ALLERGY SAFETY POLICY

If you are worried about the safety of a child, our safeguarding team are:

Mrs Alice Jones – Headteacher
Mrs Laura Woodhead – Inclusion and Diversity Officer
Mrs Jo Brown – Assistant Headteacher
Mrs Nichola Costello – Office Manger
Miss Janet Hopkinson - Learning Support Assistant and Explorers Before and After School Club Staff
Mr Oliver Thurlby – Class Teacher

You can also call the following numbers:

Useful phone numbers:

School: 01535 642271
Social Services Initial Contact: 01274 437500
Police: 999
NSPCC: 0808 800 5000

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1. Trust Policy Statement

Bradford Diocesan Academies Trust (BDAT) considers the safety of pupils in all our schools as the highest priority in our organisation. We are committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors with allergies. We recognise that allergies can have a significant impact on health, wellbeing and participation in school life and that severe allergic reactions, including anaphylaxis, can be life-threatening.

As part of our focus on diversity and inclusion, BDAT pledges that our policies will seek to promote equality, fairness, and respect for all staff and pupils. Our policies reflect the BDAT values of inclusion, compassion, aspiration, resilience, and excellence. By working closely with a range of stakeholders, such as our school, union, and HR colleagues, we have ensured that BDAT's policies do not unlawfully discriminate against anybody.

For the purpose of this policy, the term Trust refers to BDAT. The terms school and term academy are interchangeable. The terms pupil and student are interchangeable. The term parents include all persons with parental responsibility for a child.

2. Aims and Scope of the Policy

This Allergy Safety Policy has been developed in accordance with DfE Allergy Safety in Schools: Statutory Guidance (July 2026), issued under section 100 of the Children and Families Act 2014 (as amended by the Children's Wellbeing and Schools Act 2026) and commonly known as Benedict's Law.

All BDAT academies will have regard to this guidance and will implement proportionate, practical measures to support pupils with allergies, minimise exposure to known allergens, maintain effective individual healthcare arrangements, and ensure that staff are appropriately informed and trained.

Through a partnership approach involving pupils, parents and carers, staff, healthcare professionals and wider agencies, Oxenhope CE Primary School seeks to foster a culture of vigilance, understanding and care to enable pupils with allergies to participate fully and confidently in all aspects of school life while safeguarding their health, wellbeing and dignity.

The purpose of this policy is to:

- Promote the safety and wellbeing of pupils, staff and visitors with allergies
- Reduce the risk of exposure to known allergens wherever reasonably practicable
- Ensure staff are appropriately trained and equipped to respond to allergy-related incidents
- Enable pupils with allergies to participate fully in all aspects of school life
- Establish clear procedures for identifying, recording and managing allergies
- Ensure an effective emergency response in the event of an allergic reaction

This policy applies to all pupils, staff, governors, volunteers, contractors, visitors and any other persons carrying out activities on behalf of the school.

3. Definitions

The following definitions are included as a clear reference point for all stakeholders regarding the terminology included within this Allergy Safety Policy.

Allergy: a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens.

Allergen: a substance that can trigger an allergic reaction in a person with an allergy. Common allergens include foods such as peanuts, tree nuts, milk, eggs, fish, shellfish, wheat and sesame, as well as insect venom, medicines and environmental allergens.

Known Allergen: any substance that has been identified, through medical diagnosis or professional clinical advice, as capable of causing an allergic reaction in a specific individual.

Allergic Reaction: the body's response to exposure to an allergen. Reactions can vary from mild symptoms, such as itching or rashes, to severe and potentially life-threatening reactions requiring urgent medical treatment.

Anaphylaxis: a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Asthma: a lung disease caused by inflammation and tightening of the airways. It is frequently associated with allergy and anaphylaxis because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Food Intolerance: a digestive problem that happens when your body struggles to break down certain foods, such as lactose intolerance, gluten sensitivity, or chemical reactions to food additives. It does not involve the immune system and is not life-threatening, unlike a food allergy.

