularly highlighted through staff briefings.

4.5 Individual Healthcare Plans will be reviewed at least annually, and sooner following any allergic reaction, change in treatment, change in diagnosis, or at parental request.

5. Emergency Treatment and Management of Anaphylaxis

5.1. **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.

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.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

5.2. 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.

5.3. If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds. What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

5.4. **Action:**

- Keep the student where they are, call for help and do not leave them unattended.
- **LIE STUDENTFLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR (AAI) WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.
- Whilst you are waiting for the ambulance, keep the student 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.

5.5. All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5.6. Following the administration of an AAI, a written record will be completed as soon as practicable and retained in accordance with the school's record retention procedures.

6. Supply, storage and care of medication

6.1. Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times (in a suitable bag/container) where prescribed.

6.2. For those students not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. This is held at reception.

6.3. Medication should be stored in a suitable container and clearly labelled with the student's name. The student's medication storage container should contain:

- Two prescribed adrenaline auto-injectors (for example EpiPen® or Jext®).
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

6.4. It is the responsibility of the student's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

6.5. Parents can subscribe to expiry alerts for the relevant AAIs their student is prescribed, to make sure they can get replacement devices in good time.

6.6. **Older children and medication**

Older children and teenagers 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 student cannot.

6.7. **Storage**

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

6.8. **Disposal**

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. The sharps bin is kept in the medical room.

7. Spare adrenaline auto-injectors in school

7.1. The School has purchased spare AAIs for emergency use in children who are at risk of anaphylaxis**,** but their own devices are not available or not working (e.g. because they are out of date).

7.2. These are stored in clearly marked emergency anaphylaxis kit which is a green colour pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

7.3. The School holds 3 spare pens which are kept in the following location/s:-

- Reception
- Penn 6th Form Office
- Hemmings Office

7.4. The First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

7.5. If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

8. Staff Training

8.1. All staff will complete online anaphylaxis training at the start of every new academic year.

8.2. Training will also be undertaken as part of the induction process for any new members of staff throughout the academic year.

8.3. All staff present during times when students are scheduled to be on site will receive allergy awareness training. This includes all teaching and support staff, supply and trainee teachers, peripatetic staff and regular volunteers. It also includes catering staff and others who may oversee children and young people at breakfast or after school clubs.

8.4. **Training includes:**

- Having an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understanding that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understanding the differences between food allergy, coeliac disease and food intolerance;
- Knowing where to find information on allergy triggers;
- Being able to identify the range of symptoms of allergic reactions;
- Understanding and recognising anaphylaxis;
- Knowing how to respond in an emergency, including:
  - calling emergency services and informing parents;
  - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
  - training on how to use the medication/device in an emergency (whether prescribed to a

given person or a school's "spare" adrenaline devices);

- Understanding the impact allergy can have on a student's wellbeing;
- Understanding the School's allergy policy;
- Knowing how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understanding their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understanding how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

8.5. A practical session using trainer devices will be delivered alongside the support of the School Nursing Service annually, where possible.

8.6. Where school premises are used by external organisations, community groups, contractors or lettings users, the school will communicate relevant allergy procedures and expectations where appropriate.

9. Catering

9.1. All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

9.2. The annual school menu is available for parents to view on the website with all ingredients listed and allergens highlighted on the school website at https://www.oldfieldschool.com/parent-area/school-information/catering/

9.3. The school adheres to the following Department of Health guidance recommendations:

- The School encourages that parents of students with food allergies clearly label the bottles, other drinks and lunch boxes with the name of the student for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The student should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, the staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

10.1 No student will be excluded from an educational visit solely due to an allergy. Appropriate risk assessments and reasonable adjustments will be considered to facilitate safe participation wherever reasonably practicable.

10.2 Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. The school will work with parents to ensure medication is available and will seek reasonable adjustments wherever possible to enable participation.

10.3 All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

10.4 Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged where possible. Staff at the venue for an overnight school trip should be briefed early on that an allergic student is attending and will need appropriate food (if provided by the venue).

10.5 **Sporting Excursions**

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will
arrange for the student to take alternative/their own food.

10.6 Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

10.7 **Transition Arrangements**

The school will seek allergy and medical information prior to admission wherever possible. Meetings may be arranged with parents/carers, previous settings and healthcare professionals to ensure appropriate support, risk assessments and training are in place before a student starts at school.

