Allergy Safety Policy

Equalities Statement
In our Trust we work to ensure that there is equality of opportunity for all members of our community who hold a range of protected characteristics as defined by the Equality Act 2010, as well as having regard to other factors which have the potential to cause inequality, such as socio-economic factors.

Document Management	
Version Number:	V1
Date Approved:	July 2026
Next Review Date:	July 2027
Approved By:	Trust Board of Directors
Responsible For:	Head of Estates

Policy Revision Log	
Date	**Version No. Brief Detail of Change**
July 2026	V1. No Updates

Contents

Statement of Intent 3
1. Introduction and Core Principles 3
2. Emergency Treatment and Management of Anaphylaxis 5
3. Minimising Risk and Exposure to Allergens 6
4. Food Provision and Catering 7
5. Medication and Adrenaline Devices (ADs) 8
6. Staff Training and Emergency Response 10
7. Roles and Responsibilities 10
8. Identification of Individuals with Allergies 11
9. Student Individual Healthcare Plans (IHPs) and Allergy Action Plans 11
10. School Trips and External Visits 12
11. Serious Incidents and Near Misses 13
12. Wellbeing and Support 13
13. Safeguarding 14
14. Statutory Duties 14
15. Further Reading 15
Appendix 1 - School Specific Information on Adrenaline Devices 16
Appendix 2 - Roles and Responsibilities 17
Appendix 3 - Individual Healthcare Plan for Allergy Template 19

Statement of Intent

The Trust and each of its schools are committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

1. Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, 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 being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. 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 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. Students who have a skin reaction need monitoring for at least an hour.

Each school ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise 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 is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they 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.

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.

2. 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

1) Keep the individual where they are, call for help and do not leave them unattended.
2) **LIE 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.
3) **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. Adrenaline Auto-Injectors (AAIs) should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
4) CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
5) If no improvement after 5 minutes, administer second adrenaline device
6) If no signs of life commence CPR.
7) Call parent/carer as soon as possible.

Whilst you are 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.

3. 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 each 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 food technology room for the duration of the lesson when the student with an allergy is cooking. Blanket bans, especially to 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.

Each school is allergy aware and must ensure that the staff and students 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.

Each school must complete a school-wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group, not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school.
- Putting in 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/reduce allergens that pose a risk, for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog.

Each school must ensure that the risk of exposure is minimised by:

- Mandatory all school staff allergy training every year
- Educating students through awareness assemblies and within PSHE
- Educating others such as Local Governing Bodies and Parent Teacher Associations about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student 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 student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

4. Food Provision and Catering

Each 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 provider is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently
- Providing student's allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company
- Identifying students with allergies at point of service that include allergy information presented at tills (secondary schools), allergy buddies, lanyards, cards or bands worn by pupils. Ensure 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 allergen. This applies to foods used within the classroom curriculum (e.g. food technology) as well that from the school kitchen or canteen.
- Teaching students not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the students, 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. Training can be found within the Trust Training Matrix for mandatory subject-specific staff.

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 students with allergies.

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

Ensuring that PTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTA members who are serving food have a basic awareness of allergen management (signpost to free FSA training).

5. 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
- lunch area
- playground
- sports field
- when on visits or trips

Serious anaphylaxis is a time critical situation and 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 them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap-around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Backup Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit backup 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.

Each school should hold backup adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

The information on backup adrenaline devices, including brand, doses, quantities and locations is contained within **Appendix 1**, which needs to be completed by each school.

In the event of 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 child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or backup ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, backup adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, backup adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if 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 backup adrenaline devices to be used. It can be good practice for the school to obtain advance consent from parents or the young person for backup 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.

Student self-management

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

Older students 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. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students 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, peripatetic staff have received allergy awareness training.

It is mandatory that all staff undertake the Certificate in Allergy & Anaphylaxis Awareness as per the Trust's Training Matrix.

Emergency preparedness

Each school will annually hold a practice response to anaphylaxis, review how the practice went and update any procedures as necessary. 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 backup adrenaline
- practice with adrenaline trainer devices

Each school will communicate key messages regarding risk reduction leading up to events, trips and end of term celebrations.

During fire drills and lockdown practices, each school will ensure that a student's adrenaline device is with them.

7. Roles and Responsibilities

Please refer to **Appendix 2** for Roles and Responsibilities relating to this policy.

8. Identification of Individuals with Allergies

- **Admissions Data Collection:** Each school collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission.

- **Information Sharing:** UK GDPR does not prevent the sharing of a student'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.

- **Transition:** Allergy information and existing care plans are shared as part of a student's transition. Each school will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Each school works with parents/carers and the student if appropriate to write a new Individual Health Care Plan. Staff will provide information about students for transition visits ahead of a formal move.

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

- **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 working environment.

9. Student 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 student'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 backup adrenaline devices.

These will only be updated by the medical professional following a review of the student's allergy management, which could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students 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 student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. Where a student 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.

