

ST BARTHOLOMEW'S SCHOOL

Allergy and Anaphylaxis Policy

Reviewed by the Governor's Business Committee, Summer 2026

Approved by the Full Governing Body, Summer 2026

To be reviewed Summer 2027

Supporting Students with Medical Conditions

1. Aims

This policy aims to ensure that:

- This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.
- It is also based on the Department for Education (DfE) statutory guidance: Supporting pupils at school with medical conditions, updated 2017.
- To minimise the risk of any student suffering a serious allergic reaction whilst at school or attending any school related activity.
- To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
- That staff understand and can support the delivery of care plans.
- To ensure that systems are in place to obtain information about a medical condition and to keep this up to date.
- To ensure that students with allergies are actively supported to participate fully in school life.

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Shaun Letchford	School Governor
Natasha Lee	Business Manager
Kate Wakefield	H&S and Medical Coordinator

2. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how St Bartholomew's School will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

3. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the House office/ H&S and Medical Coordinator/SENCO of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are required to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis.
- Staff (regular or cover classes) must be aware of the students in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.
- The H&S and Medical Coordinator will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- The H&S and Medical Coordinator keeps a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- It is the parent's responsibility to ensure all medication given to the school for their child is in current date and has not expired. Any expired medication needs to be replaced immediately by the parents. The H&S and Medical Coordinator will check spare AAIs on a termly basis that are kept in school House offices.
- All Staff to ensure that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Student Responsibilities

- Students are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Students who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

4. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for students with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Berkshire Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the NHS. The allergy action plans are designed to function as an individual healthcare plan.

5. 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.

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.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe 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.

If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Students with Consent (with an Allergy Action Plan)

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the student where they are, call for help and do not leave them unattended.
- **LIE STUDENT 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 AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI's 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 a second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Students without consent – undiagnosed allergy

If a student is not diagnosed with allergies and therefore doesn't have consent or an AAI, the school would **CALL 999 immediately** and state **ANAPHYLAXIS (ana-fil-axis)** to get consent from the emergency services to use a spare school AAI.

Whilst you are waiting for the ambulance, keep the student 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 students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

6. Supply, storage and care of medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own **two** AAI's on them at all times in a suitable bag/container.

For those students not ready to take responsibility for their own medication, their AAI's can be stored in the House office and are **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the student's name. The student's medication storage container should contain:

- Two AAI's i.e. EpiPen®, Jext® or EURneffy inhaler
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the student's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the House office will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Older students and medication

Older students 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.

Storage

AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAI's are single use only and must be disposed of as sharps. Used AAI's can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins are emptied and disposed of by Astral. The sharps bins are kept in the House offices.

7. 'Spare' adrenaline auto-injectors in school

St Bartholomew's School has purchased spare **AAI's for emergency use for students who are at risk of anaphylaxis**, their own device(s) are not available or not working (e.g. because they are out of date) or they are experiencing anaphylaxis for the first time (see no consent section 5).

These are stored in the House offices/Facilities office, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

St Bartholomew's School holds 10 spare Epi pens which are kept in the following location(s):

Curnock House office	x1
Davis House office	x1
Evers House office	x1
Patterson house office	x1
6 th Form House office	x1
Facilities office (trip kits)	x5

The H&S and Medical Coordinator is responsible for checking the spare medication is in date on a termly basis and to replace as needed.

Written parental permission for use of the spare AAls is included in the student's allergy action plan for a student with known allergies.

8. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Natasha Lee	Business Manager
Kate Wakefield	H&S and Medical Coordinator

All staff will complete Allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

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

St Bartholomew's School ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk).

9. Catering

St Bartholomew's school follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. Therefore, labelling of all pre-made and fresh food is provided in the school canteen/Sixth Form café.

The school's menu is available for parents to view termly in advance with all ingredients listed and allergens highlighted on the school's website at <https://www.stbarts.co.uk/>

The Arbor team will share medical/allergy updates with the H&S and Medical Coordinator and the Catering Manager of students with food allergies.

The school adheres to the following Department of Health guidance recommendations:

- If food is purchased from the school canteen/Sixth Form servery/Bart's Bites, parents should check the appropriateness of foods by speaking directly to the Catering Manager.

- The student should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered, students are responsible for checking allergens for any food they consume, e.g. cake sales.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to students with allergies and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early that a student with allergies is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Students with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team.

11. Allergy awareness

St Bartholomew's School supports the approach advocated by Anaphylaxis UK to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, students and all other staff are aware of what allergies are, the importance of avoiding the students' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

St Bartholomew's School will conduct a detailed individual risk assessment for all new joining students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic students safe.

School and individual risk assessments can be downloaded for free from: [Downloads | Anaphylaxis UK.](#)

13. Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

Allergy UK - <https://www.allergyuk.org>

- Information and advice for schools - <https://www.allergyuk.org/information-and-support/at-school/for-schools/>

BSACI Allergy Action Plans - <https://www.bsaci.org/resources/resources/paediatric-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (NICE guideline NG258, published 27 May 2026) <https://www.nice.org.uk/guidance/ng258>

This Policy is linked to:

- Medical Conditions policy
- Health & Safety policy
- Equality policy

Agreed by the Full Governing Body at their meeting on 14th July 2026.