



POLICY FOR ALLERGY MANAGEMENT AT SCHOOL

OUR LADY & ST JOSEPH CATHOLIC PRIMARY SCHOOL

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APPROVED BY: Governing Body

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1. Aims

This policy sets out how the school will prevent, reduce and respond to allergy-related risks so that pupils with allergies are safe, included and able to participate fully in school life.

It also sets out the school's arrangements for allergy awareness, Individual Healthcare Plans (IHPs), emergency response, staff training, use of prescribed and spare adrenaline devices, and learning from incidents and near misses.

2. Legislation and guidance

This policy has been written with reference to:

- Section 100 of the Children and Families Act 2014, which requires schools to make arrangements to support pupils with medical conditions.
- Section 34 of the Children's Wellbeing and Schools Act 2026, sometimes referred to as **Benedict's Law**, which requires maintained schools, academies and PRUs in England to have, publish and keep under review an allergy safety policy and to have regard to statutory guidance on allergy safety
- Department for Education statutory guidance, *Allergy safety in schools*, published in July 2026.
- Department of Health and Social Care guidance, *Using emergency adrenaline auto-injectors in schools*.
- Department for Education statutory guidance, *Supporting pupils with medical conditions at school*.
- The Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019 in relation to allergen information for food provision.
- Equality Act 2010, Health and Safety at Work etc. Act 1974, Children Act 1989, Education Act 2002 and Keeping Children Safe in Education, where relevant to safeguarding, inclusion and reasonable adjustments for pupils with allergies.

For the purposes of this policy, "allergy safety" includes arrangements to identify known allergens, minimise risk of exposure, respond to allergic reactions and anaphylaxis, support wellbeing and inclusion, and review incidents and near misses.

3. Roles and responsibilities

The school takes a whole-school approach to allergy safety.

3.1 Governing body

The governing body is responsible for ensuring that the school has an up-to-date allergy safety policy, that this policy is published and reviewed at least annually, and that allergy-related risks are actively managed.

The governing body will also receive appropriate information about serious incidents, near misses and lessons learned so that arrangements can be reviewed and strengthened where necessary.

3.2 Headteacher

The Executive Headteacher has overall responsibility for the implementation of this policy, including ensuring that sufficient staffing, systems, training and resources are in place.[web:8]

3.3 Named allergy lead

The school's named allergy lead is: **Sheila McCabe who will be assisted by Linda Wilson with relation to the operational functions of this policy - highlighted below in yellow:**

The allergy lead should be a member of the senior leadership team and is responsible for:

- leading the implementation and review of this policy;
- ensuring allergy information is collected, recorded, updated and shared appropriately with relevant staff;
- ensuring pupils who need them have an up-to-date IHP and, where relevant, a healthcare professional's Allergy Action Plan;
- overseeing the school's allergy register;
- ensuring staff training is in place and refreshed at least annually, and sooner where needs change;
- ensuring the school holds accessible spare adrenaline devices and emergency anaphylaxis kit(s);
- ensuring incidents and near misses are recorded, reviewed and acted upon.[web:2][web:8]

3.4 Office staff / medical needs administrator / first aid lead

The member of staff with day-to-day responsibility for administration is: **Linda Wilson**

They are responsible for:

- coordinating information received from parents, carers and healthcare professionals;
- checking that prescribed medication and spare devices are in date and available;
- maintaining consent records and emergency contact details;
- ensuring school trip leaders and wraparound staff receive the information they need

3.5 Teaching, support, lunchtime, catering, premises and wraparound staff

All staff are responsible for promoting allergy awareness, following this policy, understanding the needs of pupils in their care, and taking reasonable steps to reduce exposure to known allergens.

All staff must be able to recognise the signs of an allergic reaction and anaphylaxis, know how to summon help, know how to access emergency medication, and understand the school's emergency response arrangements.

Catering staff must follow food safety and allergen procedures, provide accurate allergen information, and take steps to prevent cross-contamination.

3.6 Parents and carers

Parents and carers are responsible for informing the school promptly of any allergy, allergic condition, prescribed medication, changes to diagnosis, or changes in emergency treatment.

Where a pupil has been prescribed adrenaline devices, parents and carers must provide the required in-date devices for school use in line with the pupil's plan, together with written consent and current medical information.

Parents and carers must also follow the school's arrangements relating to packed lunches, snacks, birthday treats and food brought onto site.

3.7 Pupils

Pupils are encouraged, in a way that is appropriate to their age and understanding, to know their allergens, avoid sharing food, report concerns quickly and follow staff instructions designed to keep them safe.

Pupils who are able to self-carry or self-administer prescribed medication may do so where this has been agreed in their IHP and risk assessed appropriately.

4. Identifying pupils and information sharing

The school will identify pupils with allergies through admission forms, annual data collection, direct communication with parents and carers, and information from healthcare professionals.

