BROWNEDGE ST MARY'S CATHOLIC HIGH SCHOOL

ALLERGY SAFETY POLICY

Approved by Governors (Name):	Mrs Fordyce	Date: November 2026
Date of review: September 2027		
Policy devised by (Name):	Mrs Oddie	Date: November 2026

Contents

1. Aims

This policy sets out how the school will:

- reduce the risk of pupils, staff and visitors being exposed to known allergens and respond safely to allergic reactions and anaphylaxis;
- support pupils with allergies to attend, participate and be included fully in school life; and
- promote allergy awareness across the school community.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 Governing board

The governing board is responsible for ensuring that the school has, publishes and reviews an allergy safety policy at least annually; that allergy risks are included in the school's risk management arrangements; and that appropriate systems, training and emergency arrangements are in place.

3.2 Allergy Safety Lead

The nominated senior leader responsible for allergy safety is Miss J Oldham.

The Allergy Safety Lead oversees implementation of this policy, maintains allergy awareness, ensures relevant pupil information and plans are current and accessible, coordinates training and emergency arrangements, and reviews serious incidents and near misses to identify learning.

3.3 Headteacher and Allergy Nominees

The Headteacher determines, in consultation with parents/carers and relevant healthcare professionals, whether an Individual Healthcare Plan (IHP) is required (Form A). Mrs A Carrera and Mrs V Chester are the Allergy Nominees and check school spare AAIs monthly, arrange replacement before expiry and support the safe management of emergency medication.

3.4 Staff

All teaching, support, catering and other pupil-facing staff must be familiar with this policy, know how to recognise and respond to an allergic reaction, be aware of relevant pupils in their care, reduce exposure to known allergens, support inclusion and report allergy-related incidents or near misses.

3.5 Parents/carers and pupils

Parents/carers must provide accurate and up-to-date information about their child's allergy, medication and any changes; provide two in-date prescribed adrenaline devices where these have

been prescribed; provide copies of relevant healthcare/Action Plans; and work with the school to agree any necessary IHP arrangements.

Pupils will be supported to take age-appropriate responsibility for managing their allergy, including knowing their triggers, checking food information, seeking help when unsure and keeping prescribed medication readily accessible in accordance with their IHP. Pupils without allergies are expected not to share food or medication and to respect the safety of others.

3.6 Unacceptable practice

The school will not prevent a pupil from readily accessing prescribed medication, ignore medical advice or the views of the pupil/parents, assume all pupils with allergy need the same support, assume older pupils need no support, require parents/carers routinely to attend school to provide support the school should arrange, unnecessarily exclude a pupil from meals, trips or activities because of allergy, or send a pupil experiencing a suspected allergic emergency to seek help alone. In an emergency, help must come to the pupil.

4. Identifying individuals at risk

4.1 Identifying allergy

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary
- We ask that parents/carers proactively inform us by either phone call to the school or an email if their child's medical needs change during the school year.

Staff with relevant allergies will be invited to provide information before starting work; visitors will be asked where appropriate, particularly where food will be provided.

4.2 Individual Healthcare Plans and Action Plans

An IHP will be used where an allergy has a functional impact, creates a risk of harm and requires arrangements additional to or different from those ordinarily available. Not every pupil with an allergy will require an IHP, and a formal diagnosis is not essential where support is needed. IHPs will be reviewed at least annually and whenever needs change.

Pupils with known food or insect-sting allergy should have an Allergy Action Plan issued by a healthcare professional; pupils with asthma should have an Asthma Action Plan. Relevant Action Plans will be attached to the IHP and updated arrangements incorporated when a new plan is received.

4.3 Allergy register

The school maintains an up-to-date record of pupils with known allergies, including allergens, relevant medication, Action Plans/IHPs and a current photograph where appropriate. The register is

available to relevant staff through SIMS and paper files kept at pupil reception, main reception, PE office and SEN office and can be accessed quickly in an emergency.

5. Assessing risk

Staff planning activities will consider the risk of exposure to known allergens, including in food technology, science, art/craft, activities involving animals and special events. Specific risk assessments will be completed for pupils at risk of anaphylaxis when planning off-site visits or trips, with reasonable adjustments made so that pupils can participate safely alongside their peers.

