Allergy Safety Policy

2026–27

"At SS John and Monica's, we learn through the example of Jesus to love, respect, understand and value each other."

1. Policy Statement

SS John and Monica Catholic Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, including those with food allergies and other allergic conditions. We recognise that allergies can be life-threatening and that effective allergy management is essential to safeguarding pupils' health, wellbeing, attendance and access to education.

The school will take a whole-school, allergy-aware approach. We cannot guarantee an allergen-free environment, but we will take proportionate and reasonable steps to reduce avoidable exposure, prepare staff to recognise and respond to reactions, and ensure pupils with allergies are included in all aspects of school life.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions/Medication Policy, First Aid Policy, Health and Safety Policy, Safeguarding and Child Protection Policy, Educational Visits Policy, SEND Policy and relevant Individual Healthcare Plans (IHPs).

2. Legal and Statutory Framework

This policy has been reviewed for the 2026–27 academic year with regard to:

- Section 100 and section 100A of the Children and Families Act 2014, as amended by the Children's Wellbeing and Schools Act 2026.
- Department for Education statutory guidance, Allergy safety in schools (published 6 July 2026).
- Department for Education statutory guidance, Supporting pupils at school with medical conditions (which remains in force pending revision).
- The Equality Act 2010, including the duty to make reasonable adjustments where a pupil's allergy amounts to a disability.
- The Human Medicines Regulations 2012 and the Human Medicines (Amendment) Regulations 2017 relating to schools' emergency adrenaline auto-injectors.
- The Food Information Regulations 2014, including requirements for allergen information and prepacked for direct sale (PPDS) food.
- Current Food Standards Agency (FSA), NHS and Department of Health and Social Care guidance on allergy management and emergency adrenaline.

The Governing Body will ensure that the school has a separate allergy safety policy, reviews it at least annually, publicises it on the school website and brings it to the attention of pupils, parents/carers and all persons who work at the school at least once each year.

3. Scope

This policy applies across the school day and to all school-organised provision, including:

- all pupils, whether or not they have a formally diagnosed allergy;
- all staff, governors, agency staff, students, volunteers and visitors;
- school catering and any external food providers;
- breakfast club, after-school clubs and other wraparound provision;
- educational visits, residentials, sporting events and off-site activities;
- classroom activities, celebrations, fundraising events and food brought into school;
- contractors and organisations using or hiring the school site where their activity could create an allergy risk.

4. Roles and Responsibilities

Governing Body

- Ensure the school meets its statutory allergy safety duties and has effective arrangements, resources and oversight in place.
- Approve and review this policy at least annually and monitor its implementation.
- Receive assurance about staff training, emergency preparedness, IHPs, incidents and near misses.
- Ensure allergy safety is considered within wider health and safety, safeguarding, equality and inclusion arrangements.

Head Teacher

- Ensure this policy is implemented consistently and that a named Allergy/Medical Lead coordinates day-to-day arrangements.
- Ensure all staff receive appropriate allergy awareness training and that relevant staff receive additional practical training for individual pupils and emergency medication.
- Ensure emergency procedures, medication access, record keeping and communication systems are robust.
- Ensure lessons are learned following incidents and near misses and that appropriate actions are completed.

Allergy/Medical Lead

- Maintain the school allergy register and oversee IHPs and emergency medication arrangements.
- Coordinate training and keep training records.
- Check spare adrenaline devices and emergency kits regularly, including expiry dates, storage and replacement.
- Liaise with parents/carers, healthcare professionals, class staff, catering staff and visit leaders.
- Review allergy-related incidents and near misses with senior leaders.

All Staff

- Know which pupils in their care have allergies and where relevant information and emergency medication are kept.
- Follow this policy, pupils' IHPs and agreed risk-control measures.
- Take part in required allergy awareness training and know how to summon emergency help.
- Never delay emergency action because of uncertainty, paperwork or an attempt to contact parents first.
- Report allergy incidents, medication use, errors and near misses promptly.

Catering Staff

Catering staff will:

- Comply with all food allergen legislation.
- Maintain accurate allergen information.

- Follow safe food preparation procedures.
- Minimise risks of cross-contamination.
- Communicate any menu or ingredient changes promptly.

