



# Allergy Policy

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**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  
Ashton Gate Primary School**

**November 2025**

## 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 pupil with an allergy. 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 Local Governing Body:

The Local Governing Body 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 Executive Headteacher

The **Executive Headteacher** is responsible for putting this policy into practice and for developing detailed procedures. The Executive 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 Executive 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.
- Ensuring that the first aid provision is adequate and appropriate.
- 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
- 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 Executive Headteacher will therefore need to monitor that the required actions are being undertaken on their behalf.

### **4.3 - Health and Safety Lead**

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. With regards to this policy, they are responsible for the following:

- The administration of approved medication to students and for maintaining records and reports, including those required for statutory requirements.
- Reporting specified incidents to the HSE via Delegated Services, when necessary via the correct processes
- Ensure all incidents are logged via the appropriate process, and to the appropriate quality.
- Liaise with other staff including, but not limited to, class teachers, First Aid Lead Support and the SENDCO, to maintain communication between the school and parents/carers to ensure that students with ongoing medical needs are supported in school in line with their Allergy Action Plans.

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 – First Aid Lead Support**

The First Aid Lead Support 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 First Aid Lead Support will act in an advisory capacity for other staff in relation to queries regarding first aid provisions.

The First Aid Lead Support is responsible for:

- Undertaking 6 monthly stock checks of First Aid Kits, ensuring items are in date, adequately supplied and in good condition.
- Ensuring that the equipment and facilities are fit for purpose.
- Attending Health and Safety Committee meetings, when the agenda dictates.

Should the First Aid Lead Support 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 qualified and trained 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 Executive 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 re-occur 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 have 2 inhalers/epi-pens in school. 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 AAIs 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, AAIs 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 AAIs, 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 AAIs 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 Executive 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](http://www.sparepensinschools.uk)

Please note that pharmacies are not required to provide AAIs 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 AAIs) 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 pupils with allergies 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 Allergy Action 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.

## **11. 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.

## 11. Monitoring Arrangements

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

## 12. 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

## 13. 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			

## 13. 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	
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## **APPENDIX A - Allergy Management Checklist**

### Allergy management checklist

- Anaphylaxis Emergency response plan - Yes
- Has your school purchased spare pens? – Yes KITT
- Does each child have a completed and signed Allergy Action Plan? Yes
- Have ALL school staff been trained in allergy and anaphylaxis? In process as part of KITT Anaphylaxis
- Does the school plan include where and how to store AAIs? Yes
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI? Yes, completed by Lead First Aider. KITT Anaphylaxis is automatically re-stocked when epi-pens expire.
- Does the policy cover catering for children with allergies? Yes
- Does the policy include pupil allergy awareness? Yes
- Has the school completed an Allergy Risk Assessment? Yes
- Does the policy include risk assessment of extra curricular activities? Yes
- Does your policy cover safeguarding children with allergies, including bullying? Yes

## APPENDIX B - ALLERGIES MANAGEMENT AT ASHTON GATE PRIMARY

### Introduction

Ashton Gate Primary School recognises that a number of community members (pupils, parents, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods. Ashton Gate Primary School is committed to a whole school approach to the care and management of those members of the School community.

The School is committed to proactive risk food allergy management through:

- The encouragement of self-responsibility and learned avoidance strategies amongst those suffering from allergies.
- The establishment and documentation of a comprehensive management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site.
- Provision of a staff awareness programme on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment.

The common causes of allergies are the 14 major food allergens:

- Cereals containing Gluten
- Celery including stalks, leaves, seeds and celeriac in salads
- Crustaceans, (prawns, crab, lobster, scampi, shrimp paste)
- Eggs - also food glazed with egg
- Fish - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- Soya (tofu, bean curd, soya flour)
- Milk - also food glazed with milk
- Nuts, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
- Peanuts - sauces, cakes, desserts, ground nut oil, peanut flour
- Mustard - liquid mustard, mustard powder, mustard seeds
- Sesame Seeds - bread, bread sticks, tahini, houmous, sesame oil
- Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks, wine, beer)
- Lupin, seeds and flour, in some bread and pastries
- Molluscs, (mussels, whelks, oyster sauce, land snails and squid).