The school will maintain an allergy register for pupils who have an allergy diagnosis, an allergic condition requiring support in school, or a risk of anaphylaxis.

Where relevant, the register will include:

- the pupil's name, class and photograph, where consent has been given;
- known allergens and triggers;
- details of prescribed medication and device type;
- whether written parental consent and medical authorisation are held for use of a spare adrenaline device;
- location of medication and any agreed self-carry arrangements;
- key actions required in an emergency.

Relevant information will be shared with staff on a need-to-know basis so that pupils are kept safe while their privacy and dignity are respected.

This will include class teachers, teaching assistants, first aiders, office staff, catering staff, lunchtime staff, premises staff, breakfast club and after-school club staff, trip leaders and supply staff where appropriate

5. Individual Healthcare Plans and allergy action plans

Any pupil whose allergy requires supportive arrangements in school must have those arrangements captured in an Individual Healthcare Plan.

Where available, the IHP will be informed by clinical advice and should incorporate or sit alongside an Allergy Action Plan and, where relevant, an Asthma Action Plan.

The IHP will normally set out:

- the pupil's allergy or allergic condition and known triggers;
- signs and symptoms of mild, moderate and severe reactions;
- daily management arrangements and risk reduction measures;
- medication required, including whether the pupil carries their own medication;

- who will support the pupil, when and how;
- emergency procedures, including when to give adrenaline and when to call 999;
- arrangements for trips, clubs, sports and other activities;
- arrangements for review and parental consent.

IHPs will be drawn up in partnership with parents or carers, the pupil where appropriate, and relevant healthcare professionals where advice is available.

IHPs will be reviewed at least annually and earlier if the pupil's needs, treatment, diagnosis or school arrangements change.

6. Assessing and reducing risk

The school recognises that it is not realistic to guarantee an allergen-free environment, and blanket "nut-free" claims can create false reassurance.

Instead, the school will use practical, proportionate control measures based on the needs of individual pupils and the context of the activity.

6.1 General control measures

The school will:

- remind pupils and staff about handwashing before and after eating;
- prohibit the sharing of food, utensils and containers;
- ensure tables and eating areas are cleaned appropriately;
- ensure food used in lessons, celebrations and events is risk assessed;
- consider safe alternatives to allergen-containing materials in art, craft, science and sensory activities;
- ensure named drinks bottles and packed lunch items are managed safely where relevant.

6.2 Catering and food provision

Where food is provided by the school, accurate allergen information must be available and relevant legal requirements on naming food and listing ingredients must be followed.

Catering staff must be trained to prevent cross-contamination and to provide safe meals for pupils with known allergies.

Parents and carers should engage with the school where a pupil requires a special diet, and any menu changes must continue to meet the pupil's dietary needs safely.

Food should not be given to a pupil with a food allergy in primary school without prior parental agreement and staff checking that it is safe

6.3 Food brought in from home

The school may place proportionate restrictions on higher-risk foods where this is necessary to reduce risk for identified pupils.

The school's current position is as follows:

- packaged nuts and nut-based products should not be brought into school;
- sesame-containing products should be avoided where a known pupil risk has been identified;
- staff will communicate any additional temporary or class-specific restrictions to families where justified by risk assessment.

Birthday treats, shared food and food for fundraising or cultural events must be agreed in advance with staff and checked against the needs of affected pupils.

6.4 Curriculum activities, clubs and school visits

A risk assessment must be carried out for pupils at risk of anaphylaxis or other significant allergic reactions when planning practical lessons, cooking, science, animal contact, visits, sporting events, clubs, wraparound provision and off-site activities.

No pupil will be excluded from participation simply because they have an allergy; instead, the school will plan reasonable adjustments and safe arrangements.

6.5 Animals, insects, latex and environmental triggers

The school will take reasonable precautions where a pupil has allergies linked to animals, insect stings, latex, pollen, mould, dust or similar triggers.

This may include avoiding direct contact, adapting seating or activity arrangements, controlling food and drink outdoors, requiring shoes outdoors, avoiding latex products where required, and ensuring handwashing after contact with animals or environmental materials.

6.6 Wellbeing, bullying and inclusion

The school recognises that pupils with allergies may experience anxiety, social exclusion or bullying and will address this through pastoral support, staff awareness and the behaviour and anti-bullying procedures.

7. Responding to allergic reactions and anaphylaxis

All staff must be familiar with the signs of mild to moderate allergic reaction and the signs of anaphylaxis affecting the airway, breathing or circulation.]

Signs of a mild to moderate allergic reaction may include swollen lips, face or eyes, itchy mouth, hives, itchy skin rash, abdominal pain, vomiting or sudden change in behaviour.

Signs of anaphylaxis may include throat or tongue swelling, difficulty swallowing, hoarse voice, sudden wheeze, noisy or difficult breathing, persistent cough, dizziness, collapse, pallor, confusion, sudden sleepiness or loss of consciousness.

7.1 Mild to moderate reaction

If a pupil has a mild to moderate allergic reaction, staff will:

1. Stay with the pupil and call for help if needed.
2. Locate the pupil's medication and follow the Allergy Action Plan or IHP.
3. Give antihistamine if this forms part of the pupil's agreed plan.
4. Inform parents or carers.
5. Keep the pupil under observation for at least 60 minutes because symptoms can worsen into anaphylaxis.

7.2 Anaphylaxis emergency procedure

If there are any signs of anaphylaxis, staff must act immediately.

1. Give adrenaline without delay using the pupil's prescribed device or, where appropriate, a spare school device.
2. Dial 999 and state that the pupil is having anaphylaxis.
3. Keep the pupil lying flat with legs raised, unless breathing is difficult, in which case allow them to sit; do not allow the pupil to stand or walk around.
4. Stay with the pupil until the ambulance arrives.

5. Give a second dose of adrenaline after 5 minutes if there is no improvement and a further device is available.
6. Inform parents or carers as soon as possible.
7. Ensure the pupil is transferred to hospital for monitoring after any use of adrenaline.

If there is doubt about whether the reaction is anaphylaxis, staff should treat it as anaphylaxis and give adrenaline.

Where a pupil has both food allergy and asthma and has sudden breathing difficulty, staff must consider anaphylaxis and must not give a reliever inhaler instead of adrenaline.

8. Adrenaline devices and emergency kits

8.1 Prescribed devices

Pupils at risk of anaphylaxis should have access to their prescribed adrenaline devices at all times during the school day, including on trips, visits and journeys to and from school where relevant.

Where a pupil is assessed as able to carry their own device, this will be recorded in the IHP. Where self-carry is not appropriate, the device must still be quickly and easily accessible and not locked away.

8.2 Spare school devices

In line with the current statutory allergy safety guidance, the school will hold accessible spare adrenaline devices for emergency use as part of its allergy safety arrangements.

The school's spare device arrangements will be based on the 2017 DHSC guidance for purchasing, storing and using emergency adrenaline auto-injectors in schools.

Under the 2017 guidance, spare school AIs are intended for pupils who are known to be at risk of anaphylaxis, where medical authorisation and written parental consent for use of the spare device have been provided, and where the pupil's own device is not immediately available or not working; if a severe reaction occurs in someone who does not meet those criteria, staff must call 999 and seek emergency advice immediately

8.3 Purchasing and stock control

The allergy lead will arrange purchase of spare devices from a pharmacy or other appropriate supplier in accordance with current guidance.

The school will normally purchase a single brand where possible to reduce confusion in training and use.

The quantity and dose held will be determined by the age profile and needs of pupils, site layout and risk assessment

8.4 Storage

All adrenaline devices must be stored at room temperature, protected from direct sunlight and extremes of temperature, in a secure but accessible location that is not locked away and can be reached quickly.

8.5 Maintenance and disposal

The following members of staff are responsible for monthly checks of emergency devices and kits:

- **Linda Wilson**

Monthly checks will confirm that devices are present, in date and fit for use, and replacements will be ordered before expiry

Used devices will be handed to paramedics where possible or disposed of in line with manufacturer guidance and the school's sharps disposal arrangements.

8.6 Emergency anaphylaxis kits

The school will keep an emergency anaphylaxis kit containing spare adrenaline devices, instructions for use, storage information, manufacturer information, expiry and batch records, replacement arrangements, a list of eligible pupils and an administration record.

9. Training, incident recording and review

In line with the 2026 statutory guidance, all staff must receive allergy awareness and emergency response training, and this should include recognition of symptoms, prevention of exposure, emergency procedures, access to medication and the use of adrenaline devices.

Training will cover teaching staff, support staff, office staff, lunchtime supervisors, catering staff, caretaking and premises staff, and staff working in breakfast club, after-school club and trips.

The school will provide whole-staff allergy training at least annually, and sooner for new starters or where a pupil's needs require additional briefing.

The school will keep records of:

- staff training completed;
- pupils with allergies and their current plans;
- parental consent and medical authorisation for spare devices;
- use of prescribed or spare adrenaline devices;
- allergic reactions, anaphylaxis incidents and near misses.

Serious incidents and near misses will be recorded, shared with parents or carers and the governing body as appropriate, investigated proportionately, and used to review risk assessments, procedures, training and this policy

10. Monitoring, review and linked policies

This policy will be reviewed at least annually and earlier where legislation, statutory guidance, site practice or pupil need changes

The policy will be published in line with current statutory requirements.

This policy should be read alongside the following school policies and procedures:

- Supporting pupils with medical conditions
- First aid
- Health and safety
- Safeguarding and child protection
- Behaviour / anti-bullying
- Educational visits
- Food / catering procedures
- Intimate care and pastoral support, where relevant