Each school will ensure that:

- students with an allergy action plan and/or an asthma plan have an IHP
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an IHP
- IHP are created whilst students are waiting for a diagnosis

Please refer to **Appendix 3** for Individual Healthcare Plan Template

10. School Trips and External Visits

Each school ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. 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 student is safe and included, alternative activities will be planned. This will include the safe storage 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 students have their medication including adrenaline devices with them before departure. Students 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 backup adrenaline devices should be taken on the trip. Each school will provide additional backup adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to backup adrenaline devices should the need arise.

11. Serious Incidents and Near Misses

Each 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 students are better protected in the future.

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

Each school uses Medical Tracker and follows the Trust Accident and Reporting procedure 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.

Each school will notify the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Lessons learned from the incident and any actions it is taking as a result will be documented.. The student's IHP will be updated if necessary.

12. Wellbeing and Support

At all our schools, allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergy 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.

Each school will:

- regularly communicate to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- include allergy and anaphylaxis lessons during assembly, PHSE or other ways
- plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involve students and staff with allergies in developing and reviewing the policy and procedures for allergy management.
- actively monitor, prevent, and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promote 'allergy champion' roles for staff and students who act as a point of contact for students and staff with allergies, they can share feedback and support new joiners or anxious students

- has proactive engagement with new joiners with known allergies, setting out the school policies and the support available

13. Safeguarding

It is recognised that a safeguarding referral may be needed if an incident highlights concern that the student 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 student's medical condition is not provided to a school or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

14. Statutory Duties

- The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on schools 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 and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and 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) SEND code of practice: 0 to 25 years.
- The Early Years Foundation Stage (EYFS) statutory framework.

15. Further Reading

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs:
https://www.anaphylaxis.org.uk/education

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

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

Guidance of use of Adrenaline Devices:
Guidance on the use of adrenaline auto-injectors in schools

Backup Pens in School:
https://www.backuppensinschools.uk

Benedict's Law:
https://benedictblythe.com/benedicts-law

Allergy Guidance for Schools:
https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

School Details

School Name: Istead Rise Primary School
Allergy Lead: Jenny Andreou

Back Up Adrenaline Devices

Brand of Adrenaline Devices: *EpiPen*
Number of devices held for children under age of 6 years (150 micrograms): *2. (1 in KS2 building, 1 in KS1 building)*

Number of devices held for children over age of 6 years (300 micrograms): *2 (1 in KS2 building, 1 in KS1 building)*

Location of Devices: On the wall at main entrance to each building in an orange coloured allergy kit box, next to the AED devices.

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 medical room in the KS2 building or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

Appendix 2 - Roles and Responsibilities

The Academy Trust is responsible for ensuring that the 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 local governing body monitors this policy with it being included under the health and safety standing agenda item at meetings.

Each school includes the risks pertaining to students and staff with allergy on the school's risk register. Each 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 **Headteacher** is responsible for:

- Identifying an 'Allergy Lead' who will ensure that all actions are promptly executed;
- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition;
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding;
- Ensure the curriculum contains age-appropriate content so all pupils/students can learn about allergies and how everyone can support those who have them;
- Create links at strategic level with Healthcare professionals and Catering providers and ensure at operational level that links are robust;
- Ensure there is a workable School Emergency Plan in place that is known by all staff;
- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information;
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises;
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures;
- Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or offsite extra curricula activities for pupils/students who have allergies;
- Report to the Local Governing Body regarding the management of allergies within the school.

The **Allergy Lead i**s 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, ensures that information is shared with staff and catering teams as soon as possible;

- ensuring the register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan that is up to date;
- ensures that systems are effective for the identification of students at mealtimes;
- communication about:
    - the policy
    - the students who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents;
- communication with:
    - Headteacher to provide updates about the policy implementation
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
    - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks;
- backup adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire;
- that IHPs are created and communicated.

Depending on individual schools, the allergy officer may also be the medical officer or lead first aider.

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 the students IHP;
- implementing the students IHP;
- 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/Carers are responsible for:

- Adhering to this policy;
- Providing school with the information they need to create individual health care plans;
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management;

- Ensuring that the student always has in date medication with them at school.

Appendix 3 - Individual Healthcare Plan for Allergy Template

Insert School Name

<table>
<tr><th colspan="2">NAME–Individual Healthcare Plan for allergy</th></tr>
<tr><td>Dateofbirth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year/class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
</table>

Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*
Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "backup" adrenaline devices are located.*

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access*	
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent. **Parental consent**:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.*	**Date**:
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent. **Prescribed by**:	**Date**:
Parental consent:	**Date**:
Use of "backup" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "backup" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:

Use of "backup" salbutamol inhaler:

If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "backup" salbutamol reliever inhaler.

Parental consent:

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issuedby:	**Date**:
CarePlan: *Notewhere any relevant care plan can be found.* *Notewhat staff are responsible for delivering / supporting delivery of the care plan.* *Notewhich healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: