Saint Jérôme
Church of England
Bilingual School

Allergy Safety Policy

Policy created:	September 2026
Date of next review:	September 2027
Review cycle:	At least annually, and following any serious incident or near miss, in line with the DfE's statutory guidance.
Linked policies:	Supporting Children with Medical Needs Policy, First Aid Policy, Health, Safety and Security Policy, Educational Visits Procedures, Child Protection and Safeguarding Policy, SEND and Inclusion Policy, Packed Lunch Policy, Data Protection Policy.

Version history

Date	Version	Summary of changes
September 2026	V1	New policy. Did not exist before. Written directly from the DfE's statutory guidance 'Allergy Safety in Schools' (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026 ('Benedict's Law'), in force from 1 September 2026. Also has regard to KCSIE 2026's new content on medical conditions and safeguarding, Natasha's Law, and the DfE's guidance on emergency adrenaline auto-injectors and asthma inhalers in schools. Cross-referenced rather than duplicated against the school's Supporting Children with Medical Needs Policy, which already covers the general medical conditions framework and includes a short, high-level allergy section pointing to this policy for full detail.

Headteacher: Kate Schutte

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(Kate Schutte)

Co-Chairs of Governors: Approved by Governors on 17th September 2026 .
(Vas Lappas and Edward Stowell)

1. Introduction and Legal Framework

Around one in five children and young people with allergy have their first allergic reaction while at school. Allergic disease is the most common chronic condition in childhood, and on average two or three children in every classroom have asthma. Saint Jérôme Church of England Bilingual School is committed to keeping every pupil, member of staff and visitor with allergy safe, included and able to flourish, in line with our Christian vision for every member of our community.

This policy is written directly from, and should be read alongside, the DfE's statutory guidance Allergy Safety in Schools (July 2026), issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, commonly known as Benedict's Law, named in memory of five-year-old Benedict Blythe, who died from anaphylaxis at school in 2021. The Governing Body must 'have regard to' this guidance; a decision not to follow it must be supported by a clear and justifiable reason.

This policy also has regard to:

- Keeping Children Safe in Education (KCSIE) 2026, which sets out when a medical or allergy-related incident does and does not trigger a safeguarding referral
- The Equality Act 2010; case law (Wheeldon v Marston's plc) has established that a severe allergy can meet the Act's definition of disability
- The Health and Safety at Work etc. Act 1974
- The SEND Code of Practice: 0 to 25 years
- The Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- The Human Medicines (Amendment) Regulations 2017, which permit schools to purchase spare adrenaline auto-injectors (AAIs) without a prescription
- DHSC guidance: Using emergency adrenaline auto-injectors in schools, and Emergency asthma inhalers for use in schools
- Our Supporting Children with Medical Needs Policy, which sets out the school's wider framework for medical conditions.

2. Named Allergy Safety Lead

A named member of the Senior Leadership Team is responsible for allergy safety at Saint Jérôme, including driving the implementation of this policy and leading its annual review. This responsibility does not sit with the catering team.

The Welfare Officer will be the Allergy Safety Lead.

The Governing Body oversees this policy as part of its wider responsibility for the school's risk register. While not required to appoint a named governor for allergy safety, the school may choose to do so as a matter of good practice.

3. Allergic Conditions

Allergy is a spectrum of conditions in which the body's immune system reacts to normally harmless substances. Common allergic conditions include hay fever, skin allergies (eczema, contact dermatitis), food allergy, and asthma, which is frequently associated with allergy. Less common but serious allergies include reactions to insect stings and medicines.

Anaphylaxis is a potentially fatal allergic reaction affecting the Airway, Breathing or Circulation ('ABC'). It can develop within minutes. The most common causes of anaphylaxis are food allergens, insect stings, medication and latex. Investigations into fatal anaphylaxis show only a 20 to 30 minute window in which steps can be taken to prevent death; giving adrenaline immediately and calling 999 is essential.

Coeliac disease and food intolerances are different from allergy and cannot cause anaphylaxis. They are managed through dietary avoidance under our Supporting Children with Medical Needs Policy and are not in the scope of this policy, except where they occur alongside a genuine allergy.

Recognising an Allergic Reaction

Symptoms of a mild to moderate allergic reaction include swollen lips, face or eyes; an itchy or tingling mouth; mild throat tightness; hives or an itchy skin rash; abdominal pain or vomiting; and a sudden change in behaviour. Mild

reactions can worsen into anaphylaxis, so anyone having a reaction should be monitored for at least 60 minutes afterwards, even if symptoms seem to settle.

Signs of anaphylaxis affect the Airway, Breathing or Circulation:

- Airway: swelling in the throat, tongue or upper airway; a hoarse voice; difficulty swallowing
- Breathing: sudden wheezing, breathing difficulty, persistent cough, noisy breathing
- Circulation: dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness.