The allergy to nuts is the most common high risk allergy and, as such, demands more rigorous controls. The school prohibits nuts of any kind being brought into school or being used in any school catering. However, it is important to ensure that all allergies and intolerances are treated equally as the effect to the individual can be both life-threatening and uncomfortable, if suffered.

### Definitions

*Allergy* - A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.

*Allergen* - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

*Anaphylaxis* - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).

*Adrenaline device* - A syringe style device containing the drug adrenaline. This is an individual prescribed drug for known sufferers which is ready for immediate intramuscular administration. This may also be referred to as an Epi-Pen.

### Pupils

The School will establish clear procedures and responsibilities to be followed by staff in meeting the needs of pupils with additional medical needs. This process includes:

- The Lead First Aider being involved with the parents and the child in establishing an individual Allergy Action Plan.

- Effective communication of the individual Allergy Action Plan to all relevant staff and departments.
- Ensuring staff first aid training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency. Posters with affected pupils' pictures, names, conditions and emergency treatment protocol are on display in the school staffrooms and kitchens. The school offices will also have all relevant information.

## **PTA**

During PTA events, it is important that PTA are informed by parents of the requirements for any known child with food allergies/intolerances. This information is requested by the PTA prior to the event. Ashton Gate Primary sometimes has cakes sales or special events, such as Christmas parties. Items that are prepared for children with allergies must be clearly labelled and kept in a separate container to other items.

## **Responsibilities**

Medical information for pupils is private and confidential. However, it is the School's responsibility to pass any information on to the Catering Manager with regards to food allergies of pupils. Staff will be made aware of these pupils via:

- Staff training and instruction in the Catering Department.
- A list with pictures will be displayed in the school staffrooms and kitchens. Information will also be provided to relevant teaching and support staff.
- This medical information will be on the Management Information System for staff to download for trips and activities.
- Training will be provided to an appropriate number of staff in regard to the administration of the medication. These staff will also be trained on anaphylaxis recognition and treatment.
- Parents/Carers are responsible for supplying the relevant pupil medication (adrenaline device). Class teachers are responsible for ensuring that this medication is kept close to the pupil at all times, including breaktime and lunchtime. Additional devices are located in both school offices. It is the responsibility of the Lead First Aider on each site to keep these up to date.

The Catering Manager is responsible for:

- Using only authorised suppliers and being the controlling point and contact for all purchases of food stuffs for school catering.
- Ensuring suppliers of all foods and catering suppliers are aware of the requirements under the labelling law.
- Ensuring supplies of food stuffs are nut free.
- Being aware of pupils and staff who have such food allergies and updating this training every three years. All catering staff must be informed of this during their in-house induction training.

## **Educational Visits, House Events (for example packed lunches)**

All teaching staff must check the requirements of all pupils they are taking off site. This is part of the offsite risk assessment. Where food intolerance has been identified, this must be highlighted to the Catering Manager if they are ordering packed lunches.

At least one member of staff undertaking an offsite trip must have attended the Administration of Medication and Anaphylaxis training. This is part of the risk assessment. Staff must also:

- Physically check that pupils have their medication before leaving site.
- Ensure that all food collected from the school kitchen has been clearly labelled and they are aware of any foods that should not be given to pupils.

## **Cake Sales**

If the School hosts any cake sales for charity it is important that no food poses a risk to the end user, however, this is difficult for the school to monitor. Where products are not made on site, but sold by the School, appropriate signage should be in place. This will state the following:

*'This item was not produced at Ashton Gate Primary School, therefore we cannot guarantee that it **does not** contain nuts or any other allergen.'*

All products should be plated separately, and stored as such (wrapped where possible) to prevent cross contamination to other items for sale. It should be left to the discretion of the person buying the food that they accept the risk that allergens may be present.

### **School Management of severe allergies (ANAPHYLAXIS)**

All staff must make themselves aware of the Administration of Medication, First Aid and Bereavement Policy. This outlines Anaphylaxis and the recognition and treatment that should be followed. Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline. Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, shellfish and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)
- Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:
- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. **They should not stand up.**
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

#### **Action to take:**

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 re-occur after the first episode has been treated and appeared to have settled. This is called biphasic anaphylaxis.