ALLERGY SAFETY POLICY

Resilience
Multi Academy
Trust

Summary	This policy is to reduce the risk for individuals coming into contact with known allergens.
Responsible Person/Author:	Adam Marham COO
Applies to: (please circle/delete as appropriate)	**Colleague** **Student☒** **Community** ☒ ☒
Ratifying Committee	Trust Board 20 August 2026
Version:	1
Available On:	Websites, On demand, SharePoint
Effective from:	21 August 2026
Date of Next Formal Review:	September 2027
Review Period	Annual
Status	Statutory
Owner	RMAT

Document Control

Date	Version	Action	Amendments
July 2026	1	New Policy	

Contents

Aims of this policy

1. As a proprietor of academies, RMAT has a legal duty to ensure there is an allergy safety policy in place, which sets out the arrangements to reduce the risk for individuals coming into contact with their know allergens (e.g. food or contact allergens) and sets out emergency response plans.

2. RMAT has adopted this policy to set out the arrangements of its duty to ensure there is an allergy safety policy in place, which sets out the arrangements to reduce the risk for individuals coming into contact with their known allergens (e.g. food or contact allergens) and sets out emergency response plans.

Overriding principles

3. Children and young people with allergies are entitled to a full education. RMAT is committed to ensuring that students with allergies are properly supported in their academy so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We want all students, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting students with allergies to participate in school trips/visits and/or in sporting activities.

4. To ensure a rigorous approach to allergy safety and supporting students with medical conditions, all colleagues must cross-reference this policy with the supporting students with medical conditions policy whenever they are dealing with a student with an allergy.

Inclusion

5. Some students with an allergy will have a disability as defined by the Equality Act 2010 and RMAT will comply with those duties in the implementation of this policy and in all decisions made about individual students with allergies.

6. This policy sets out policies and procedures to ensure proactive steps are taken to meet the needs of children with allergies, and that they feel safe and included.

Definitions

7. **Allergy** is 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. Allergic reactions can range in severity from mild symptoms (such as a rash or runny nose) to anaphylaxis, which is a severe and potentially life-threatening reaction.

8. Common allergic conditions include:

    - Hay Fever (Allergic Rhinitis).
    - Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives).
    - Food allergy.
    - Asthma.

9. Less common allergic conditions include:

    - Allergy to insect stings.
    - Allergy to medicines.

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

11. **Asthma** is 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.

12. **Intolerance** to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley, and wheat.

Policy implementation

13. Academy Principals are responsible for the successful administration and implementation of this policy.

14. Principals should ensure:

- that sufficient colleagues are suitably trained to meet the known allergies of students at the academy.
- induction training of colleagues takes place which includes allergy safety.
- all relevant colleagues are made aware of students' allergies and supply teachers are properly briefed.
- cover arrangements are in place to cover colleague absences/turnover to ensure that someone is always available and on site.
- risk assessments for academy visits, holidays, and other school activities outside of the normal timetable are completed.
- individual healthcare plans (IHPs) are prepared where appropriate and monitored. If a healthcare professional has prepared an allergy action plan this should be attached to the IHP.

15. The RMAT Board will review this policy annually or where there is an incident or near miss.

Identification that a student has an allergy.

16. Ordinarily, the student's parent/carer will notify the academy that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Principal, including whether they carry any medication (e.g. and adrenaline autoinjector (AAI) device or asthma reliever inhaler). However, they may sometimes pass this information on to a class teacher or another colleague. Any colleague receiving notification that a student has a medical condition should notify the Principal as soon as practicable.

17. A student themselves may disclose that they have an allergy. The colleague to whom the disclosure is made should notify the Principal as soon as practicable.

18. Notification may also be received directly from the student's healthcare provider or from a school from which a child may be joining the academy. The academy may also instigate the procedure themselves where the student is returning to the academy after a long-term absence.

19. Where a child is starting school, or is new to the academy, the Principal or someone designated by them will make enquiries in advance of the child starting, including seeking information from

any previous school and parents (or young person themselves if appropriate), to ensure that appropriate support is in place from the first day of attendance.

