

Allergy Policy

It is the responsibility of all Cathedral Schools Trust employees, governors and volunteers to familiarise themselves with the contents of all Trust policies and any amendments hereafter.

Cathedral Schools Trust

Headley Park Primary School

November 2025

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1. Introduction:

Cathedral Schools Trust is committed to ensuring the health and safety of its pupils, employees and visitors within each school. This Allergy Policy outlines the procedures and responsibilities implemented across each school, and how we will manage and reduce risk.

Around 5-8% of people in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. People with allergies are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction and are able to manage it safely and effectively for other staff and pupils present.

2. Aims

The aims of the allergy policy are to:

- Ensure the health and safety of all staff, learners and visitors.
- Ensure that staff, Governors, Trustees and Trust central team members are aware of their responsibilities with regards to managing allergies.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

3. Legislation and Guidance

Schools have a legal duty to support pupils with medical conditions, including allergies. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).

The regulations concerning the management of medical conditions in schools vary depending on whether the school is situated in England, Wales, Scotland or Northern Ireland. The Health Conditions in Schools Alliance has published a helpful guide to these laws.

This allergy policy must be read in conjunction with the schools' Health and Safety Policy, Supporting Children with Medical Conditions Policy and First Aid Policy, as the management of anaphylaxis is integral within the management of First Aid. Designated first aiders will need to have specific training on anaphylaxis and understand their responsibilities in this regard.

The English Government's guidance on supporting pupils at school with medical conditions, published in December 2015 is available here:

[Supporting pupils at school with medical conditions](#)

4. Roles and Responsibilities

4.1 Trustees /Local Governing Body / CEO:

The Trustees / Local Governing Body / CEO have ultimate responsibility to ensure arrangements are put in place, such as First Aid procedures, risk assessments and appropriate support for pupils with medical conditions and the implementation of this policy.

4.2 The Headteacher

The **Headteacher** is responsible for putting this policy into practice and for developing detailed procedures. The Headteacher should also make sure that parents are aware of the school's health and safety policy, including arrangements for managing children with allergies and at risk of anaphylaxis.

Further to this, the Headteacher is responsible for:

- Ensuring that there are appropriate numbers of trained first aid staff on site at all times and they have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Ensuring that First Aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of allergy procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Ensuring that accurate records are kept regarding allergies, and that appropriate documents are held and available.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Reporting specified incidents to the HSE via Delegated Services, when necessary via the correct processes

In practice these responsibilities may be carried out through directing others within the management chain of the school. However, Headteachers remain ultimately responsible for ensuring those persons with delegated responsibility carry out the requirements in full. The Headteacher will therefore need to monitor that the required actions are being undertaken on their behalf.

4.3 - Health and Safety Lead - School Business Manager

The Health and Safety lead is the delegated responsible person for health and safety and their role is to ensure that this policy is implemented day to day and the procedures are followed.

They are also responsible for undertaking investigations following incidents as well as following the appropriate process for reportable incidents (RIDDOR) and ensuring that Administration of AAI's / Medicines and First Aid training is implemented in conjunction with other staff members as required and new training qualifications are instigated.

4.4 - Principal First Aider - S Shackell

The Principal First Aider is the "Appointed Person" who is appointed to lead day-to-day First Aid, ensuring the provision is supported and effective management of the provisions is supplied.

The Principal First Aider is responsible for:

- Communication between the school and parents/carers to ensure that students with ongoing medical needs are supported in school in line with their Individual Health Care Plans.
- The administration of approved medication to students and for maintaining records and reports, including those required for statutory requirements.
- Undertaking 6 monthly stock checks of First Aid Kits, ensuring items are in date, adequately supplied and in good condition.
- Liaising with the Health and Safety Lead to investigate incidents.
- Ensuring all incidents are logged via the appropriate process, and to the appropriate quality.
- Ensuring that the first aid provision is adequate and appropriate.
- Carrying out appropriate risk assessments in liaison with the Head Teacher / Health and Safety Lead.
- Ensuring that appropriate training is provided and monitoring the competence of first aiders.
- Ensuring that the equipment and facilities are fit for purpose.
- Ensuring that an ambulance or other professional medical help is summoned when required;
- Ensuring that all staff know the procedures for calling for managing allergies and their duties towards any person requiring support; and
- Regularly keeping the Headteacher / Health and Safety Lead informed of the implementation of the policy.
- Attending Health and Safety Committee meetings, when the agenda dictates.

