Olive Academies Independent School
OA-North View
Allergy Safety Policy

Document control table	
Title	Allergy Safety Policy
Date formally approved	October 2026
Approved by	OAISB
Date of next review	September 2027
Updates	To comply with the statutory duties introduced by section 34 of the Children's Wellbeing and Schools Act 2026, this policy has been separated from the Heath and Safety Policy and updated based on the model policy provided by Judicium and guidance from the following areas: 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
Key things to note This policy applies to Olive Academies Independent School, OA-North View and should be implemented consistently throughout the school. Proposed amendments should be referred to the Head of School/Executive Headteacher and OAISB for consideration. The Allergy Lead for OA – North View is: Kerry Geary, Head of School	

Contents

1. Introduction and Core Principles 3
2. Legal Framework 4
3. Emergency Treatment and Management of Anaphylaxis 4
4. Minimising Risk and Exposure to Allergens 5
5. Food Provision and Catering 6
6. Medication and Adrenaline Devices (ADs) 7
7. Spare Adrenaline Devices 8
8. In the event of anaphylactic reaction 8
9. Pupil self-management: 9
10. Staff Training and Emergency Response 9
11. Emergency preparedness 10
12. Roles and Responsibilities: 10
13. Identification of Individuals with Allergies 12
14. Pupil Individual Healthcare Plans (IHPs) and Allergy Action Plans 13
15. School Trips and External Visits 14
16. Serious Incidents and "Near Misses" 14
17. Wellbeing and Support 15
18. Safeguarding 15
19. Unacceptable practice 15
20. Policy Review and Publication 16
21. Further reading 16

1. Introduction and Core Principles

OA-North View is 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. Pupils who have a skin reaction need monitoring for at least an hour.

OA-North View has adopted an "Allergies Are Everyone's Responsibility" approach because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms, how to deal with allergic reactions, and ensuring procedures are in place to minimise the 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 be 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.

OA-North View understands 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.

2. Legal Framework

This policy has due regard to all relevant legislation, statutory frameworks, and independent school compliance standards. Specifically, this policy supports the school's absolute duty to achieve full compliance with Part 3 (Welfare, Health and Safety of Pupils) and Part 8 (Quality of Leadership and Management) of the Education (Independent School Standards) Regulations 2014. In alignment with these independent standards, the policy is implemented in strict conjunction with the statutory requirements of Keeping Children Safe in Education.

Accountability under this policy is also grounded in the overarching duty of care established under Section 3 of the Children Act 1989, which requires any person with the care of a child to do all that is reasonable for the purposes of safeguarding and promoting their welfare. Furthermore, operational practices fulfill the statutory duties of the Equality Act 2010 to protect disabled pupils from discrimination and ensure equality of opportunity, alongside the principles of the Special Educational Needs and Disability Code of Practice for young people with Education, Health and Care Plans.

While Section 34 of the Children's Wellbeing and Schools Act 2026 establishes the baseline mandate for school allergy safety policies, OA-North View implements these procedures in accordance with our independent governance structure and our employer obligations under Section 2 of the Health and Safety at Work Act 1974 to protect employees, pupils, and visitors from foreseeable risks to their health and safety.

3. 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. All such antihistamine medications must be stored centrally and managed in strict accordance with the school's primary Administration of Medicines protocols, completely separate from general first aid kits.

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:

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

4. 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 OA-North View 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 cooking room for the duration of the lesson when the pupil with 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.

OA-North View will ensure that all staff and pupils 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.

The school will 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 adaptions to remove allergens that pose a risk for the whole group not just the pupil 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, pupils, staff).
- Identify 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, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog

OA-North View will take reasonable steps to manage risks associated with airborne allergens through ventilation, cleaning arrangements, activity planning and reasonable adjustments where necessary.

The school will ensure that the risk of exposure is minimised by

- All school staff allergy training every year
- Educating pupils through awareness assemblies and within PSHE
- Educating all visitors, where appropriate, about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil 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 pupil's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

5. Food Provision and Catering

OA-North View 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 pupils to check independently
- Provide pupil's allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- Enabling parents/carers to liaise with the catering company or school chef, where needed.
- Identify pupils with allergies at point of service by ensuring that the allergens are checked during induction procedures and individual healthcare plan is generated and shared with all relevant staff and signed by the parent/carers. This will also be highlighted on Arbor.
- 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. cooking) as well that from the school kitchen or canteen.
- Teach pupils not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the pupils, 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.

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 pupils with allergies.

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

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

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

6. 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; 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.

7. 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.

OA-North View holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

All schools are required to hold a spare AAI, where sites are more than five minutes from the AAI an additional AAI will be stored on the site, if relevant. They are stored securely in an unlocked, prominently labeled blue container marked 'Emergency Anaphylaxis Kit' located inside the main Office, ensuring immediate accessibility for all areas.

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, where possible 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. To receive a sharps box the school should register with the Local Authority which will be collected by them.

8. 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 "spare" 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, "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 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. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" 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.

9. Pupil self-management:

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag or labelled container; this will be accessible throughout the day and pupils will be reminded to collect when on outdoor activities or offsite.

Older pupils and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

10. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils 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.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a pupil can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler:
    - All adrenaline devices should be used to train with as the pupil may have different ones to the spare adrenaline
- How to report an allergic reaction including:
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident

- Understand their responsibilities in risk reduction to ensure that pupils prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy and:
  - How to check if a pupil is on the record of those with a known allergy
  - How to use an allergy or asthma action plan

11. Emergency preparedness

OA-North View will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

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 spare adrenaline
- practice with adrenaline trainer devices

OA-North View will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

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

12. Roles and Responsibilities:

Allergy Lead and OAISB:
The Olive Academies Independent Schools Board holds ultimate legal accountability for ensuring this policy remains effective, published, and reviewed regularly under the Independent School Standards. While Olive Academies maintains central compliance oversight, local strategic responsibility for allergy safety at OA-North View is held by Kerry Geary, Head of School who acts as the Designated Allergy Lead. This individual oversees the local risk register, monitors reporting trends, and provides formal safety assurance to the Head of School and the governing board.

Allergy-related risks are included within the OAISB risk register. The school will identify and manage local allergy risks through school risk assessments and local risk management arrangements.

Olive Academies have two members of the central team with responsibility for allergy awareness. The school will designate a member of the Senior Leadership Team as the Allergy Lead with strategic responsibility for allergy safety on site. This individual will oversee implementation of this policy, monitor incidents and near misses, and provide assurance to the Head and the OAISB.

The Allergy Lead is 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 staff and catering teams as soon as possible but within two weeks of the pupil starting
- holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of pupils at mealtimes
- communication about the:
    - Policy
    - Pupils who are on the register of those with allergies
    - Importance of recording and reporting near misses and incidents
- communication with:
    - OAISB to provide updates about the policy implementation
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - Caterer; the procedures in the kitchen and the procedures for ensuring that the pupils 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
    - Pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Spare 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
- Training:
    - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
    - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

All Staff:
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 pupil's IHP
- implementing the pupil's 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:

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 pupil's allergy and its management.
- Ensuring that the pupil always has in date medication with them at school

13. Identification of Individuals with Allergies

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

Medical information is obtained through admission and healthcare forms completed by parents/carers prior to a pupil starting at OA-North View. Information relating to allergies, dietary requirements, prescribed medication, previous reactions and emergency treatment is reviewed with families and, where appropriate, healthcare professionals. This information informs the development and review of Individual Healthcare Plans and is shared with relevant staff to ensure appropriate support and risk management arrangements are in place from the pupil's first day of attendance.

Information Sharing: UK GDPR does not prevent the sharing of a pupil'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. This is done through Medical Tracker.

Transition: Allergy information and existing care plans are shared as part of a pupil's transition. OA-North View will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. OA will work with parents/carers and the pupil appropriate to write a new IHP Staff will provide information about pupil for transition visits ahead of a formal move.

Staff: As part of the pre-employment process, all staff are required to complete a health questionnaire which includes details of any known allergies, intolerances or medical conditions that may affect them in the workplace. Where an allergy is declared, the line manager will meet with the member of staff to discuss any risks and identify reasonable measures required to support a safe working environment. Where necessary, an individual risk assessment and action plan will be developed, recorded and shared with relevant staff on a need-to-know basis. Agreed control measures will be implemented, monitored and reviewed periodically, and whenever there is a change in the staff member's condition or working arrangements.

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.

14. Pupil 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 pupil'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 mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupils annually so that the pupil is recognisable.

An IgE-mediated food allergy is a food allergy in which the body's immune system produces a type of antibody called Immunoglobulin E (IgE) against a specific food protein.
When the person eats the food, the IgE antibodies trigger the release of chemicals such as histamine, causing an allergic reaction. Symptoms usually occur very quickly, often within minutes and usually within 2 hours of exposure and can range from mild reactions to life-threatening anaphylaxis.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies do not 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 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/carers 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 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.

OA-North View will ensure that:

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

15. School Trips and External Visits

OA-North View ensures that pupils 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 pupil 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 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.

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. OA will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

OA-North View will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided. The Individual Health Care Plan will be shared with relevant people at the host school, where necessary.

16. Serious Incidents and "Near Misses"

The 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 pupils are better protected in the future.

OA-North View 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.

OA-North View uses Medical Tracker 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.

OA-North View will share the report with the pupil's parents/carers, the pupil 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. OA-North View will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

17. Wellbeing and Support

At OA-North View allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils 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.

OA-North View is committed to allergy safety and awareness and will:

- Regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- Include lessons on allergy and anaphylaxis during assembly, tutor time or in PSHE
- Plan celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- Involve pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management
- Understand that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- Promote "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new joiners or anxious pupils
- 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 pupils with allergies in the dining hall
- Ensure proactive engagement with new joiners with known allergies, setting out the setting's policies and the support available

18. Safeguarding

OA-North View recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person 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 a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

19. Unacceptable practice

Staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct 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 Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where 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 child or young person or their parents or carer;
- Ignoring medical evidence or the opinion and advice of healthcare professionals;
- Assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- Penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes disqualifying children and young people from rewards for 100% attendance where their non-attendance is a direct result of a documented medical condition;
- Requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- Preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

20. Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

21. 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 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
Food Standards Agency (Natasha's Law guidance):
https://www.gov.uk/government/publications/introduction-to-allergen-labelling-for-ppds-food