11. Allergy awareness and nut bans

11.1. The School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect students, and no school could guarantee a truly allergen free environment for a student living with food allergy. It is not possible to guarantee and enforce a nut free zone, as staff cannot monitor all lunches and snacks brought in from home. A free from environment creates a false sense of security and does not safely prepare children for environments where nuts may be present.

11.2. **Food Treats**

Many teachers use food treats to reward children when they have achieved something. Staff will be mindful that If they have a student with food allergies in their class/classroom, they will avoid using food treats where possible however if they do decide to use food treats, they will make sure that they offer treats that do not contain any of the allergens that children in their care are allergic to.

11.3. The School follows Anaphylaxis UK's advice to adopt a culture of allergy awareness and education. This is a 'whole school awareness of allergies' which aims to ensure that staff and students are aware of what allergies are, the importance of avoiding the students' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

11.4. The School recognises that severe allergies may impact a student's emotional wellbeing, confidence and participation in school life. Appropriate pastoral support will be offered where required.

12. Individual Risk Assessments

12.1. School will conduct, if appropriate to do so, a detailed individual risk assessment for all new starters with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

12.2. If there is a deterioration in the student's condition, which may affect their attendance at school, a Medical Action Plan may also be drawn up to support the student's individual needs alongside their IHP and BSACI Allergy Action Plan if appropriate.

12.3. Any allergic reaction, administration of medication, accidental exposure or near miss must be reported to the Allergy Safety Lead and recorded on the school's incident reporting system.

13. Near-Miss Reporting and Learning

13.1 Definition of a Near Miss

A near miss is any incident involving an allergen, medication, or allergy management procedure that could have resulted in an allergic reaction, injury, or harm to a student, but where no adverse outcome occurred. Examples include:

- A student being given food containing a known allergen before the error is identified.
- Incorrect labelling of food or ingredients.
- Failure to have an adrenaline auto-injector (AAI) readily available when required.
- Administration or attempted administration of medication to the wrong student.
- A student accessing food containing an allergen without consuming it.
- Failure to communicate allergy information during trips, visits, events, or catering activities.

13.2 Reporting Near Misses

All staff are responsible for reporting allergy-related near misses promptly to the Assistant Headteacher: Inclusion who will then inform the Headteacher and First Aiders.
Reports should be made as soon as possible using the school's incident reporting procedures and should include:

- Date, time, and location of the incident.
- Individuals involved.
- Description of the event.
- Immediate actions taken.
- Recommendations to reduce future risk.

13.3 Investigation and Learning

All reported near misses will be reviewed by the school to identify contributory factors and opportunities for improvement. This may include:

- Reviewing risk assessments and Individual Healthcare Plans (IHPs).
- Updating procedures or control measures.
- Providing additional staff training where required.
- Reviewing catering, food handling, supervision, or communication arrangements.
- Sharing anonymised learning points with relevant staff.

13.4 Monitoring and Review

The school will maintain a record of allergy-related incidents and near misses. Trends and recurring themes will be monitored to support continuous improvement in allergy management and student safety. Significant findings will be reported to governors as appropriate. Following any episode of anaphylaxis or significant allergic reaction, the school will conduct a review involving relevant staff and parents to identify lessons learned and any changes required. Any changes required will be shared with all appropriate staff and if required additional staff training will be undertaken.

13.5 Culture of Reporting

The school promotes a positive safety culture in which staff are encouraged to report concerns, incidents, and near misses without fear of blame. The purpose of reporting is to improve safety, strengthen procedures, and prevent future allergic reactions and medical emergencies.

14. Inclusion, Equality and Reasonable Adjustments

14.1 The school is committed to ensuring that students with allergies and those at risk of anaphylaxis can participate fully and safely in all aspects of school life. The school will promote an inclusive environment that supports students' health, wellbeing, dignity and independence.

14.2 The school recognises its duties under the Equality Act 2010 and acknowledges that, in some cases, severe allergies may constitute a disability. Where this applies, the school will make reasonable adjustments to ensure that students are not placed at a substantial disadvantage compared with their peers.

14.3 Reasonable adjustments may include, but are not limited to:

- Individual Healthcare Plans (IHPs) tailored to the student's needs.
- Adaptations to classroom activities, educational visits, enrichment activities and residential trips.
- Appropriate arrangements for catering, food preparation and food-related activities.
- Safe storage and accessibility of prescribed medication, including adrenaline auto-injectors (AAIs).
- Staff training to ensure awareness of allergy risks and emergency procedures.
- Consideration of seating arrangements, supervision arrangements and environmental controls where necessary.
- Alternative activities where a planned activity presents an unavoidable allergy risk.