20. Where a child is moving to a new school from the academy, their IHP and/or Allergy Action Plan should be shared by the Principal or someone designated by them, as part of the transition.

21. The academy will ask parents to inform them as soon as reasonably practicable when their child is diagnosed with a new allergy to ensure that appropriate support is in place.

Identification of colleagues and visitors that have an allergy.

22. All colleagues will be asked to notify the academy in writing if they have an allergy, including whether they carry any medication (e.g. an adrenaline autoinjector (AAI) device or asthma reliever inhaler).

23. Wherever possible, information on allergy should be sought in advance from visitors ahead of their visit, especially if they are likely to be served food.

24. The academy should consider on a case-by-case basis at what point it seeks information from colleagues and visitors regarding allergy and at what point it provides information about allergy to visitors, especially if they are likely to be served food.

25. Colleagues and visitors will ordinarily manage the condition/allergy themselves without any support or monitoring from the academy. If the visitor is a child, their parent will ordinarily manage their child's condition/allergy themselves without any support or monitoring from the academy.

26. Where appropriate the academy should consider whether it should revise external booking documents, contracts for third party use of the site and/or contracts with third parties providing services to reflect the provisions of this section.

27. Emergency response procedures will apply to all individuals on the academy site.

Procedure following notification that a student has an allergy – See Appendix 1

28. Except in exceptional circumstances where the student does not wish their parent/carer to know about their allergy, the student's parents/carers will be contacted by the Principal, or someone designated by them, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the student. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality. If a decision is made not to inform a parent/carer then the reasons for this should be documented and the decision should be reviewed by the Principal.

29. Unless the allergy is short-term and straightforward (e.g. the student can manage the condition/allergy themselves without any support or monitoring), a meeting will normally be held to:

- discuss the student's medical support needs.
- identify colleagues who will provide support to the student where appropriate.
- determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain.

30. Where possible, the student will be enabled and encouraged to attend the meeting and speak on their own behalf, considering the student's age and understanding. Where this is not appropriate, the student will be given the opportunity to feed in their views by other means, such as setting their views out in writing.

31. The healthcare professional(s) with responsibility for the student may be invited to the meeting or be asked to prepare written evidence about the student's allergy for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHP.

32. In cases where a student's allergy is unclear, or where there is a difference of opinion, the Principal will exercise their professional judgement based on the available evidence to determine whether an IHP is needed and/or what support to provide.

33. For children joining the academy at the start of the school year any support arrangements will be made in time for the start of the school term where possible. In other cases, such as a new diagnosis or a child moving to the academy mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

34. Where the academy becomes aware that a student has a severe allergy, it will treat this as a priority matter and ensure that an allergy action plan and any associated risk management measures are put in place without delay.

Records of students and colleagues with allergies

35. The academy will keep a list of all students and colleagues with an allergy, an up-to-date photo, what medication they are prescribed, (e.g. AAI) and whether the student has an IHP and an Allergy Action Plan.

36. The academy will keep a list of students and colleagues with a known allergy (including an up-to-date photo and lists of their known allergen) in places where food may be served or handled (including food technology, science, craft, and art classrooms).

37. Such lists will be kept in areas accessible to colleagues only.

Individual Healthcare Plans (IHP) – See Appendix 2

38. Children and young people should have an IHP if:

- They have an allergy which has a functional impact on them in their school setting.
- They are at risk of harm as a result of their allergy; and
- They require arrangements which are additional to, or different from those made generally.

39. Where it is decided that an IHP should be developed for the student, this shall be developed in partnership between the academy, the student's parents/carers, the student, and the relevant healthcare professional(s) who can best advise on the particular needs of the student. This may include the school nursing service. The local authority will also be asked to contribute where the student accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHP.

40. The aim of the IHP is to capture the steps which the academy needs to take to help the student manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the student's best interests in mind. In preparing the IHP the

academy will need to assess and manage the risk to the student's education, health and social well-being and minimise disruption.