Parents and Carers

- Tell the school promptly about diagnosed or suspected allergies and provide current medical information.
- Provide prescribed medication in the original labelled container/device, in date and in accordance with the pupil's treatment plan.
- Ensure the school has two prescribed adrenaline devices for a pupil at risk of anaphylaxis where this is the clinical prescription/advice.
- Inform the school immediately of changes to diagnosis, treatment, medication, triggers or emergency contacts.
- Work with the school and healthcare professionals in preparing and reviewing an IHP.

Pupils

- Will be supported, in an age-appropriate way, to understand their allergy, avoid known triggers and tell an adult immediately if they feel unwell.
- Must not share food, drinks, utensils or medication.
- Will be encouraged to develop appropriate independence in managing their condition without being made solely responsible for their safety.

5. Identifying Pupils with Allergies

- Allergy information will be obtained on admission and checked at least annually.
- Parents/carers will be asked to provide sufficient information to enable safe planning, including known triggers, symptoms, medication and emergency contacts.
- The school will maintain an up-to-date allergy register and Allergy Alert information, accessible to relevant staff while respecting confidentiality.
- Where staff become concerned that a pupil may have an undiagnosed allergy, parents/carers will be informed and advised to seek appropriate healthcare advice.
- Relevant information will be shared on a need-to-know basis with class staff, lunchtime staff, catering staff, wraparound staff, supply staff and visit leaders.

6. Individual Healthcare Plans (IHPs)

An IHP will be developed where required to safely manage a pupil's allergy. It will be prepared in partnership with parents/carers, the pupil where appropriate, relevant healthcare professionals and school staff.

The IHP should include, as applicable:

- the allergy, known or suspected triggers and likely routes of exposure;
- usual signs and symptoms, including the pupil's own description of how a reaction may feel;
- actions for mild/moderate symptoms and clear emergency actions for anaphylaxis;
- medication, dose, device, storage and access arrangements;
- whether the pupil can self-carry or self-administer medication and the level of supervision required;
- arrangements for meals, snacks, curriculum activities, clubs, visits and other higher-risk situations;
- reasonable adjustments and steps to support inclusion, wellbeing and attendance;
- emergency contacts and responsibilities of named staff.

IHPs will be reviewed at least annually and sooner following a reaction, significant near miss, change in treatment or medication, or other material change in the pupil's needs.

7. Whole-School Allergy Risk Management

The school will use proportionate risk assessment rather than relying on blanket bans or claims that the school is ‘allergen-free’. Controls may include:

- good handwashing with soap and water before and after eating where appropriate; alcohol hand gel is not relied upon to remove food allergens;
- appropriate cleaning of tables, utensils, food preparation and eating areas to reduce cross-contact;
- clear rules that pupils do not share food, drinks, cutlery, bottles or lunchbox items;
- consideration of allergens in art, craft, science, cooking, sensory play, gardening and other curriculum activities;
- advance planning for celebrations, rewards, charity events, cultural events and food brought in by families;
- risk assessment of specific allergens where the nature of a pupil’s allergy requires additional controls;
- consideration of allergy risks when contractors, visitors, external clubs or hirers provide food or activities on site.

8. Food and Catering Management

The school recognises its responsibility to provide safe meal options and accurate allergen information. The school and catering provider will:

- maintain accurate allergen information and a current allergen matrix covering the 14 regulated allergens;
- identify pupils with food allergies through agreed procedures and cross-check their needs against menus and ingredients;
- check product labels and supplier notifications and assess the allergen impact of substitutions before service;
- ensure allergenic ingredients remain identifiable and reduce cross-contact through appropriate storage, preparation, cleaning, utensils and service procedures;
- continue to meet special dietary needs when menus change because of supply, cultural, religious or other reasons;
- comply with PPDS labelling requirements: food packaged on the same premises before it is selected or ordered must be labelled with the food name and a full ingredients list, with regulated allergens emphasised;
- ensure staff do not guess whether a food is safe; where reliable allergen information is unavailable, the food will not be served to the affected pupil.

School-specific catering controls currently include a daily allergen matrix, termly food-allergen risk assessment, current CityServe allergy procedures displayed in the kitchen, purple plates and cutlery for identified pupils, relevant healthcare information available to catering staff, Saffron supplier notifications and separate ingredient storage where required.

9. Packed Lunches, Snacks and Food Brought into School

Parents/carers are encouraged to consider the safety of pupils with severe allergies when preparing packed lunches or sending food into school. The school may introduce proportionate restrictions for a particular class, group, activity or area where an individual risk assessment identifies a significant risk.

Food brought in for birthdays, celebrations, fundraising or other events must only be used in accordance with school arrangements. Staff must check allergy information before offering any food and must ensure a safe alternative is available where appropriate.

10. Medication and Adrenaline Devices

- Emergency medication must be immediately accessible and must not be locked away or stored where access is restricted.
- Medication will be stored in accordance with manufacturer and healthcare advice, protected from inappropriate temperatures and direct sunlight.

- Pupils who are competent and authorised may carry their own medication where appropriate; arrangements will be recorded in the IHP.
- Parents/carers remain responsible for supplying prescribed medication and replacing it before expiry. The school will support this through advance reminders.
- Medication administration will be recorded in accordance with school procedures, including Medical Tracker.

At SS John and Monica Catholic Primary School, spare adrenaline auto-injectors (AAIs) will be held for emergency use in accordance with current statutory guidance. Spare AAIs are additional to, not a replacement for, a pupil's own prescribed devices.

- The school will hold spare devices in appropriate age/weight doses and in pairs.
- Spare devices will be clearly labelled, readily accessible, centrally located and positioned so that adrenaline can be brought to a pupil without avoidable delay.
- The Medical Lead will ensure regular checks of stock, integrity and expiry dates and arrange prompt replacement after use or before expiry.
- Used devices will be handed to ambulance staff or disposed of safely in accordance with manufacturer/local sharps arrangements.
- Where a pupil's own prescribed device is available and appropriate, it should normally be used first; the spare device may be used in an emergency in accordance with current law, statutory guidance and the school's emergency protocol.

11. Staff Training

All staff will receive allergy awareness training appropriate to their role. Training will be included in induction for new staff and refreshed regularly, with records maintained.

Whole-school training will cover:

- common allergens and how exposure may occur;
- recognising mild/moderate allergic reactions and anaphylaxis;
- the school's emergency response and how to call 999;
- the location and use of emergency adrenaline devices;
- the importance of prompt adrenaline where anaphylaxis is suspected;
- risk reduction, inclusion, communication and the prevention of allergy-related stigma or bullying;
- incident and near-miss reporting.

Staff with direct responsibility for pupils at risk of anaphylaxis will receive any additional pupil-specific and practical device training required. Supply staff, volunteers, lunchtime supervisors and wraparound staff will receive the information and training necessary for their role.

12. Recognising and Responding to Allergic Reactions

All allergic reactions will be taken seriously. Symptoms can develop rapidly and may differ from previous reactions.

Possible mild to moderate symptoms

- itching, tingling or swelling of the lips, face or eyes;
- hives, rash or flushing;
- abdominal pain, nausea, vomiting or diarrhoea;
- itching or tingling in the mouth.

Possible signs of anaphylaxis

- difficulty breathing, wheeze, noisy breathing or persistent cough;
- swelling or tightness of the throat or tongue, difficulty swallowing, or a hoarse voice;
- sudden dizziness, collapse, marked drowsiness, confusion or loss of consciousness;
- a rapidly worsening reaction involving airway, breathing or circulation.

Anaphylaxis can occur without a skin rash. If there is doubt and anaphylaxis is suspected, staff must treat it as an emergency.

13. Emergency Anaphylaxis Procedure

If anaphylaxis is suspected:

- Administer adrenaline immediately in accordance with the pupil's emergency plan/device instructions. Do not wait to contact parents and do not delay adrenaline while waiting for an ambulance.
- Call 999 immediately after administering adrenaline and state 'anaphylaxis'. Give the school address/location and follow the call handler's instructions.
- Bring medication to the pupil. Do not make the pupil walk to the office or medical room.
- Keep the pupil lying down with legs raised where possible. If breathing is difficult, they may sit up gently. Do not allow them to stand or walk. If unconscious, place them in the recovery position as appropriate.
- If symptoms do not improve or return, give a second dose of adrenaline after 5 minutes if another appropriate device is available, following current emergency guidance.
- If the pupil also has asthma and there is doubt between anaphylaxis and an asthma attack, give adrenaline first, then follow the pupil's asthma plan/emergency advice.
- Send an adult to meet the ambulance and ensure the pupil is continuously supervised.
- Contact parents/carers as soon as possible after emergency action has begun.
- The pupil must be medically assessed after suspected anaphylaxis, even if they appear to recover.

14. Mild to Moderate Reactions

Where a pupil has a prescribed antihistamine or other medication for mild/moderate reactions, trained staff will follow the pupil's IHP, parental consent and medication instructions. The pupil will be monitored closely, parents/carers informed and the incident recorded.

If symptoms progress, involve airway/breathing/circulation, or staff are concerned that anaphylaxis may be developing, the emergency anaphylaxis procedure will be followed immediately. Antihistamine must never delay adrenaline where anaphylaxis is suspected.

15. Educational Visits, PE and Off-Site Activities

- A pupil will not be excluded from a visit, PE, club or activity solely because of an allergy where reasonable adjustments can make participation safe.
- Visit/activity risk assessments will identify allergy controls, food arrangements, emergency access and the location of medication.
- The visit leader will ensure appropriate medication accompanies the pupil and that a competent adult knows the pupil's needs and emergency procedure.
- For pupils at risk of anaphylaxis, prescribed adrenaline devices must remain readily accessible; the school will consider taking appropriate spare AAIs in line with current guidance and the risk assessment.
- For residentials and travel, arrangements will include safe meals, accommodation, transport, storage of medication and access to emergency medical help.

16. Inclusion, Wellbeing and Allergy-Related Bullying

Pupils with allergies will be supported to participate fully in school life. Staff will avoid unnecessary isolation or drawing attention to a pupil's condition. Allergy-related teasing, deliberate exposure to an allergen, tampering with medication or threats involving allergens will be treated seriously under the school's Relationship and Behaviour and Safeguarding policies, with risk assessed and parents informed as appropriate.

17. Communication, Confidentiality and Transitions

- Relevant allergy information will be shared with staff who need it to keep the pupil safe, in accordance with data protection requirements.

- Information for catering staff, classroom staff and emergency responders will be clear, current and accessible.
- The school will work with parents/carers and receiving settings to support safe transitions between classes, phases and schools.
- Temporary, agency and supply staff will be alerted to relevant allergy arrangements before taking responsibility for pupils where reasonably practicable.

18. Incidents, Near Misses and Learning

All significant allergic reactions, medication errors and near misses will be recorded and reviewed. The review will consider what happened, whether the IHP and procedures were followed, the availability and use of medication, communication, catering or environmental factors, and any training or system changes required.

Serious incidents will be escalated and reported to relevant bodies where required by law or local procedures. Parents/carers will be informed and the pupil's IHP/risk assessment reviewed where appropriate.

19. Monitoring and Review

The Governing Body will review this policy at least once every year and sooner following significant statutory or guidance changes, a serious allergy incident, or where school procedures require amendment.

The school will make the policy generally known within the school and to parents/carers, bring it to the attention of pupils and all persons working at the school at least annually, and publish it on the school website.

Monitoring will include, as appropriate, checks of training completion, allergy registers and IHPs, emergency medication and expiry dates, catering controls, incidents/near misses and actions arising from reviews.

20. Key References

- Department for Education: Allergy safety in schools – statutory guidance (6 July 2026).
- Department for Education: Supporting pupils at school with medical conditions – statutory guidance.
- Department for Education: Allergy guidance for schools (updated 9 July 2026).
- Department of Health and Social Care: Using emergency adrenaline auto-injectors in schools.
- Food Standards Agency: allergen management and PPDS labelling guidance.
- NHS: allergies and anaphylaxis guidance.
- Anaphylaxis UK and Allergy UK: education resources and practical support.

Policy owner	Head Teacher / Medical Lead
Approved by	Governing Body
Date approved	Sept 26
Review date	September 2027, or sooner if guidance changes
Publication	School website and made known annually to pupils, parents and all persons working at the school