14.4 The school will work in partnership with parents/carers, healthcare professionals and students to identify and implement appropriate support measures. Decisions will be based on individual risk assessments and the needs of the student rather than a one-size-fits-all approach.

14.5 Students with allergies will not be excluded from school activities, trips, clubs, celebrations or curriculum opportunities solely because of their medical condition. Where risks are identified, the school will seek to manage those risks through reasonable adjustments and appropriate planning.

14.6 The school will also promote awareness, understanding and respect for medical conditions among the wider school community and will challenge behaviours that may place students with allergies at risk, including bullying, teasing, food-sharing or other discriminatory conduct.

15. Bullying

15.1 Bullying is a problem that can affect all children and children with food allergies are no exception. Children may tease, taunt, or try to trick them into eating a food or threaten them with the food they are allergic to. Students will be informed via PSHE lessons and assemblies to speak to a trusted adult if they feel they are being bullied. Staff will follow the School's Anti-Bullying Policy to support students who disclose this type of bullying and it will be taken seriously. Additional support will be offered to the student who has been bullied for example, check ins with assistant Head of Year or referral to School Nurse or Off the Record if appropriate to do so. Parents would also be contacted unless there is a safeguarding reason not to do so.

15.2 Additionally, staff may talk to the perpetrator of the bullying and explain that an allergic reaction, especially anaphylaxis is extremely serious and possibly life threatening.

15.3 Deliberately exposing a student to a known allergen will be treated as a serious disciplinary matter and may be considered a safeguarding concern.

16. Monitoring

The Assistant Headteacher (Inclusion) will monitor the implementation of this policy and its application as it develops, ensuring actual procedures are in line with the documentation.

17. Evaluation

This Allergies Policy is reviewed, evaluated and updated annually. New Department for Education and Department of Health guidance is sought and fed into the review.

Appendix 1 – Templates

1. Healthcare Plan
2. Healthcare Plan Letter
3. Medication permission
4. Emergency Protocol

OLDFIELD SCHOOL

Individual Healthcare Plan

The information you provide in this document will be shared with school staff and emergency services.

Date Form Completed:

Date for Review:

Name of Student …… DOB ……

Tutor Group …… Year Group ……

Medical diagnosis or condition: ……

……..

Contact details (at least two separate contacts for emergency notification)

Name		**Name**	
Relationship to student		**Relationship to student**	
Home		**Home**	
Work		**Work**	
Mobile		**Mobile**	

Clinic / Hospital Contact

Name	
Phone No	

GP

Name	
Phone No	

Describe medical condition and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Will medication need to be taken during school hours? Yes / No

If yes, will it be self-administered? Yes / No

If yes, with or without supervision? With / Without

Does your student have any daily care requirements in school? If so, please give details below

Will the student need specific support for their educational, social, or emotional needs due to their medical condition? If so, please give details below:

Will your student need special arrangements for school visits / trips? If so, please give details below:

Describe what constitutes an emergency and the action to take if this occurs?

Please state if a medical professional has been involved in developing this plan? Yes / No

Staff Use:

Need for staff training: Yes / No

If yes, please give details:

Healthcare Plan Letter

Dear Parent / Carer

Re: The Healthcare Plan

Thank you for informing us of your child's condition.

As part of our Medical Conditions Policy, we are asking all parents of children with a medical condition including those with allergies, to complete a school Healthcare Plan for their child/children. Please complete the plan, with the assistance of your child's healthcare professional, ensuring that your child's healthcare professional completes the relevant box on the last page of the form, and return it to the school.

Your child's completed plan will store helpful details about your child's medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child's individual condition.

Please ensure the school is kept informed about changes to your child's medical condition or medication, including any changes to how much medication they need to take and when they need to take it, so that your child's Healthcare Plan can remain up to date.

I look forward to receiving your child's Healthcare Plan.

Thank you for your help.

Kind regards,

Lead First Aider

Parental Agreement to Administer Medicine

Oldfield School will not give your student medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Tutor Group	
Medical condition or illness	

Medicine

Name/Type Medicine (as described on container)	
Expiry Date	
Dosage and Method	
Timing	
Special Precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – Y/N	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed from the pharmacy.