41. IHP's may include:

- details of the medical condition, allergy, its triggers, signs, symptoms, and treatments.
- the student's resulting needs, including medication (dose, side-effects, and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition and dietary requirements. Also, environmental issues, e.g. crowded corridors or travel time between lessons.
- specific support for the student's educational, social, and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons or counselling sessions.
- the level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional and cover arrangements for when they are unavailable.
- who in the academy needs to be aware of the student's condition and the support required.
- arrangements for written permission from parents/carers and the Principal for medication to be administered by a colleague or self-administered by the student during school hours.
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
- where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition/allergy which should be identified within the plan.
- what to do in an emergency, including whom to contact, and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

42. The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant colleagues are aware of emergency symptoms and procedures. Other students in the academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student (regardless of whether they have an IHP) needs to be taken to hospital, colleague will stay with the student until the parent/carer arrives, or accompany a student taken to hospital by ambulance.

43. Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the academy will take the lead in writing the plan and ensuring that it is finalised and implemented.

44. Where a student is returning to the academy following a period of hospital education or alternative provision (including home tuition), the academy will work with the local authority and education provider to ensure that the IHP identifies the support the student will need to reintegrate effectively.

45. Where the student has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to or become part of that EHCP.

Allergy and Asthma Action Plans

46. Students with a known allergy to food or insect stings should be issued with an appropriate Allergy Action Pan by their healthcare professional. These are medical documents designed to facilitate emergency response including in the case of anaphylaxis and an asthma attack.

47. The relevant healthcare professional is responsible for the content of Allergy and Asthma Action Plans. Whenever an updated Allergy and/or Asthma Action Plan becomes available, the student's IHP should be reviewed and incorporate it.

48. The student's IHP should attach the student's Allergy and/or Asthma Action Plan(s).

Reviewing Individual Healthcare Plans (IHP)

49. Every IHP shall be reviewed at least annually. The Principal (or someone designated by them) shall, as soon as practicable, contact the student's parents/carers and the relevant healthcare provider to ascertain whether the current IHP is still needed or needs to be changed. If the academy receives notification that the student's needs have changed, a review of the IHP will be undertaken as soon as practicable.

50. Where practicable, colleague who provide support to the student with the medical condition shall be included in any meetings where the student's condition is discussed.

Allergen risk assessment

51. In order to minimise the risk of individuals (whether students, colleagues, or visitors, RMAT will carry out an allergen risk assessment of each academy environment, including:

- Food and catering arrangements.
- Classrooms and other learning environments (e.g. art rooms, science laboratories, food technology rooms.)
- Communal areas (e.g. canteen, dining hall, common rooms).
- Outdoor areas (e.g. play fields, nature areas).
- Activities and events where food is present on an academy site. (e.g. academy fairs, celebrations).
- Activities where other allergens are present on an academy site, e.g. animals.
- A separate and specific risk assessment to manage the risk of exposure to allergens on external visits or trips.

52. The allergen risk assessment will be carried out by a person designated by the Principal in conjunction with RMAT's estate manager and relevant colleagues (including catering colleagues) and, where available, the school nursing service. The assessment should be reviewed annually and whenever there is a significant change to the academy environment or catering arrangements.

53. The allergen risk assessment will identify:

- Allergens present in the academy environment, including airborne or through contact.
- Students at risk of an allergic reaction.
- Other individuals, specifically colleagues and visitors at risk of an allergic reaction if known.
- Measures to reduce the risk of exposure to allergens.
- Procedures to follow if a student has an allergic reaction.

54. Where the risk assessment identifies a risk, RMAT wilk take proportionate steps to manage that risk. This may include, for example, designated allergen-free zones, allergen free options in the canteen, measures to identify children with allergy and measures to prevent cross-contamination.

Colleague training

55. The Principal supported by HR is responsible for:

- ensuring that all colleagues scheduled to be on site (including permanent, new and temporary colleagues, regular volunteers, and any person responsible for before-school provision, free breakfast clubs, peripatetic workers and agency workers) are aware of this policy, trained in allergy awareness and emergency response and understand their role in its implementation at least annually. (This is not intended to include contractors carrying out work with no student facing role e.g. builders.)