Adrenaline Auto-Injector (AAI): a prescribed medical device used to administer adrenaline quickly during a severe allergic reaction or anaphylaxis. Common brands include EpiPen®, Jext® and Emerade®.

Individual Healthcare Plan (IHP): a written document that sets out how a pupil (or staff member's) medical condition, including allergies, will be managed within the school environment. The plan should detail the pupil's needs, medication, emergency procedures and the responsibilities of those involved in their care. Where a person has known allergens, their medical professional may provide an Allergy Action Plan (AAP) that informs or sits alongside an IHP.

4. Introduction and Core Principles

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to an allergen. 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-to-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, most 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.

Oxenhope CE Primary School has a whole school awareness approach, because it 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.

We understand that 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.

5. Roles and Responsibilities

This section outlines the responsibilities of a range of stakeholders in ensuring that this Allergy Safety Policy is applied consistently and effectively.

5.1 Local Governing Body (LGB)

The LGB is responsible for approving this policy, ensuring that it is published on the school website and holding the Headteacher to account for its effective implementation. They should seek assurances that suitable risk assessments, IHPs, emergency procedures and staff training arrangements are in place and maintained.

5.2 Headteacher

The Headteacher has overall responsibility for the implementation of this policy in school, which may involve delegating some of the responsibilities to their wider leadership and staff teams. These responsibilities include:

- Ensuring that the academy fulfils its duties under the DfE Allergy Safety in Schools: Statutory Guidance (July 2026) and associated legislation, including designating a senior member of staff to be the school's allergy lead
- Ensuring effective arrangements and resources are in place for identifying and supporting pupils with allergies
- Ensuring that all staff receive appropriate allergy awareness and emergency response training
- Promote a whole school culture that supports inclusion, reduces risk and protects pupils from discrimination, bullying or stigma associated with allergies

5.3 Designated Allergy Safety Lead

The Designated Allergy Safety Lead is a named member of the senior leadership team responsible for driving the implementation of this policy. Schools may wish to nominate a deputy who is familiar with the role in case of absence. Their responsibilities include:

- Maintaining an accurate register of pupils with diagnoses allergies and associated medical needs

- Coordinating the development, implementation and review of IHPs/AAPs, ensuring that appropriate information is shared with relevant staff whilst respecting confidentiality and GDPR requirements
- Ensuring that allergic reactions, near misses and serious incidents are appropriately recorded, investigated and acted upon
- Liaising with parents, healthcare professionals, catering providers and all staff regarding allergy management arrangements
- Monitoring the availability, condition and expiry dates of emergency medication, including prescribed and spare Adrenaline Auto-Injectors (AAIs) held on school site
- Reviewing risk assessments for educational visits, extracurricular activities and other school events to ensure they are allergy aware

5.4 Staff

All staff have a vital role to play in the effective implementation of this policy. It is expected that all staff will:

- Read, understand and comply with the expectations set out in this policy
- Complete their allocated Allergy Awareness training on an annual basis so that they recognise the signs of allergic reactions and know how to respond
- Familiarise themselves with the needs of pupils with allergies and the associated emergency procedures
- Follow IHPs and AAPs as required
- Take reasonable steps to minimise the risk of exposure to known allergens
- Respond promptly and appropriately to signs of an allergic reaction or anaphylaxis, including seeking emergency assistance where necessary
- Report concerns, incidents, medication issues and near misses without delay
- Support an inclusive environment in which pupils with allergies are able to participate fully in school life

5.5 Parents

In support of this Allergy Safety Policy, parents and carers are expected to:

- Inform school of any diagnosed allergy or suspected allergy affecting their child and provide relevant medical information promptly
- Ensure that any prescribed medication to be held on school site is provided and kept within its expiry date
- Work in partnership with staff in developing and reviewing their child's IHP
- Notify the school of any changes to their child's medical condition, treatment or allergy management requirements
- Comply with communication from school in relation to any items that cannot be brought into school by their child (e.g. nut products not being included in packed lunches)
- Support their child in developing an age-appropriate understanding of their allergy and how to manage the associated risks safely

5.6 Pupils

Where age, development and understanding permit, pupils will:

- Take increasing responsibility for understanding and managing their allergy safely
- Contribute to the development and review of their IHP/AAP and follow the detail set out within it
- Ensure that they always carry their prescribed medication when this has been agreed as part of their IHP/AAP
- Inform a member of staff immediately if they believe they have been exposed to an allergen or are experiencing symptoms of an allergic reaction or anaphylaxis
- Avoid sharing food, drinks, medication or eating utensils with other pupils

- Treat other pupils' medical needs with respect and contribute to a safe, inclusive and supportive school environment

6. Staff Training

All staff and volunteers, including those who oversee our breakfast or after school clubs, will be trained in allergy awareness and emergency response. We will also assure ourselves that third parties working with our pupils such as supply staff, sports coaches, peripatetic music teachers and counsellors have completed allergy awareness training.

Training will be accessed via an online platform called iAM Compliant which provides CPD certified and IOSH accredited courses.

7. Identification of Individuals with Allergies

At Oxenhope CE Primary School, we will identify individuals with allergies by the following means:

Admissions Data Collection: we collect detailed medical information from parents regarding known allergies, dietary restrictions, and treatment histories as part of the admissions process.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information. Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams whilst maintaining appropriate data privacy.

Transition: allergy information and existing care plans are shared as part of a student's transition. We will request allergy information from the previous school or setting and will consider whether any of the arrangements can be replicated. We will work with parents and the pupil (if appropriate) to write a new IHP prior to them starting with us.

Staff and Volunteers: pre-employment medical questionnaires will ask whether new staff 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 Third Parties: will be asked about any 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 third party has a safe working environment.

8. Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs)

Clearly written healthcare and allergy plans are an essential risk reduction tool for pupils and staff with allergies. Most importantly, they provide clear instructions as to what to do in an emergency. There are two types of plan that may be in place for an individual with known allergens.

Allergy Action Plans (AAPs)
These are clinical documents that are created by a medical professional such as a GP or Allergy Nurse. They detail the person's allergy and medication. They also contain parent contact details and must be signed by the parent as evidence of the parental authority to administer medication, including the administration of spare adrenaline devices.

AAPs will only be updated by the medical professional following a review of the person's allergy management - this could be annually or less frequently. Parents should update the photo of the student annually so that they are recognisable.
Allergy action plans are issued for students who have an Immunoglobin-E (IgE) food allergy and often a venom allergy that could lead to anaphylaxis. Common triggers of IgE allergies are peanuts, milk and shellfish.

AAPs are not issued for all allergies. Those with non-IgE allergies are less likely to experience anaphylaxis and so an AAP is not necessarily 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 pupil 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 and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed. Where a child has an AAP and/or an Asthma Management 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. IHPs should be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Oxenhope CE Primary School will ensure that:

- Pupils with an AAP and/or an Asthma Management Plan also have an IHP
- Pupils without an AAP or Asthma Management Plan but with an allergy that needs active management over and above what other students need will have an IHP
- IHPs are created whilst pupils are waiting for any allergy diagnosis

9. 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.

We recognise that any food can cause a reaction with serious consequences for an individual who is allergic to it. Banning certain foods completely, however, especially nuts, can create a false sense of security and a lack of vigilance. Oxenhope CE Primary School will only eliminate a food where there is a clear need following a risk assessment which is supported by medical advice. Where a food is restricted, this will be to the smallest area for the time necessary. For example, the cooking room for the duration of the lesson when the pupil with the allergy is cooking.

We 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.

Oxenhope CE Primary School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment includes:

- Identifying the food used within the curriculum and making adaptions 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
- Identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identifying measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- 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 adaptions to remove/reduce allergens that pose a risk. For example, school therapy dogs may require enhanced cleaning and limiting to specific areas, with additional hygiene measures after students have worked with the therapy dog.