Contact details

Name of contact	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mary Goddard-Palmer

The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature _____ Date _____

CONTACTING EMERGENCY SERVICES

Request an ambulance – dial 999 ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows: Oldfield School, Kelston Road, Bath,
4. State what the post code is BA1 9AB
5. Provide exact location of the patient within the school
6. Provide name of student and a brief description of their symptoms
7. Inform ambulance control of the best entrance to use and state the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone.

Appendix 2 – Roles and Responsibilities

The responsibilities of the Governing Body, school staff, parents, employers, community healthcare professionals and students are outlined below:

The Governing Body has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of students with medical conditions including allergies
- provide indemnity for staff who volunteer to administer medication to students with allergies.

The Headteacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the Allergies Policy is in line with local and national guidance and policy frameworks
- ensure there is communication between interested parties including students, school staff, the Special Educational Needs Coordinator, pastoral support/medical officers, teaching assistants, School Nurses, parents, Governors, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- assess the training and development needs of staff and arrange for them to be met

The Assistant Headteacher (Inclusion) has a responsibility to:

- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using students' Allergy Action Plans
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy regularly, with input from stakeholders
- update the policy as appropriate according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the allergies policy.

School Staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's Medical Conditions Policy
- know which students in their care have a medical condition and be familiar with the content of the student's Healthcare Plan
- allow all students to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their student has been unwell at school
- ensure students who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of students with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on students (students should not be forced to take part in any activity if they feel unwell)

- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Teaching Staff have a responsibility to:

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the students in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Where a student does not have access to the medication identified within their Individual Healthcare Plan, a risk assessment will be undertaken and the school will work with the family to identify whether the visit can proceed safely.

Lead First Aider/First Aid Team have a responsibility to:

- give immediate help to casualties with anaphylaxis
- when necessary ensure that an ambulance or other professional medical help is called.
- notify the relevant Head of Year and the Assistant Headteacher: Inclusion about major incidents involving students with allergies from their Year
- maintain a register of students who have been prescribed an adrenaline auto-injector (AAI)
- ensure that the up-to-date Allergy Action Plan is kept with the student's medication.
- maintain the safe storage and disposal of medicines
- maintain a record of any use of any AAIs and emergency treatment given and inform parents on the same day.
- Check the medication kept at school on a termly basis and send a reminder to parents if medication is approaching its expiration date.

The Main office team have a responsibility to:

- cross check records to ensure students with allergies, or students presenting with new allergies have a Healthcare Plan, and if they do not, initiate the procedure to create one.

Local Doctors and Specialist Healthcare Professionals.

Individual doctors and specialist healthcare professionals caring for students who attend this school, have a responsibility to:

- complete the student's Healthcare Plans provided by parents
- offer every student or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- ensure the student or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with allergies (with the consent of the student and their parents).

School Nurse or School Healthcare Professional has a responsibility to:

- help provide regular training for school staff in how to administer emergency treatment including AAIs at school
- provide information about where the school can access other specialist training.

Students have a responsibility to:

- have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- administer their own AAIs where they are confident to do so.
- encouraged to take responsibility for carrying them on their person at all times where they are confident to do so.

Parents/Carers have a responsibility to:

- On entry to the school, it is the parent's responsibility to inform the School of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Appendix 3 : Useful Legislation and Guidance

- **Anaphylaxis UK - https://www.anaphylaxis.org.uk/**
- **Supporting Students with Medical Conditions in Schools [Dec 2015] -** Supporting students with medical conditions at school - GOV.UK (www.gov.uk)
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- **allergy_safety_in_schools_statutory_guidance_June_2026.pdf**
- **Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferschools-programme/**
- **For Schools and Childcare Settings | Allergy UK | National Charity**
- **BSACI Allergy Action Plans - https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/**
- **Spare Pens in Schools - http://www.sparepensinschools.uk**
- **Department of Health Guidance on the use of adrenaline auto-injectors in schools Adrenaline_auto_injectors_in_schools.pdf**
- **Overview | Food allergy | Quality standards | NICE**
- **Anaphylaxis: assessment and referral after emergency treatment | Guidance | NICE**

- **Health and Safety at Work Act 1974** This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, students and visitors.
- **Management of Health and Safety at Work Regulations 1999 plus Amendments (2006)** These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.
- **Medicines Act 1968** This act specifies the way that medicines are prescribed, supplied and administered.