- working with the school nursing service, relevant healthcare professionals, and other external agencies to identify colleague training requirements and commissioning required training.

- ensuring that there are sufficient numbers of trained colleagues available to implement the policy and deliver against all IHPs, and IHPs and allergy action plans, including any specific training needs required by an IHP and in contingency and emergence situations.

56. In addition, all colleagues will know what to do and respond accordingly when they become aware that a student or any individual needs help.

57. Where specific conditions require specialist training, including but not limited to the use of adrenaline auto-injectors (AAIs), the management of anaphylaxis, the use of blood glucose monitors or insulin pumps, the management of epileptic seizures, and the management of asthma attacks, the Principal supported by HR will ensure that sufficient colleagues receive that training from an appropriately qualified healthcare professional, and that competency is confirmed before a colleague is asked to provide support.

58. Allergy awareness training will be provided to all colleagues. This will cover the nature and prevalence of food and other allergies, the signs and symptoms of allergic reactions and anaphylaxis, how to use an AAI, and the steps to follow in an emergency.

59. A record of all colleague training shall be maintained (see template at Appendix 3). Training will be refreshed at regular intervals and whenever there is a significant change to the conditions affecting students at the academy.

60. Training will be delivered annually unless healthcare professionals involved in an individual's care advise otherwise and should be sufficient to ensure colleagues are competent and have confidence in their ability to support students and individuals with allergies, and to fulfil the requirements as set out in relevant IHPs and/or Allergy Action Plans.

61. Induction arrangements for new colleagues will include training on this allergy safety policy, allergy awareness, and emergency response.

62. Cover colleagues will receive an appropriate briefing.

63. RMAT has in place appropriate levels of insurance regarding colleagues providing support to students with medical conditions, including the administration of medication. Copies of RMATs insurance policies can be made accessible to colleagues as required.

Allergy awareness training

64. Allergy awareness training should ensure all colleagues:

- Have an awareness of allergies, the risk they pose, how allergic reactions can occur and how to manage it.
- Understand that allergies include multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist.
- Understand the difference between food allergy, coeliac disease, and food intolerance.
- Know where to find information on allergy triggers.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency including:
    - Calling emergency services and informing parents.
    - How to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - Training on how to use the medication/device in an emergency (whether prescribed to a given person or an academy's "spare" adrenaline devices).
- Understand the impact allergy can have on a child or young person's wellbeing.
- Understand RMATs allergy safety policy.
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma action plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contract with their known allergens.
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

65. Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency, or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

66. Raising allergy awareness with students will be carefully considered and managed in an age-appropriate way.

Prescribed adrenaline and spare adrenaline auto injectors (AAIs)

67. All AAIs will be stored at room temperature and not locked away or kept in any location where access is restricted.

68. All AAIs will be stored in either the medical room or academy office.

69. Students who are prescribed adrenaline will have rapid access to their devices at all times. All students will normally be expected to carry them in their school bag.

70. Students will take individually prescribed AAIs home at the end of the day (including for use during the journey home).

71. The Appointed person(s) under the First Aid Policy academy are responsible for ensuring that AAI's are in date, accessible and stored in designated locations, that colleagues are aware of the location and use of these emergency medications and that consent and medical authorisation forms are up to date and securely stored.

72. The academy will hold spare adrenaline auto-injectors (AAIs) for use in an emergency where a student is known to be at risk of anaphylaxis.

73. The academy will maintain a supply of spare, clearly labelled AAIs for use in an emergency. Spare AAIs may be used where:

- A student at the academy has been prescribed an AAI and is known to be at risk of anaphylaxis.
- The student's own AAI is not available (e.g., because it has been used, is out of reach, has expired, or has been lost).
- The student or other individual has had, or is judged to be having, an anaphylactic reaction.

74. Spare AAIs held by the academy are for emergency use only and are not a substitute for a student's own prescribed AAI. Parents/carers are still required to provide the academy with their child's in-date, personally prescribed AAI.

75. Spare AAIs will be stored in a clearly marked, accessible, and safe location known to all relevant colleagues. They will be contained in an 'emergency anaphylaxis kit' clearly marked as such and separate to the first aid kit. They will be checked regularly to ensure that they are in date and functional and replaced as required. This will also include any emergency asthma reliever inhaler and spacers, and instructions for use of all equipment.

76. All AAIs and instructions for use will be stored in pairs.

77. All colleagues will receive training in the recognition of anaphylaxis and in the correct use of AAIs. This will include training that in the event of an anaphylaxis, adrenaline should be administered as soon as possible and within five minutes.

78. Following any use of a spare AAI, the appointed persons under the first aid policy will ensure that a replacement is obtained promptly and that a record of the use is made.

Allergen management in catering and food provision

79. RMAT recognises that the management of allergens in food provision is a critical safety issue for students (and colleagues and visitors) with food allergies.

80. RMAT (or its catering contractor) will:

- Ensure that allergen information for all food and drink provided to students, colleagues, and visitors is available and clearly communicated.

- Ensure that colleagues involved in food preparation and service are trained in allergen awareness and the prevention of cross-contamination.
- Ensure that allergen-free options are available for students, colleagues, and visitors with known food allergies, as reflected in the allergen risk assessment.
- Ensure that catering contractors are made aware of students, colleagues, and visitors with known food allergies, and take appropriate steps to manage the risk.

81. The academy must use at least two robust methods of identifying students with known allergies at mealtimes.

82. The academy must ensure that food served at academy events, including fairs, celebrations, parties, and academy trips, is managed in a manner that takes into account students, colleagues, and visitors with known food allergies. Where the academy cannot control the allergen content of food served at an event, appropriate measures will be taken to ensure that affected students and individuals are kept safe, including consideration of what information is provided regarding allergens.

83. A colleague designated by the Principal will liaise with the catering manager or contractor on allergen management and will ensure that any relevant information from a student's IHP or Allergy Action Plan is shared with catering colleagues on a need-to-know basis, in compliance with data protection requirements.

Emergency procedures – Whole academy approach

84. Nothing in this policy prevents any person taking reasonable action in good faith to save a child or young person's life if they experience a life-threatening medical emergency.

85. The academy adopts a whole-school approach to emergency preparedness in relation to allergies. This means that all colleagues, not just those directly named in a student's IHP or Allergy Action Plan, are equipped to respond appropriately in an emergency.

86. Academy Principals should ensure that:

- Emergency procedures for the most common or highest-risk conditions affecting students at the academy (including anaphylaxis, severe asthma attacks, hypoglycaemic episodes, and epileptic seizures) are clearly documented and accessible to all colleagues.

- All colleagues are trained on what to do if they encounter a student in a medical emergency, an anaphylactic reaction, or acute asthma.

- Regular training and scenario-based exercises are carried out with colleagues to ensure preparedness, particularly in relation to anaphylaxis and other life-threatening conditions.

- Spare emergency medication (including spare AAIs) is stored in an accessible, clearly marked location known to all colleagues.

- The location of emergency medication and the academy's emergency procedures are included in the induction of all new colleagues.

87. General emergency procedures (including calling 999 and first aid) are set out in template at Appendix 3.

88. If a student, regardless of whether they have an IHP or Allergy Action Plan, needs urgent medical attention, colleagues must:

- Call 999 immediately where there is any doubt about the seriousness of the situation.
- Administer any emergency medication in accordance with the student's IHP/Allergy Action Plan (or, in the absence of a plan, their best clinical judgement).
- Stay with the student until emergency services or a parent/carer arrives.
- Notify the student's parent/carer as soon as practicable.
- Complete a record of the incident.

Serious incidents and near misses

89. RMAT recognises that however effective its policies and procedures are in relation to students, colleagues and visitors with medical conditions and/or allergies, they can never completely remove the risk of a serious incident happening.

90. Serious incidents and 'near misses' will be treated seriously and in accordance with RMATs health and safety policies and procedures.

Support for the wellbeing of students with medical conditions and/or allergy

91. Measures the academy will take to support the wellbeing of pupils with medical conditions and/or allergies, and allergy awareness may include:

- The academy will involve the student's parents and, where appropriate, the student themselves in developing and reviewing their IHP.
- The academy will ensure proactive communication to the academy community about allergy, ongoing awareness, and severity of risk.
- The academy will proactively engage with new joiners, for example by offering a tour of the canteen.
- The academy will ensure regular communication with members of the academy community about medical conditions, allergies, and the awareness and appreciation of ongoing risks.
- The academy will address and respond to any bullying related to medical conditions and/or allergy under its anti-bullying policy.
- The academy will consider any appropriate support to the student and their parent/carer following any serious incident.

Visits and trips

92. A separate and specific risk assessment to manage the risk of exposure to allergens on external visits or trips will be undertaken by the academy before every visit or trip.

93. Each specific risk assessment will assess every individual student, colleague, or volunteer need on the trip who has an allergy.

94. Every student, colleague or volunteer with an AAI and/or asthma reliever inhaler will be required to take an in-date device with them on the trip.

- The arrangements for the storage of students' AAI and asthma reliever inhaler will be made clear to the student, colleagues, and volunteers on the trip.

- All colleagues and volunteers will be expected to store and carry their own devices.

95. A pair of spare AAIs will be supplied for each visit or trip.

96. All colleagues on the trip will be trained in how to administer adrenaline in an emergency.

Unacceptable practice

97. Although the Principal and other academy colleagues should use their discretion and judge each case on its merits with reference to the student's IHP, it will not be acceptable practice to:

- prevent children from easily accessing their medication and administering their medication when and where necessary.
- assume that every student with the same condition requires the same treatment.
- ignore the views of the student or their parents/carers or ignore medical evidence or opinion (although this may be challenged).
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
- if the student becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable. In the case of an emergency allergic incident (anaphylaxis), help must come to the student, not the other way around.
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- prevent students from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- require parents/carers, or otherwise make them feel obliged, to attend the academy to administer medication or provide medical support to their child; no parent/carer should have to give up working because the academy is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of academy life, including academy trips, e.g. by requiring parents/carers to accompany the child.

Information sharing

98. A student's health information (including allergy) is considered special category data. The academy has a lawful basis to hold, use, and share a child or young person's special category health data. RMAT will need to hold, use, and share this information in order to ensure the student receives the support they need to stay safe and be included in education.

99. All individual student health data will be stored and processed in accordance with RMATs student privacy notice.

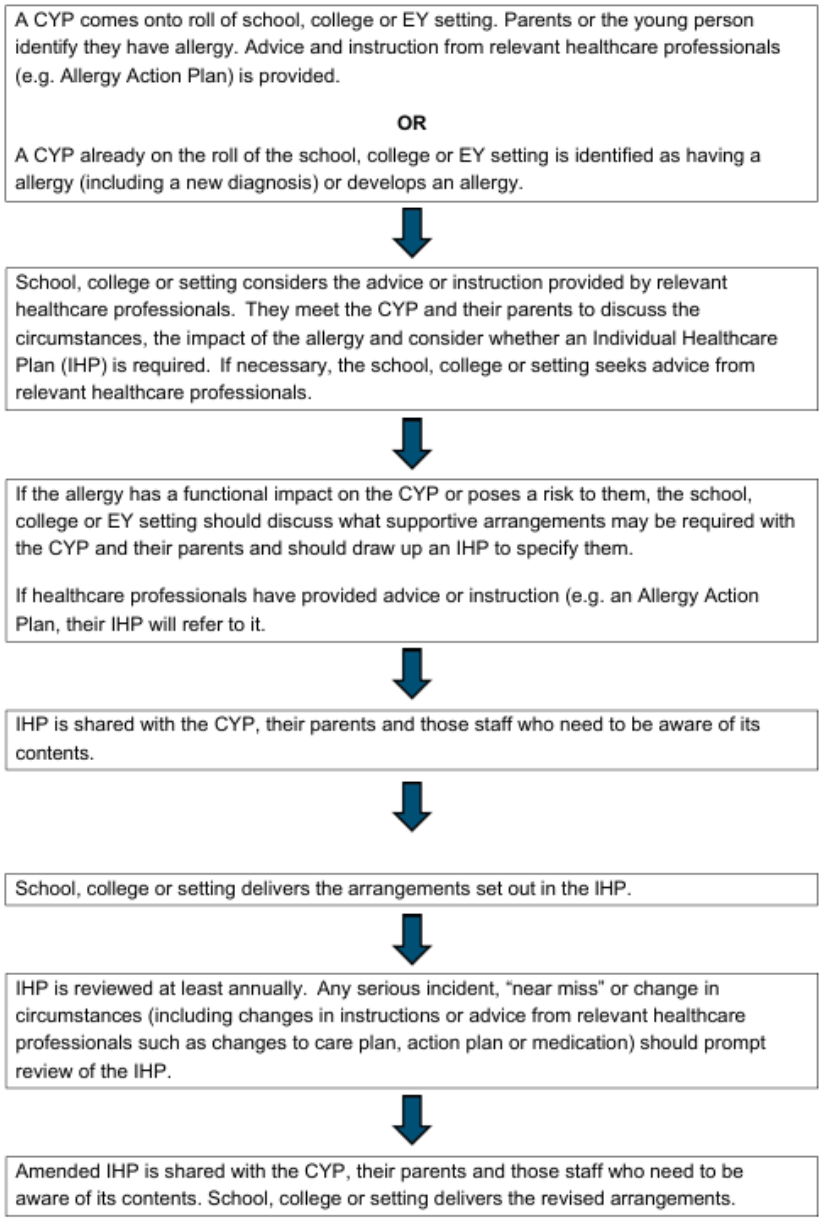
Complaints

100. Complaints regarding this policy or the support provided to students with medical conditions should be raised under RMAT's complaints procedure.

Monitoring

101. The COO will monitor the implementation and effectiveness of the policy and the relevant legislation, guidelines, and information forthcoming from the relevant statutory sources, for any recommendation or changes. There will be a full review of the Policy by the COO by the stated review date where recommendations will be made for consideration by the Trust Board.

Appendix 1 – A flowchart for identifying and agreeing the support a child or young person (CYP) needs and developing an Individual Healthcare Plan (IHP)



Appendix 2 – DfE template: IHP for allergy

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person's learning.
Indicate how the allergy may impact on the child or young person's emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
</table>

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

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

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

Appendix 3 – DfE templates

(Supporting students at school with medical conditions)

Templates

Supporting pupils with medical conditions

May 2014

Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools, and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare plan.

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social, and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs.

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Colleague training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine.

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the colleague can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine. *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of colleague]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting colleague administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ Date_____

Template C: record of medicine administered to an individual child.

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Colleague signature _____

Signature of parent _____

Date			
Time given			
Dose given			

Name of member of colleague			
Colleague initials			

Date			
Time given			
Dose given			
Name of member of colleague			
Colleague initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of colleague			
Colleague initials			

Date			
Time given			
Dose given			
Name of member of colleague			
Colleague initials			

Date			
Time given			
Dose given			
Name of member of colleague			
Colleague initials			

Date			
Time given			

Dose given			
Name of member of colleague			
Colleague initials			

Template D: record of medicine administered to all children.

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of colleague	Print name

Template E: colleague training record – administration of medicines.

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of colleague] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of colleague].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Colleague signature _____

Date _____

Suggested review date. _____

Template F: contacting emergency services.

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code.
5. provide the exact location of the patient within the school setting.
6. provide the name of the child and a brief description of their symptoms.
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
8. put a completed copy of this form by the phone.

Template G: model letter inviting parents to contribute to individual healthcare plan development.