Oxenhope CE Primary School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk. We will further ensure that risks are minimised by:

- Ensuring that all staff complete Allergy Awareness training every year as part of their mandatory training package, with new staff joining at any point completing it as part of their induction
- Educating students through awareness assemblies and within the PSHE curriculum
- Establishing and maintaining high hygiene standards amongst staff, students and visitors
- Communicating with agency staff and other child-facing third parties when they will be teaching a student with an allergy and assuring ourselves that colleague has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the allergies of affected pupils
- Monitoring this policy through our governance systems to ensure that the agreed practices are effectively implemented

10. Food Provision and Catering

Oxenhope CE Primary School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensure the contract with the school catering company 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
- Including representatives from the catering team in the collaborative development of IHPs/AAPs
- Identify students with allergies at point of them being served food by photos in the kitchen.
- Ensuring that packaged 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 curriculum as well that from the school kitchen or canteen.
- Teaching students not to food share, trade food or share utensils or food containers to reduce the risk of contamination or inadvertent exposure.

Catering staff working within school, whether employed directly by us or through an outsourced provider, 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.

Where food is not directly provided by the school (e.g. it is sent in to celebrate a birthday), parents will seek permission in advance to ensure that we are able to implement any required mitigations to ensure inclusion and safety for students with allergies.

These procedures also apply to school-led breakfast clubs, after school provision and any events held out of normal school hours (whether organised by school or another organisation such as the PTA). Where any of these are provided by a third party, Oxenhope CE Primary Schoolensures that this policy is shared and the third-party provider meets the same standards.

11. Treatment and Management of Allergic Reactions and Anaphylaxis

After contact with an allergen, symptoms usually manifest quickly, typically within a few minutes of exposure. Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives) anywhere on the body
- A tingling or itchy feeling in the mouth
- Swelling of the lips, face or eyes
- Stomach pain or vomiting
- Mild throat tightness
- Sudden change in behaviour

These symptoms can usually be 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, the following actions should be taken:

- Keep the individual where they are, call for help and do not leave them unattended.
- **Lie the 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.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh (or into the nostril if it is a nasal version). Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS** (ana-fil-axis).
- If there is no improvement after 5 minutes, administer second adrenaline device
- If there are no signs of life, commence CPR.
- Call parent/carer as soon as possible to inform them. The child will need to be accompanied to hospital by an appropriate adult if parents have not arrived.

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.

12. Medication and Adrenaline Devices

People at risk of anaphylaxis are prescribed two adrenaline devices (typically an adrenaline auto-injector such as an EpiPen®) which they should always carry with them. 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; delays in administering adrenaline have been associated with fatal outcomes. An adrenaline device needs to be administered **within 5 minutes,** so if the adrenaline device cannot be with the pupil in the classroom, the adrenaline device should be stored in an appropriate central location that is always unlocked and accessible (including during wraparound 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.

13. Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" 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.

Oxenhope CE Primary School holds spare adrenalin auto-injectors for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils who are prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. Details of the spare adrenaline auto-injectors at Oxenhope CE Primary School are below:

The type of spare AAIs we hold are EpiPens

These can be found in the first aid box outside the main office, in the KS1 disabled toilet, on the link corridor, in the main office, and there are travelling EpiPens available for the nature area and trips. .
They are stored in red boxes and labelled 'Emergency Anaphylaxis Kit'.

The admin staff is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) monthly. They will secure replacements one month before the each of the current adrenaline devices expire.

Adrenaline devices that are used will be disposed of in a sharps box or given to the attending paramedic. Adrenaline devices that are out of date, or where the adrenaline has degraded, will be taken to a pharmacy to be disposed of.

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 this is their own prescribed device or a school spare one).
- 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**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has a 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 "spare" adrenaline devices to be used although we will endeavour to discuss this with parents when developing IHPs for known allergies so that in an emergency, consent can be assumed to be in place. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

14. Pupil Self-Management

Where they are developmentally able and competent to do so, pupils will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them. We will provide a bright insert coloured bag for them to store their devices so they can be found easily in an emergency.

Even when pupils are taking responsibility for their own adrenaline devices, staff will remain vigilant that symptoms of anaphylaxis can come on very suddenly, so they are prepared to administer medication if the young person cannot.

15. School Trips and External Visits

Oxenhope CE Primary School ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activity. 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 may need to be considered. This will include the safe storage of adrenaline auto-injectors 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 pupils have their medication (including adrenaline devices) with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

Where the trip is an overseas residential, consideration will be given to the ease of access to emergency healthcare abroad, any travel insurance requirements, any notifications required to transport providers (e.g. airlines) and whether it is necessary to have translate Individual Healthcare Plans and/or Allergy Action Plans into the language of the country being visited.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. We will provide additional spare adrenaline devices should the risk assessment for the trip deems necessary to take them, ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

We will notify the host school when arranging a sporting fixture, that a member of the team has an allergy.

16. Wellbeing and Support

At Oxenhope CE Primary School, allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into our school culture. We are mindful that pupils with an allergy may become anxious because 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. To help them feel a sense of support and wellbeing, we will endeavour to:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- include allergy and anaphylaxis lessons during assembly, tutor time or in PSHE lessons
- involve pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understand that allergy related bullying is extremely serious and actively monitor, prevent, and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promote "allergy lead" roles for staff and pupils (not just within the catering team) who act as a point of contact for students and staff with allergies, share feedback with the senior allergy lead and support new joiners or anxious students
- invite new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- proactively engage with new joiners with known allergies, setting out the school policies and the support available

We recognise that in rare circumstances, a safeguarding referral may be needed if an incident highlights a concern that a child 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 child or young person's medical condition is not provided to school, or where they are repeatedly sent without essential medication, thereby putting the individual at risk. Any such incidents will be managed in line with our Safeguarding and Child Protection Policy.

17. Emergency Preparedness

At Oxenhope CE Primary School, we will annually hold a practice emergency response to anaphylaxis, review how the practice went and update policy and procedures. We will regularly remind staff of the key aspects and procedures within this policy.

We will communicate key messages regarding allergy risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, we will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

18. Serious Incidents and 'Near Misses'

At Oxenhope CE Primary School, we approach serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that our pupils are better protected in the future.

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

We use CPOMS to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. Each incident or near miss is reviewed and a report is written to capture any lessons learned and the actions required as a result. The person who was affected by the incident (and their parents if it is a pupil), should have the opportunity to contribute to this process and receive a copy of the report. IHPs should be updated as necessary following a serious incident or 'near miss'.

19. Unacceptable Practice

Oxenhope CE Primary School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur we will follow our usual procedures to identify and address this using staff disciplinary policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their IHP when and where it is necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the pupil or their parents;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a pupil does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a pupil who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (e.g. anaphylaxis) help should come to the pupil;
- penalising pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child; and
- preventing pupils from participating, or creating unnecessary barriers to them participating, in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child.

20. Links with Guidance and Other Policies

This policy should not be considered in isolation and forms part of BDAT's wider framework for safeguarding, health and safety, inclusion and supporting pupils with medical needs. All staff are expected to comply with the requirements of this policy and the associated guidance, legislation and Trust policies referenced below:

- DFE Guidance on Keeping Children Safe in Education
- DFE Guidance on Allergy Safety in Schools
- DFE Guidance on Supporting Pupils with Medical Conditions in School
- EYFS Statutory Framework
- The Human Medicines (Amendment) Regulations 2017
- Department of Health Guidance on the Use of Adrenaline Auto-Injectors in Schools

- The European Convention on Human Rights (ECHR)
- The Equality Act 2010
- The UN Convention on the Rights of the Child
- Health and Safety at Work etc. Act 1974

This policy should also be read in line with the following Oxenhope CE Primary School policies:

- Safeguarding and Child Protection
- Attendance
- First Aid
- Supporting Pupils with Medical Conditions
- Health and Safety
- Administration of Medicines
- Educational Visits

21. Monitoring and Review

The implementation of this policy will be monitored by the Local Governing Body. This policy will be reviewed every year, or sooner if there are updates to Department for Education Guidance or in response to any serious incidents or near misses.

Appendix One: Recognising and Responding to Anaphylaxis Infographic



Appendix Two: Further Reading and Resources

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 on the use of adrenaline auto-injectors in schools
Spare Pens in School: https://www.sparepensinschools.uk

Benedict's Law
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

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