BISHOP HOGARTH
Catholic Education Trust

Allergy & Anaphylaxis Policy

Review date: September 2026

Date of next review: September 2027

Review History				
Review Date	**Reviewer**	**Approved by**	**Date Approved**	**Implemented**
	Head of Governance, Compliance & Policy	Directors	July 2026	September 2026
September 2027				

Recent Revisions		
Issue No.	**Date**	**Revisions made**
1	July 2026	New policy

1. Introduction

Bishop Hogarth Catholic Education Trust ('the Trust') and its schools are committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies.

This policy is in place to minimise the risk of any pupil suffering a serious allergic reaction whilst attending a Trust school or participating in Trust-related activities. It is also to ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

This policy applies to all pupils, staff, parents/carers, Directors, Governors, visitors, contractors and volunteers. The policy also applies to the Trust & school estates, during educational visits and all Trust and school organised activities and events.

2. Aims

The aim of the policy is to:

- Mitigate risk by minimising exposure to severe allergies through robust preventative measures.
- Ensure all staff are equipped to respond quickly and confidently to an allergy crisis.

The Trust and our schools are clear about the need to actively support pupils with medical conditions to participate in school life.

The Trust and its schools are committed to ensuring that pupils with allergies are safe, supported, included and not disadvantaged whilst fully participating in school life.

Each school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

3. Legislation & regulatory framework

This policy is written to meet the statutory duties mandated from 1 September 2026 and will be reviewed annually. It integrates and complies with:

- Allergy Safety in Schools – Statutory Guidance 2026
- Benedict's Law (Section 34 of the Children's Wellbeing and Schools Act 2026)
- Natasha's Law (Food Information Regulations)
- Section 100 of the Children and Families Act 2014
- Equality Act 2010

4. Links to other policies and procedures

This policy should be read in conjunction with the following Trust and school policies and procedures:

- Anti-Bullying Policy
- Behaviour Policy
- Educational Visits Policy
- First Aid Policy
- Food Safety Procedures
- Health and Safety Policy
- Risk Assessment Procedures
- Safeguarding and Child Protection Policy
- Supporting Students with Medical Conditions Policy

5. Roles and responsibilities

Trust:

The Trust will:

- Provide overarching policy direction and assurance.
- Ensure schools have appropriate arrangements for allergy management.
- Ensure suitable staff training arrangements are in place.
- Monitor compliance through Trust assurance processes, including Health and Safety audits.
- Review any significant findings from the annual review of allergy management conducted by schools through Trust assurance processes.

Headteacher/Head of School

The Headteacher/Head of School will:

- Provide overarching policy direction and assurance.
- Ensure schools have appropriate arrangements for allergy management.
- Ensure suitable staff training arrangements are in place and that all staff complete the training on an annual basis.
- Ensure that appropriate staff training is part of the induction programme for new staff.
- Monitor compliance through Trust assurance processes, including Health and Safety audits.
- Ensure an annual review of allergy management arrangements is conducted and report significant findings through Trust assurance processes.

Staff

All staff will:

- Complete allergy and anaphylaxis awareness training annually.
- Be aware of pupils with known allergies.
- Follow Allergy Action Plans and emergency procedures.

- Act promptly in the event of suspected anaphylaxis.
- Ensure appropriate arrangements are in place during trips, activities and food-related events.

Parents/Carers

Parents/carers must:

- Inform the academy of any allergy or history of anaphylaxis.
- Provide up-to-date medical information and Allergy Action Plans.
- Supply prescribed medication and ensure it remains in date.
- Replace medication as required.
- Inform the school of any changes to allergy management.

Pupils with Allergies

Where age and understanding permit, pupils will be encouraged to:

- Participate in discussions and planning regarding their allergy management in an age-appropriate manner.
- Understand their allergy triggers and how to mitigate personal risk.
- Report symptoms immediately.
- Carry prescribed AAIs where appropriate.
- Avoid their allergen as much as they can.
- Avoid sharing food or drinks.

All Pupils

All pupils at school should:

- Be allergy aware.
- Understand the risks that allergens might pose to their peers and respect measures to support them.
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.

Older pupils should:

- Learn how to recognise an allergic reaction and support their peers and staff in an emergency.

Contractors and Visitors

Visitors and contractors must comply with school allergy management arrangements and follow instructions provided by staff regarding food, allergens and emergency procedures.

6. Allergy Awareness

While individual control measures will be implemented following appropriate risk assessments, the Trust recognises that it is not possible to guarantee an entirely allergen-free environment.

All schools will take a proactive, risk-based approach to allergen management and will promote:

- allergy awareness across staff, pupils, visitors, and contractors;
- robust hand hygiene, cleaning, and food safety practices;
- discouragement of food sharing, particularly among pupils; and
- ongoing education and communication regarding allergy risks and safe behaviours.

7. Allergic Conditions

The Allergy Safety in Schools statutory guidance describes allergy as a 'spectrum of different allergic diseases'. The following allergic conditions are explicitly covered by the guidance and this policy:

- Food Allergy – this ranges from mild symptoms (like mouth itching) to severe 'whole-body' reactions including anaphylaxis.
- Asthma – in children asthma is typically allergic and can be triggered by airborne allergens like pollen, dust mites or animal dander.
- Hay Fever (Allergic Rhinitis) – triggered by aeroallergens such as pollen, house dust mites, animal fur/feathers or mould.
- Skin Allergies – this includes conditions like eczema, contact dermatitis, and contact urticaria (hives).

This guidance explicitly distinguishes between allergies and other dietary conditions:

- Coeliac Disease – this is an autoimmune condition, not an allergy, and cannot cause anaphylaxis.
- Food Intolerances – these are non-immune system reactions (e.g. lactose intolerance) and do not cause serious allergic reactions or anaphylaxis.

8. Allergy Training for All Staff

The allergy training will ensure that all staff will:

- Have an awareness of allergy, the risk it poses, how allergic reactions can occur and how to manage it.
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever and others).
- 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 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 and asthma reliever inhaler for asthma attack).
  - Training on how to use the medication/device in an emergency (whether prescribed to a given person or the school's 'spare' adrenaline devices.

- Understand the impact allergy can have on a child or young person's wellbeing.
- Understand the Trust's allergy and anaphylaxis policy.
- Know how to check whether an individual is on record of those with a known allergy and how to use an Allergy or Asthma Action Plan,
- Understand their responsibilities in reducing the risks of individuals with known allergy coming into contact with their known allergens,
- Understand how to report an allergic reaction of case of anaphylaxis (whether an incident or 'near miss'.

9. Register of Pupils and staff with an Allergy

The school will hold a register of pupils and record staff who have a diagnosed allergy. This will include pupils and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed.

10. Individual Healthcare Plans (IHP)

Children and young people should have an IHP if:

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

The IHP will set out the additional and/or different arrangements that will be in place in the school for supporting the pupil with their medical condition or allergy, including in emergency situations.

Where pupils have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to it or be attached. When an updated action plan is available, the IHP must be reviewed to incorporate it.

11. Allergy Action Plans

All pupils diagnosed with severe allergies should have an up-to-date Allergy Action Plan completed by a healthcare professional. This must be provided by parents.

The Trust recognises the British Society for Allergy and Clinical Immunology [BSACI] Allergy Action Plans as the preferred standard.

Action Plans will:

- Be accessible to relevant staff alongside pupil/student medical plans.
- Be stored with medication.
- Include parental consent for emergency treatment and use of spare AAIs where applicable.

12. Asthma

The Trust and its schools understand the importance of ensuring that pupils with allergies maintain good asthma control. Asthma can exacerbate allergic reactions, and poorly managed asthma increases the severity of an allergic reaction.

Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.

All pupils with asthma will have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to the Allergy Action Plan.

The Asthma Action Plan will be included in the pupil's IHP and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.

Pupils known to have asthma should always have their own reliever inhaler at school and on the journey to and from school.

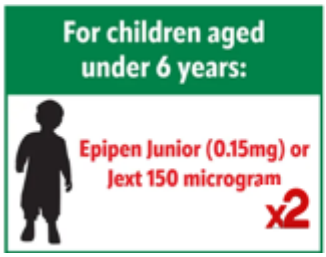
Pupils who can manage their asthma themselves, they will keep their inhaler on them. For those pupils who are unable to manage their asthma, their inhaler will be stored in a clearly labelled, easily accessible location which will be shared with pupil and staff.

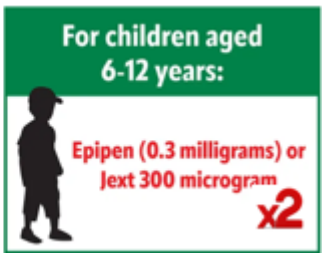
Spare inhalers will be stored in an easily accessible location which will be shared with pupils and staff.

13. Spare Adrenaline Auto-Injectors (AAIs)

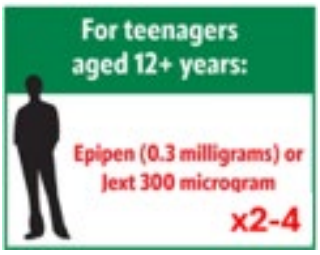
Primary schools **will** maintain at least two spare AAIs of the appropriate dose. Secondary schools **will** maintain at least four spare AAIs of the appropriate dose. Additional devices will be provided where the size, layout or operation of the school required them.

Primary Schools





Secondary Schools



Spare AAIs **MUST**:

Be clearly labelled and stored in emergency AAI storage boxes

Be easily accessible to all staff and **stored centrally** i.e. school office**,** where medication is routinely kept. The spare AAIs are **not** to be located in different areas of the school.

NOT be locked away.

All staff MUST be made aware of where the spare AAIs are located, and clear signage will be in place making their location easily accessible for all within a 3-minute window.

14. Supply, Storage and Care of Medication

Pupils prescribed AAIs should normally always have access to two devices.

Where appropriate, pupils will carry their own medication in a clearly identifiable red medical bag or pouch.

For younger pupils or those unable to self-carry:

- Medication will be stored in a clearly labelled and accessible anaphylaxis kit that can be reached within a maximum of 3 minutes.
- Medication must never be locked away.

Medication kits should contain:

- Two prescribed AAIs
- Current Allergy Action Plan
- Asthma inhaler (if prescribed)

Access to antihistamine

Antihistamine that has been prescribed for a pupil/student with anaphylaxis will be stored appropriately.

The school will have a named member of staff who will check medication kits for pupils/students with prescribed AAIs on a termly basis

15. Inclusion and Mental Wellbeing

The Trust and its schools acknowledge the significant impact an allergy can have on mental health and wellbeing. The school will:

- Ensure staff are alert to the possible of allergy-related bullying and that they are proactive in safeguarding the wellbeing and inclusion of pupils with allergies.
- Not exclude a child from taking part in a school activity, whether on the school premises or a school trip because of their allergies.
- Provide pupils with allergies additional pastoral support including regular check-ins from an appropriate member of staff.
- Ensure affected pupils are given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- Ensure that bullying related to allergy will be dealt with in accordance with the school's Anti-bullying policy.
- Ensure that uniform policies take account that pupils may always need emergency medication near them.

Reasonable adjustments will be considered in line with:

- Equality Act 2010
- Benedict's Law 2026
- Supporting Pupils with Medical Conditions statutory guidance

16. Reporting Allergic Reactions

The school will log all allergic reaction incidents and near-misses as soon as it is feasible after they occur.

Each record **MUST** include:

- Who was affected
- What happened
- When and where
- Why the incident occurred (as far as it is known)
- How staff and pupil responded
- What was done to support the individual
- Whether emergency services were called
- How the incident concluded

All incident reports should be shared with:

- The pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review.
- Anonymised information can be shared with the Chair of the Local Governing Committee and the Link Governor for Safeguarding during monitoring visits.

Any learning from an incident should be shared appropriately with staff so they can act on it.

It may be necessary to share the report with other agencies, for example:

- Schools that operate as food businesses must report any allergen-related food safety incidents to the Trust Health & Safety Manager and the local authority;
- Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Trust Health and Safety Manager.

Following any incident or near miss the school will meet with the pupil and their parents/carers to provide reassurance that the setting remains safe.

The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

17. Catering

All catering providers must comply with the Food Information Regulations 2014 regarding allergen information.

Schools will:

- Communicate relevant allergy information to catering teams.
- Implement systems to identify pupils with allergies where appropriate.
- Encourage parents/carers to discuss dietary requirements with catering staff.

Catering Leads will:

- Ensure allergen information is available.

Catering providers must have clear allergen management procedures in place, including compliance with relevant food information and allergen labelling requirements. All food served will be prepared with controls to minimise cross-contamination risks. Schools will take reasonable steps to minimise risks associated with nut allergens; however, schools cannot guarantee a completely nut-free environment.

Food-related activities, celebrations and curriculum activities will be risk assessed where necessary.

18. School Trips and Off-Site Visits

Educational visits will include consideration of allergy management.

Educational Visit Leaders (EVL) will ensure:

- Relevant medication is carried.
- Staff are aware of allergic pupils.
- Emergency procedures are understood.
- Appropriate food arrangements are made, including with external food provider.

Risk assessments will consider:

- food provision,
- remote locations,
- emergency access,

- overnight stays,
- need for spare AAIs,
- and staffing arrangements.

Risk Assessment

Individual allergy risk assessments will be completed where required for:

- newly admitted pupils,
- newly diagnosed pupils,
- educational visits,
- and curriculum activities involving food.

Risk assessments will be reviewed regularly and following incidents.

MANAGING ALLERGIC REACTIONS

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

It cannot be assumed that someone will react in the same way twice, even to the same allergen.

Reactions are not always linear. They do not always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

Mild to Moderate Allergic Reactions

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time.
- Telephone parent/carer.
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse.

SERIOUS ALLERGIC REACTIONS/ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS.** Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare, cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2 – 3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

Symptoms of Anaphylaxis

A – AIRWAY	B – BREATHING	C - CIRCULATION
Persistent cough	Difficult or noisy breathing	Persistent dizziness
Hoarse voice	Wheeze or cough	Pale or floppy
Difficulty swallowing		Sleepy
Swollen tongue or throat		Collapse or unconscious
		Pale or clammy skin

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE

Delivering Adrenaline

CALL OTHER STAFF FOR HELP	
1.	Treat the patient where they are. Take the medication to the patient, rather than moving them.
2.	The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3.	It is not necessary to remove clothing but make sure you are not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4.	Inject adrenaline into the upper outer thigh according to the manufacturer's instructions. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5.	Make a note of the time you gave the first dose.
6.	Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7.	Stay with patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8.	Call the pupil's emergency contact number.
9.	If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device, call 999

	again and tell them you have given a second dose and to check that help is on the way.
10.	Start CPR if necessary.
11.	Hand over used devices to paramedics and remember to get replacements,
12.	Anyone who has had suspected anaphylaxis and received adrenaline MUST go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent/carer arrives.