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of colleague involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 4 – Equality Impact Assessment

Policy: Allergy Safety Policy
Date of assessment: July 2026
Assessed by: COO

Purpose of the Policy:

To reduce the risk of students, colleagues, and visitors coming into contact with known allergens and to ensure safe, effective prevention and emergency response arrangements are in place. The policy supports individuals with allergies to access education, employment, academy activities, visits, and community events safely and on equal terms with others.

Groups affected:

- Students with allergies, asthma, anaphylaxis risk, intolerances, and related medical conditions.
- Parents and carers.
- Colleagues with allergies or responsibility for supporting individuals with allergies.
- Academy leaders and trustees.
- Catering colleagues and contractors.
- Volunteers and visitors.
- Healthcare professionals involved in support planning.
- External providers involved in trips, transport, or academy activities.

Protected characteristics considered:

- Age.
- Disability.
- Gender reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity.
- Race.
- Religion or belief.
- Sex.
- Sexual orientation

Potential Impacts:

<u>Positive Impacts:</u>

- Supports students with allergies to participate fully in education, trips, sporting activities, and wider academy life.
- Reduces the likelihood of allergic reactions through proactive risk assessment and allergen management processes.
- Provides tailored support through Individual Healthcare Plans and Allergy Action Plans.
- Promotes inclusion and compliance with Equality Act duties for students whose allergies amount to a disability.
- Improves colleague awareness and confidence through mandatory allergy awareness and emergency response training.
- Establishes robust emergency procedures, including access to adrenaline auto-injectors and trained colleagues.
- Supports wellbeing by reducing anxiety for students and families through clear communication and planned support arrangements.
- Promotes safe participation in off-site activities through specific allergy risk assessments and planning.

Negative or Unequal Impacts

- Risk of inconsistent implementation between academies if training, record keeping, or risk assessment processes are not applied consistently.
- Risk of disadvantage to students with severe allergies if information provided by families is incomplete, inaccurate, or not updated promptly.
- Risk that younger students or students with SEND may struggle to communicate symptoms or exposure concerns.
- Risk of cultural, literacy, or language barriers affecting parental engagement with healthcare plans, consent processes, or allergy management arrangements.
- Risk of stigma, anxiety, isolation, or bullying for students with allergies, particularly where dietary restrictions or emergency procedures are highly visible.
- Risk of accidental allergen exposure during academy events, catering provision, educational visits, or third-party activities.
- Risk that visitors or temporary colleagues with allergies are not identified prior to attending academy premises.
- Risk of delays in emergency response if emergency medication is unavailable, expired, or colleagues are not sufficiently trained.

Mitigation Actions:

- Maintain an up-to-date allergy register, including photographs, allergens, prescribed medication, and healthcare plans where applicable.
- Produce and regularly review Individual Healthcare Plans and Allergy Action Plans for students requiring additional support.
- Deliver annual allergy awareness and emergency response training for all relevant colleagues, with specialist training where required.
- Undertake annual allergen risk assessments and review them following significant changes or incidents.
- Ensure clear communication and engagement with parents, carers, healthcare professionals, catering providers, and academy colleagues.
- Implement robust catering and food management controls, including allergen identification, allergen-free options, and prevention of cross-contamination.
- Ensure emergency medication, including spare AAIs, is accessible, checked regularly, and available during academy activities and visits.
- Complete individual risk assessments for trips, visits, and academy events involving students with allergies.
- Promote dignity, inclusion, safeguarding, and anti-bullying measures for students with allergies.
- Record, investigate, and review allergic incidents and near misses to identify lessons learned and strengthen controls.

Monitoring and Review:

- Annual review of the Allergy Safety Policy by the COO.
- Monitoring of incidents, near misses, anaphylaxis events, and emergency medication usage.
- Audit of allergy registers, IHPs, risk assessments, and colleague training records.
- Review of catering arrangements and allergen management controls.
- Feedback from students, parents, colleagues, healthcare professionals, and academy leaders.
- Reporting of significant risks, trends, and compliance issues through RMAT monitoring arrangements and to the Trust Board where appropriate.