Should the Principal First Aider be absent from site, then appropriate arrangements must be made to ensure the school is supported via an appointed deputy should an emergency situation arise.

4.5 First Aiders

All schools should have trained First Aiders (First Aid at Work, Emergency First Aid at work and Paediatric first Aiders for EYFS). Their names and photographs should be displayed prominently around the school.

They are responsible for:

- Ensuring they are trained and qualified to carry out the role.
- Taking charge when someone is injured or becomes ill.
- Informing the Principal First aider if any first aid provisions need restocking, or whether there is a concern with the provided provision.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.
- Filling in an incident report and recording the incident on the electronic system on the same day or as soon as is reasonably practicable, after an incident and assisting in further investigations if required.

4.6 All staff

All staff are responsible for:

- Ensuring they follow allergy response procedures.
- Ensuring they know who the First Aiders are in their setting.
- Ensuring they familiarise themselves with pupils deemed to require further support / medical arrangements.
- Completing incident reports and ensuring they are recorded on the electronic system as per process outlined in section 6 adding any additional information as it is received.
- Informing the Headteacher or their manager of any specific health conditions or first aid needs.

Further staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

5. Emergency procedures and management of anaphylaxis (ABC) and involving family/carers

Schools are to receive an Allergy Action Plan for each child with an allergy to store on file and be readily available, however it is also of benefit to make staff aware of the below procedures should an emergency situation arise.

Symptoms of anaphylaxis include one or more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

1. **Give adrenaline – WITHOUT DELAY- if an Adrenaline Auto Injector (AAI) is available**
2. **Call an ambulance (999) and tell the operator it is anaphylaxis**
3. **Position is important -lie the person flat (or sit them up if having breathing problems)**
4. **Avoid standing or moving someone having anaphylaxis**
5. **Stay with the person until medical help arrives**
6. **If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI**
7. **A person who has a severe allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment**
8. **Sometimes anaphylaxis symptoms can reoccur after the first episode has been treated and appeared to have settled. This is called biphasic anaphylaxis.**

6. Allergy Action Plans

Allergy Action Plans have been designed to facilitate first aid treatment of anaphylaxis, by either the food-allergic person or someone else (e.g. parent, teacher, friend) without any special medical training nor equipment apart from access to an AAI. They have been developed following an extensive consultation period with health professionals, support organisations, parents of food-allergic children and teachers, through the BSACI.

Sample Allergy Action Plans can be found here [Allergies](#)

The plans are medical documents, and should be completed by a child's health professional (and not by parents or teachers). Although parents should be involved.

The plans can either be printed out and completed by hand, or completed and signed by the healthcare professional online.

7. Management and Storage of Medication

Students should carry two AAls with them at all times. If the student is unable to carry pens/ medication/inhalers themselves (e.g. primary school aged pupils) this medication should be stored safely but should be easily accessible in the event of an emergency and not locked away.

Schools are to ensure that, should they store AAls for pupils, that these are clearly labelled for identification of the pupil e.g. with their name and photograph, including a copy of their Allergy Action Plan. They must also be regularly checked for expiry termly (6 term year) and refreshed annually.

Should the school store items for students, the students must be made aware of where their medication, AAls and inhalers are at all times. The student's allergy action plan must also be shared with all stakeholders of the student (leadership team, first aiders and class teacher).

Staff should support students who demonstrate maturity and have had appropriate training to carry their own AAls, medication and/or inhalers.

Staff / Parent / Carers are asked to notify the school should they have a severe allergy requiring an AAI, to support composition of effective management documents.

Further support for deployment of AAls must be identified via a risk assessment or IHCP / allergy action plan, and be communicated to all stakeholders who support medical needs within the school / any staff supporting students throughout the day

Schools are able to purchase spare AAI's from relevant suppliers e.g. pharmacies, however they will need a request signed by the Headteacher (ideally on appropriate headed paper) stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required.

A template letter which can be used for this purpose can be downloaded at: www.sparepensinschools.uk

Please note that pharmacies are not required to provide AAls free of charge to schools, the school must pay for them as a retail item.

The retail price is circa £35 (as of 2020) and your local pharmacy may add a small handling charge.

8. Training

As defined above, the Health and Safety Lead is delegated responsible for coordinating allergy management including the development and upkeep of the school's allergy policy.

However, an allergic reaction could occur at any time at school, so all staff relevant to the care of the student or member of staff should be trained on what to do in the event of an allergic reaction, as the person may be under their supervision when this happens.

Allergy training should be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence.

Acting fast is key in reducing the risk of a severe allergic reaction.

Allergy training should include a practical session. Training must include:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing emergency care plans and ensuring these are up to date

The schools will keep a register of all trained staff who support persons with allergies, what training they have received and when this is valid until.

9. Catering at school

As part of a school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. Catering staff should be able to identify pupils with allergies and be able to provide them with safe meals.

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. Schools can therefore identify whether a food product is safe for allergic pupils to eat.

School menus should be available for parents to view with the ingredients clearly labelled.

Handling allergens and preventing cross contamination

The school must ensure that catering staff keep in contact with food suppliers as ingredients may change. Some product ingredient lists contain precautionary allergen labelling, i.e. "May contain". It is down to individual preference whether pupils consume products labelled as 'may contain', and this should be included on the Individual Healthcare Plan.

10. School Trips

All children with allergies and who have been prescribed AAls should take the adrenaline to the sports ground / hall with them. The teachers leading the sports sessions should all be first aid trained and this must include how to manage severe allergy and anaphylaxis.

Activities outside schools

Children with allergies should have every opportunity to take part in out-of-school activities such as skiing trips and other foreign holidays, sports events hosted by other schools and educational visits.

Such activities will need careful planning and preparation, but there is no reason to exclude a child with allergies.

A meeting with the child's parents will be necessary to ensure that everyone is happy with the arrangements.

If the child is allergic to a food, similar procedures need to be followed to those in operation at school to ensure that the child does not come into contact with the food.

If the child has been prescribed AAls, at least one person trained in administering the device must accompany the school party. From the child's perspective, it is not advisable for a parent to accompany them on school trips. This should only happen as a last resort.

It is a school's responsibility to have a member of staff present who can support the child.

Sports events

For sports events, it's advisable to ensure the PE teacher is fully aware of the situation and notifies the schools to be visited that a member of the team has an allergy when arranging the fixtures. Should another school feel they are not equipped to cater for the allergic child you could arrange (as a last resort) for the child to take their own food.

11. Managing Insect Sting Allergy

Insect sting allergy causes a lot of anxiety and needs careful management.

Children need to take special care outdoors, wearing shoes at all times and making sure any food or drink is covered.

Adults supervising activities must ensure that suitable medication, including AAls, is always on hand for the management of anaphylaxis.

12. Allergies and Bullying

By law, all schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school.

All teachers, pupils and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, 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.

13. Monitoring Arrangements

This policy will be reviewed by the Trust's Central Team in conjunction with the Risk and Audit Committee annually.

14. Links to Other Policies

This policy is linked to the:

- First Aid Policy
- Health and Safety Policy
- Supporting Children with Medical Conditions Policy
- Educational Visits Policy

15. Version Control

Version	Date	Amended by	Recipients	Purpose
1	November 2024	CST Central Team	All Schools	New Policy
2	25th November 2025	CST Central Team	All Schools	Annual Review

3	November 2026			
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16.Approvals (Annual)

Version	Date	Approved by
1	November 2024	CST Risk and Audit Committee/Trustees
2	25th November 2025	CST Risk and Audit Committee/Trustees
Date for next review of this policy	November 2026	

APPENDIX A - Allergy Management Checklist

Allergy management checklist

- Anaphylaxis Emergency response plan
- Has your school purchased spare pens?
- Does each child have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school plan include where and how to store AAls?
- Is there a schedule to check the expiry dates on spare AAls and each child's AAI?
- Does the policy cover catering for children with allergies?
- Does the policy include pupil allergy awareness?
- Has the school completed an Allergy Risk Assessment?
- Does the policy include risk assessment of extracurricular activities?
- Does your policy cover safeguarding children with allergies, including bullying?