6. Minimising risk

6.1 Eating arrangements and food brought into school

- Pupils are encouraged to wash their hands before and after eating and must not share or trade food, drinks, utensils or food containers.
- Pupils bringing packed lunches should eat only the food brought for them. Parents/carers remain responsible for ensuring food from home is suitable for their child.
- Pupils with allergies will be supported to check labels and allergen information, avoid food where the allergen status is unclear and seek advice when needed. They will not be expected to manage risk alone.
- The school may discourage particular allergens where appropriate but describes itself as allergy-aware rather than allergen-free or nut-free.
- Food brought in for curriculum activities, events or celebrations will be considered as part of risk assessment. Unlabelled food will not be given to a pupil with a known food allergy unless its ingredients and allergen status can be reliably confirmed.

6.2 Catering

The school will work with its catering provider so that pupils with food allergies can access safe food alongside their peers. Catering staff will receive appropriate allergen training and have access to relevant pupil information. Robust arrangements will be used to identify pupils with known food allergies at the point of service.

Clear and accurate information about the 14 regulated allergens will be readily available for all food provided by the school. Food prepacked for direct sale and non-prepacked canteen food will be labelled or accompanied by allergen information in accordance with legal requirements. Information will be updated when recipes or ingredients change.

Catering procedures will minimise cross-contamination during purchasing, storage, preparation and service. Where the allergen status of an item is uncertain, it will not be served to a pupil with a known allergy until confirmed. Individual reasonable adjustments will be recorded in the pupil's IHP.

6.3 Insect bites and stings

Where a pupil has a known insect-sting allergy, relevant arrangements will be recorded in their IHP/Allergy Action Plan. Reasonable precautions will be taken outdoors, including appropriate footwear, care around food and drink, avoidance of known nests or hives, and rapid access to prescribed adrenaline. Supervising staff will know the pupil's emergency arrangements.

6.4 Animals and airborne/contact allergens

Staff will consider allergy risks when planning activities involving animals or other airborne/contact allergens. Pupils will not be required to handle or have close contact with an allergen that places them at risk; reasonable adjustments will enable safe participation. Pupils will be encouraged to wash hands after animal contact, and significant individual arrangements will be recorded in the IHP.

6.5 Visits and trips

Pupils will not be excluded from a visit solely because of allergy. Risk assessment and planning will consider food, accommodation, transport and activities; relevant staff will know the pupil's allergy and Action Plan; prescribed adrenaline devices will remain readily available throughout the visit; and appropriately trained staff will be present. Parents/carers and pupils will be involved where appropriate. The school may take spare AAIs where this is appropriate without compromising emergency cover on site.

7. Procedures for handling an allergic reaction

All staff will be trained to recognise allergic reactions, anaphylaxis and acute asthma and to follow the pupil's Action Plan where available. Anaphylaxis is a medical emergency.

- Bring emergency medication to the pupil; do not send the pupil to collect it or to seek help alone.
- Keep the pupil where they are and do not leave them unattended. They should lie flat with their legs raised; if they are struggling to breathe they may sit up, but they should not stand or walk.
- Administer adrenaline as soon as possible and, where possible, within five minutes. Do not delay treatment while contacting emergency services.
- Call 999 immediately and request an ambulance. Use the pupil's prescribed adrenaline first where available; otherwise use a school spare AAI. A second dose should be given if indicated by the Action Plan/emergency guidance.
- Inform parents/carers and continue to supervise and monitor the pupil until emergency help arrives.

8. Adrenaline devices (ADs)

8.1 Prescribed devices

Pupils prescribed adrenaline should have access to both prescribed devices at all times, including while travelling to and from school, at lunch and break, on sports fields and on visits. Pupils who are able to do so will normally keep their devices with them. Where pupils carry their own AAIs, this will be agreed in accordance with the school's Medicines Policy and documented within the Individual Healthcare Plan. Where this is not appropriate, prescribed devices will be stored in the Medical Room (Pupil Reception) so that they are unlocked, readily accessible and can be brought to the pupil within five minutes.

Adrenaline devices will be stored at room temperature, protected from direct sunlight and extremes of temperature. A copy of the pupil's Allergy Action Plan should be kept with their medication. Pupils who carry their prescribed devices will take both devices home at the end of each school day. Parents/carers are responsible for ensuring prescribed devices remain in date and are replaced when required.

8.2 School spare AAIs

The school will stock spare adrenaline auto-injectors (AAIs) of the appropriate dose in pairs. Spare AAIs are for emergency use and do not replace a pupil's prescribed devices. They will be stored in Main Reception so that they are readily accessible, not locked away, appropriately labelled and can be brought to any pupil who needs them within five minutes.

Mrs A Carrera and Mrs V Chester will check spare AAIs at least monthly and arrange prompt replacement following use or before expiry. Used or expired AAIs will be disposed of safely in accordance with manufacturer and medicines-disposal guidance.

A spare AAI may be used for a person with suspected anaphylaxis where their prescribed device is unavailable, has misfired, or where they have no prescribed device. Prior consent must not delay life-saving emergency treatment. Any emergency salbutamol inhaler held by the school will be managed in accordance with current statutory guidance and the school's medical conditions procedures.

9. Serious incidents and near misses

A serious incident is an allergy-related event in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm. A near miss is an event that caused no harm but had clear potential to do so.

Serious incidents and near misses will be recorded promptly through the school's accident/incident reporting procedures, including what happened, the response and the outcome. Parents/carers will be informed as appropriate and given an opportunity to contribute to the review.

The Allergy Safety Lead will review the event in a no-blame, learning-focused way, consider whether the IHP, Action Plan, training or this policy needs changing, and share relevant learning with staff. Reports will be made to healthcare professionals, the local authority, HSE or other agencies where required by law or relevant guidance. The governing board will receive appropriate periodic information about serious incidents and near misses.

10. Allergy awareness

10.1 Staff training

All staff expected to be present when pupils are on site will receive appropriate allergy awareness and emergency response training at least annually. New permanent staff will complete this as part of induction. Regular temporary, peripatetic, agency and volunteer staff will receive training relevant to their role.

For short-term supply and cover staff, the school will seek assurance, where appropriate through the supplying agency, that suitable allergy awareness training has been completed. They will also

receive essential school-specific information on summoning assistance, responding to an allergic reaction or acute asthma attack, and accessing pupil information and emergency medication.

Training will cover the nature and risks of allergy, including the different forms of allergy which may co-exist and the distinction between food allergy, food intolerance and coeliac disease; recognising allergic reactions, anaphylaxis and acute asthma; accessing pupil information and Action Plans; reducing exposure to known allergens; responding appropriately in an emergency, including locating and using emergency medication; the impact of allergy on wellbeing; and reporting incidents and near misses. Catering and other staff who supervise pupils at meal times or after-school provision will receive training relevant to their responsibilities.

The school will keep appropriate records of allergy awareness training.

10.2 Awareness of the policy

This policy will be published on the school website, made available in hard copy on request and brought to the attention of pupils, parents/carers and all persons who work at the school at least annually. Staff will be expected to understand the policy as part of allergy awareness training.

11. Wellbeing

The school recognises that allergy can affect a pupil's wellbeing, confidence and participation. Pupils will be supported through the school's pastoral systems and reassured that appropriate risk-reduction and emergency arrangements are in place.

Allergy-related bullying, including deliberate exposure or threatened exposure to a known allergen, will be treated seriously and addressed under the Behaviour Policy. Appropriate support will also be offered to pupils, families, staff and witnesses following a serious incident or near miss.

12. Information sharing

Health information is special category data under UK GDPR and will be handled in accordance with the school's Data Protection Policy. Relevant information will be shared with staff, caterers, trip leaders and others who need it to keep the pupil safe and included, with the pupil and parents/carers involved in decisions about information sharing as appropriate.

13. Monitoring arrangements

The Allergy Safety Lead will monitor implementation of this policy. The governing board will review and approve the policy at least annually and will consider earlier review where a serious incident, near miss or change in guidance identifies a need. The school will take account of relevant feedback from pupils, parents/carers and staff with allergies when reviewing arrangements.

14. Links to other policies

This policy should be read alongside the school's:

- Supporting Pupils with Medical Conditions Policy;
- Health and Safety Policy and accident/incident reporting procedures;

- Data Protection Policy;
- Behaviour Policy;
- Educational Visits procedures; and
- Food/catering allergen procedures.

Form A: Individual Healthcare Plan - 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.</td></tr>
</table>

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.*
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**: