| Bishop Challoner Catholic College | | |
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| | **Next review** | September 2027 |
| | **Review period** | Annually |
| | **Principal reviewed** | September 2026 |
| | **Current Status** | Approved |
| | **Staff Owner** | K. Peckover |
| | **Government/DfE Requirement** | **Good practice** |

# Bishop Challoner Catholic College
# Allergy Management Policy

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# Allergy Management Policy

*September 2026*

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| Policy owner / Allergy Safety Lead | K Peckover, Senior Allergy Lead |
| Operational lead | J Jones, Lead First Aider |
| Executive Principal | J Coughlan |
| Date of policy | September 2026 |
| Next review due | September 2027 |

***This policy should be published on the school website and brought to the attention of pupils, parents/carers and all people who work at the school at least annually.***

## 1. Aims

This policy sets out the school's approach to allergy safety, including reducing the risk of exposure, responding to allergic reactions and anaphylaxis, supporting the wellbeing and inclusion of pupils with allergies, and promoting allergy awareness across the school community.

The school is allergy-aware. It cannot guarantee an allergen-free environment, but will take reasonable and proportionate steps to minimise risk and to enable pupils with allergies to participate fully in education and school life.

## 2. Legislation and guidance

This policy has been developed with regard to the Department for Education's statutory guidance Allergy safety in schools, published in July 2026, and the statutory duties introduced by the Children's Wellbeing and Schools Act 2026. It should also be read alongside the statutory guidance 'supporting pupils at school with medical conditions' and Department of Health and Social Care guidance on emergency adrenaline auto-injectors in schools. Information is supported by:

- Children and Families Act 2014, section 100, as amended by the Children's Wellbeing and Schools Act 2026
- Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019

The school will review this policy at least annually, make changes where appropriate, make it generally known within the school and to parents/carers, bring it to the attention of pupils, parents/carers and all people who work at the school at least annually, and publish it on the school website.

## 3. Roles and responsibilities

### 3.1 Governing Body

- Ensure that allergy-related risks are included in the school risk register and actively managed.
- Ensure that the school has an allergy safety policy covering risk reduction and emergency response arrangements.
- Provide oversight and challenge, monitor effectiveness and ensure the policy is reviewed at least annually.
- Ensure appropriate resources, insurance and liability arrangements are in place.
- Receive information about significant incidents and actions where appropriate.

### 3.2 Allergy Safety Lead

Kim Peckover, Senior Allergy Lead, is the school's nominated Allergy Safety Lead and has strategic responsibility for whole-school allergy safety.

- Implement and review this policy at least annually, update it when needed and ensure it is published.
- Promote and maintain allergy awareness across the school community.
- Ensure allergy information is current and readily available to relevant staff.
- Ensure pupils who require an Individual Healthcare Plan (IHP) have an up-to-date plan.
- Ensure pupils with a known food or insect-sting allergy have an up-to-date allergy action plan issued by a healthcare professional.
- Ensure all relevant staff receive annual allergy awareness training and new staff receive training as part of induction.
- Ensure relevant staff understand which activities require an allergy risk assessment.
- Oversee arrangements for safe storage, checking and disposal of adrenaline devices (ADs), including spare AAIs.
- Monitor incidents and near misses, ensure lessons are learned and changes are made to policies, IHPs, training or procedures where needed.
- Ensure arrangements cover temporary, supply, agency and peripatetic staff and regular volunteers.
- Ensure sufficient staff are trained and competent to support pupils with allergies.
- Ensure allergy safety is considered in school activities, trips and visits and that significant incidents are reviewed and reported appropriately.
- Coordinate allergy awareness and adrenaline-device training and maintain training records.

### 3.3 Executive Principal

Dr James Coughlan has overall responsibility for effective implementation of the school's allergy safety arrangements.

- Ensure appropriate resources, staffing and emergency arrangements are in place.
- Decide, in discussion with parents/carers and relevant healthcare professionals, whether a pupil's allergy can be managed through general adjustments or requires an IHP setting out additional or different arrangements.

### 3.4 Lead First Aider and AAI checks

Julie Jones, Lead First Aider, is responsible for operational management of allergy-related medical arrangements.

- Maintain the register of pupils with allergies and relevant medical records.
- Coordinate IHPs, allergy action plans and emergency medication arrangements.
- Oversee storage and regular checks of prescribed emergency medication and spare AAIs.
- Record allergic reactions, anaphylaxis incidents and near misses on Medical Tracker and contribute to reviews.
- Ensure emergency medication accompanies pupils on relevant off-site activities.

At least two named members of staff will be designated locally to check spare AAIs half-termly, confirm that the required devices are present and in date, and arrange replacements before expiry. The named staff and checking record will be maintained by the Lead First Aider.

### 3.5 Catering Manager

- Maintain accurate allergen information and clear labelling.
- Ensure catering staff receive appropriate allergen training and can identify pupils with food allergies.
- Manage cross-contamination risks and food-safety controls.
- Make menus/allergen information available and communicate with parents/carers about individual dietary requirements where appropriate.
- Ensure compliance with applicable food information and allergen legislation.

### 3.6 All teaching and support staff

- Complete required allergy awareness training and understand this policy.
- Be able to recognise mild and severe allergic reactions and anaphylaxis and know how to respond.
- Know which pupils with allergies are in their care, where relevant emergency information and medication are located, and follow IHPs/action plans.
- Take reasonable steps to reduce exposure to known allergens and support pupils' wellbeing and inclusion.
- Report allergic reactions, anaphylaxis, concerns and near misses promptly.

### 3.7 Parents/carers

- Provide accurate and up-to-date information about allergies, reactions, anaphylaxis, dietary needs and treatment.
- Provide prescribed emergency medication; where required this should include two in-date adrenaline devices and any other prescribed medication such as inhalers or antihistamines.
- Replace medication in a timely manner and inform the school of changes in diagnosis, treatment or significant reactions outside school.
- Maintain up-to-date emergency contact details and follow school guidance about food brought in to share.

### 3.8 Pupils

Pupils will be supported to take age-appropriate responsibility. Where competent and agreed in their IHP, pupils may carry and use their own adrenaline device. They should understand their allergens, symptoms, when to seek help and how their medication is used. Pupils without allergies are expected to respect the safety of peers and must not share food or interfere with another pupil's medication.

## 4. Identifying individuals at risk

### 4.1 Pupils

For new starters, parents/carers will be asked for medical information after a place is confirmed and before the pupil starts. Where a pupil receives a new diagnosis or joins mid-year, the school will seek to put necessary arrangements in place within two weeks. Parents/carers will be reminded at least annually to update medical information and must inform the school promptly of changes during the year.

The Lead First Aider will maintain allergy information on Medical Tracker. Relevant information will also be made available through the school's established systems, including the Medical Conditions Register and, where appropriate, ClassCharts. The Catering Manager will be informed of food allergies where necessary.

### 4.2 Individual Healthcare Plans (IHPs)

An IHP will be considered where an allergy has a functional impact in school, places the pupil at risk of harm, and requires arrangements that are additional to or different from those generally available. A formal diagnosis is not an absolute prerequisite where healthcare advice supports management of symptoms.

The school will make every effort to put an IHP in place within two weeks of identifying the need, or by the beginning of the relevant term for a new pupil. Not every pupil with an allergy will require an IHP. The Executive Principal will determine this in discussion with parents/carers and relevant healthcare professionals.

- allergens and known triggers
- signs and symptoms
- risk-reduction measures
- emergency treatment and prescribed medication
- arrangements for self-management and staff support
- trips, visits, PE and extracurricular activities

- emergency contacts

IHPs will be reviewed at least annually and whenever needs, medication or medical advice change, or following a significant incident or near miss. They will be shared appropriately during transition.

### 4.3 Allergy and asthma action plans

Pupils with a known food or insect-sting allergy should have an appropriate allergy action plan issued by a healthcare professional. Pupils with asthma should have an asthma action plan. Where relevant, these plans should be attached to the pupil's IHP and reviewed when the action plan changes. Plans may include medical and parental consent for staff to administer emergency medicines.

### 4.4 Register of pupils with known allergies

The school will maintain a readily accessible register of pupils with known allergies. It will include, where relevant, known allergens and anaphylaxis risk factors, the type and dose of prescribed adrenaline device, consent information and a photograph where appropriate and lawful consent has been obtained. Staff must be able to check relevant information quickly as part of an emergency response.

## 5. Assessing risk

Individual risk assessments will be completed where required for pupils at risk of anaphylaxis, including for activities where exposure may be more likely.

- Food Technology and other lessons involving food
- science experiments involving foods or allergens
- craft activities using food or food packaging
- activities involving animals
- off-site events, educational visits, residentials and sports fixtures
- situations where a visitor's guide dog may create a risk for a pupil with an animal allergy
- other activities identified through an IHP or professional advice

Risk assessments will consider the likelihood of exposure, cross-contamination, supervision, accessibility of emergency medication, availability of trained staff and access to emergency medical assistance.

## 6. Minimising risk

### 6.1 Whole-school approach and hygiene

The school cannot guarantee an allergen-free environment. Staff, pupils and visitors are asked not to bring nuts or foods containing nuts onto the school site or on school trips and visits. This is a risk-reduction measure and must not be described as a guarantee that the site is nut-free.

- Pupils will be reminded to wash hands before and after eating where appropriate.
- Sharing food, food containers, drinks and utensils will be discouraged or prohibited where it creates allergy risk.
- Food-related activities will be supervised appropriately and labels checked.
- Where food is not directly provided by the school, parental engagement and permission will be sought where needed.
- Cleaning and hygiene arrangements will aim to reduce cross-contamination.

### 6.2 Catering

The school is committed to providing safe food options for pupils with allergies. Allergen information for the 14 regulated allergens will be managed in line with current Food Standards Agency requirements, including requirements for pre-packed food for direct sale. Catering staff will follow hygiene and allergen procedures to minimise cross-contamination and will be available to discuss provision with parents/carers.

### 6.3 Insect stings and animals

Where a pupil has a known insect-sting or animal allergy, appropriate preventative measures will be identified through their IHP/action plan and risk assessment. Activities involving potential exposure will be managed to minimise risk, including appropriate hygiene measures and avoiding unnecessary contact with known allergens.

### 6.4 Food Technology

Food Technology staff will use the Medical Conditions Register and other relevant information to identify pupils with allergies, check labels, manage cross-contamination, follow cleaning procedures and apply individual risk assessments and IHPs. Where a particular activity presents an unacceptable risk, a suitable alternative will be provided so that the pupil is not unnecessarily excluded from learning.

### 6.5 Visits, PE, sport and off-site activities

Pupils with allergies will not be unnecessarily excluded from visits, residentials, PE, sport or extracurricular activities. Planning will ensure relevant staff are informed and trained, risk assessments are completed where required, and emergency medication remains with or immediately accessible to the pupil.

For PE and sport away from the main building, emergency medication must accompany the pupil. For visits and residentials, arrangements must also cover transport, overnight storage, catering, accommodation, activities away from the main accommodation and access to emergency services.

## 7. Procedures for handling an allergic reaction

All staff must take a suspected anaphylactic reaction seriously. If an allergy action plan is available, it must be followed. Adrenaline must not be delayed while waiting for another member of staff or for antihistamine to take effect.

1. GIVE ADRENALINE: administer the pupil's prescribed adrenaline device immediately in accordance with the action plan/device instructions.
2. CALL 999: request an ambulance and state clearly that anaphylaxis is suspected.
3. POSITION: generally lie the pupil flat with legs raised. If breathing is difficult, they may sit with legs outstretched. If unconscious but breathing, use the recovery position. Do not allow the pupil to stand or walk.
4. SECOND DOSE: if symptoms do not improve after approximately 5 minutes, or return/worsen, give a second dose where available and appropriate.
5. MONITOR: stay with the pupil until emergency services arrive.
6. HOSPITAL: a member of staff should accompany the pupil if required until a parent/carer arrives. Send the IHP/action plan and relevant medication; give used devices to ambulance staff.

For a mild allergic reaction, staff should remain with the pupil, seek First Aid support, follow the IHP/action plan, give prescribed medication where appropriate, monitor closely and have adrenaline readily available. Escalate immediately if symptoms worsen or anaphylaxis is suspected.

## 8. Adrenaline devices (ADs)

### 8.1 Prescribed devices

"Adrenaline device" (AD) is used in this policy to include prescribed injectable and non-injectable adrenaline devices. Pupils prescribed ADs are encouraged, where appropriate, to keep them on or near their person, including during travel to and from school and on trips. It is recommended that two prescribed devices are available in line with medical advice.

Where a pupil cannot carry their device, it will be stored in an appropriate unlocked and readily accessible location, normally no more than five minutes from where it may be needed, at the correct temperature and protected from

direct sunlight and temperature extremes. A copy of the pupil's allergy action plan should be kept with the medication where practicable.

### 8.2 Spare school AAIs

The school will maintain an appropriate supply of spare adrenaline auto-injectors (AAIs). Current regulations allow schools to purchase injectable AAIs as spare devices; non-injectable/nasal adrenaline may be prescribed to individuals but cannot currently be stocked by schools as a spare device. A school spare AAI may be used in an emergency for a pupil prescribed nasal adrenaline where clinically appropriate and in accordance with statutory guidance.

- Spare AAIs will be kept in pairs where appropriate, clearly labelled and separate from pupils' prescribed devices.
- They will be stored in unlocked locations accessible to staff, no more than five minutes from where they may be needed; a large site may require more than one location.
- They will be kept at room temperature and protected from direct sunlight and extremes of temperature.
- The school will consider dosage and brand when purchasing devices and will seek to minimise confusion by standardising devices where practicable.
- At least two named staff will check stock and expiry dates monthly and arrange replacement before expiry.

### 8.3 Use of spare devices and consent

Advance consent will be sought where required through the pupil's medical records/action plan. However, the Human Medicines (Amendment) Regulations 2017 do not require prior consent for a spare adrenaline device to be used in an emergency. Anyone may take reasonable action to save life without delaying treatment to check consent. Use of a spare device does not replace the requirement to call 999.

### 8.4 Off-site use

Pupils able to self-administer should carry their own prescribed ADs on trips and off-site activities. The visit leader must check medication before departure. Spare school AAIs will be taken where the risk assessment indicates this is appropriate and must remain readily accessible throughout the activity.

### 8.5 Disposal

Adrenaline devices are single-use. Used devices will be handed to ambulance personnel where possible or disposed of in accordance with manufacturer instructions and the school's clinical waste/sharps arrangements.

## 9. Serious incidents and near misses

A serious incident is an event directly related to a medical condition or allergy in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services. A near miss is an event that did not result in harm but had clear potential to do so.

### 9.1 Recording and learning

Serious incidents and near misses will be recorded as soon as feasible on the school's appropriate recording system, including Medical Tracker where relevant.

Reviews will be conducted in a no-blame, learning-focused manner. The Allergy Safety Lead and Lead First Aider will consider whether risk assessments, IHPs, training, procedures or preventative measures need to change and will share learning appropriately.

### 9.2 Notification and external reporting

Parents/carers of a pupil aged under 16 will be notified as soon as possible. For pupils aged 16 or over, the school will take account of the pupil's wishes and applicable confidentiality requirements when informing parents/carers. The

pupil/parents or other individual involved will be given an opportunity to contribute to the lessons-learned review where appropriate.

Where an allergic reaction is delayed and becomes apparent after the pupil has left school, pupils, parents/carers and healthcare professionals are encouraged to report the incident to the school so that it can be reviewed.

The school will make any required external report, including to the Health and Safety Executive under RIDDOR where the legal reporting criteria are met, and to the relevant local authority where an allergen-related food safety incident requires such reporting. Where an incident relates to delivery of a healthcare professional's care/action plan, the relevant healthcare professional will be notified where appropriate.

# 10. Allergy awareness

## 10.1 Staff training

All staff expected to be present when pupils are on site will receive allergy awareness training at least annually. New starters will complete training as part of induction. This includes permanent, temporary, supply, peripatetic and agency staff, regular volunteers, catering staff and others who supervise pupils in breakfast or after-school provision. Contractors with no pupil-facing role are not normally included unless the risk assessment identifies a need.

- allergy, common allergens and related conditions;
- recognising allergic reactions and anaphylaxis;
- emergency response, including prompt administration of adrenaline and correct positioning;
- IHPs, allergy/asthma action plans and the allergy register;
- risk reduction, inclusion, wellbeing and incident/near-miss reporting.

The school will use appropriate trainer devices so staff can practise safely and become familiar with devices in use. Allergy safety drills will be undertaken at least annually to test the school's response to a simulated anaphylaxis emergency; outcomes will be recorded and used to improve arrangements.

## 10.2 Pupil and community awareness

Allergy awareness will be promoted through age-appropriate curriculum and PSHE activity, assemblies, form resources, staff training, pupil education, parent/carer communication, website information, induction, signage and catering procedures. Pupils will be taught not to share food or medication and to respect peers with allergies.

This policy will be published on the school website and shared/brought to the attention of the school community at least annually in accordance with statutory requirements.

# 11. Wellbeing, bullying and inclusion

The school recognises that allergies can affect pupils' wellbeing and may be associated with anxiety, social exclusion or bullying. Pupils will have access to pastoral support, appropriate check-ins and reassurance about the measures in place to reduce risk and respond to emergencies.

Allergy-related bullying, deliberate exposure to a known allergen, tampering with or hiding medication, or encouraging a pupil to consume a known allergen will be taken seriously under the Behaviour and Anti-Bullying Policies and may constitute a safeguarding concern.

## 11.1 Support following an incident or near miss

The school recognises that a serious incident or near miss can affect the pupil, their family, staff who responded and witnesses. Appropriate pastoral and staff wellbeing support will be offered, and the lessons-learned process will be handled sensitively.

## 12. Information sharing and data protection

Information about an individual's health is special category personal data under UK GDPR. It will be handled in accordance with the school's Data Protection Policy and shared only where there is a lawful basis and a genuine need to know for safety, care or operational purposes.

Relevant allergy information will be made promptly available to teaching and support staff, cover/supply/agency staff, catering and lunchtime staff, PE/sports staff, trip leaders, extracurricular leaders and First Aid staff as required. Temporary staff must receive necessary information before undertaking duties where pupil safety depends on it.

## 13. Monitoring arrangements

The Allergy Safety Lead will monitor implementation and the policy will be reviewed and approved at least annually, or sooner following a serious incident, significant near miss, change in legislation/statutory guidance, change in school procedures or other identified learning.