If in doubt, always treat as anaphylaxis. Anaphylaxis can occur without a skin rash or other mild signs being present first.

4. Responding to an Allergic Reaction and Anaphylaxis

Mild to moderate reactions not affecting the Airway, Breathing or Circulation can be treated with an oral antihistamine, if this is part of the pupil's agreed plan. The pupil's parent will be telephoned to inform them of the reaction. The pupil will not be left unattended and will be observed in a safe place for at least 60 minutes, as reactions can worsen.

Anaphylaxis always requires an immediate emergency response:

- Adrenaline should be given as soon as possible, within five minutes, using the individual's prescribed adrenaline device if available, or the school's spare device if not
- The pupil should be placed flat with legs raised; adrenaline is brought to them, not the other way round
- Emergency services (999) are called immediately; do not wait to call before giving adrenaline
- A further dose of adrenaline is given if there is no improvement after five minutes
- If someone known to have asthma and food allergy suddenly has difficulty breathing, anaphylaxis should always be considered; giving adrenaline in this context is very safe and may be lifesaving
- A member of staff stays with the pupil for at least one hour.

Anyone who takes reasonable action in good faith to save a life in an emergency, including administering adrenaline, is protected in law. Staff should be reassured that mistakes, hesitation or imperfect technique in an emergency do not amount to misconduct; the expectation is simply that staff act reasonably, to the best of their ability.

The Human Medicines (Amendment) Regulations 2017 do not require prior consent for spare adrenaline devices to be used in a genuine emergency. In an emergency, anyone may take reasonable action to save a life without checking whether consent has been given.

5. Allergy Awareness Training

All staff likely to be on site at the same time as pupils receive regular, at least annual, allergy awareness training. This includes permanent staff, temporary and supply staff, peripatetic staff, agency workers, and regular volunteers, and covers catering staff and those overseeing breakfast or after-school clubs. It does not need to include contractors with no pupil-facing role, such as tradespeople carrying out ad hoc maintenance.

First aid training alone is not sufficient. Our allergy awareness training ensures staff:

- Have an awareness of allergy, the risks it poses, and how reactions occur and are managed
- Understand that allergy includes multiple conditions, including food allergy, asthma, eczema and hay fever, which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Can identify the range of symptoms of an allergic reaction and recognise anaphylaxis
- Know how to respond in an emergency, including calling 999, informing parents, and locating and administering emergency medication
- Understand the impact allergy can have on a pupil's wellbeing
- Understand this policy and know how to check whether a pupil has a known allergy
- Understand how to report an allergic reaction or near miss.

New staff receive allergy awareness training as part of induction. Supply and cover staff are also included in these arrangements.

6. Wellbeing and Preventing Allergy-Related Bullying

Many pupils with allergy become anxious as a result of the risk of exposure to allergens and the possibility of anaphylaxis. The school is active in providing reassurance that steps are being taken to minimise risk, and that robust measures are in place in the event of a reaction.

Allergy-related bullying can range from deliberately excluding a pupil using known allergens, to making fun of the need to avoid allergens, to threats to force-feed a known allergen. This policy makes clear that such behaviour is treated seriously under our Anti-Bullying Policy. Good practice includes regular, age-appropriate communication about allergy, welcoming new pupils with allergy and explaining the support available to them, and involving pupils, young people and staff with allergy in developing and reviewing our approach.

7. Minimising the Risk of Exposure to Known Allergens

Staff planning any activity, including craft, science, cookery and music, or activities involving animals, are expected to consider the risk of exposure to allergens. Common hidden risks include out-of-date food packaging, play dough and some glues, which may contain wheat, milk or soya, and bird feed, which may contain nuts or sesame.

We do not operate a 'nut-free' policy, since this can create a false sense of security: nuts are only one of many food allergens, and 'may contain' labelling makes such policies difficult to enforce consistently. Instead, we operate an allergy-aware environment, remaining actively alert to the risk posed by any allergen and maintaining robust emergency response arrangements.

Food Allergy

- Bottles, drinks and lunch boxes provided for pupils with food allergies are clearly labelled with the pupil's name
- Our caterers provide information on food allergens to parents and carers, and this is available for pupils to check independently; catering staff are available to discuss allergy-safe meals with parents
- Staff preparing food are trained to read allergen labels and to prevent cross-contamination, for example by preparing allergen-free meals first and cleaning preparation areas and utensils thoroughly
- Where food is brought in for a class celebration or treat rather than provided by the school, parental engagement and permission is sought in advance
- Trading or sharing food, food utensils or food containers between pupils is not permitted
- Unlabelled food carries a greater risk than packaged food with precautionary labelling; this applies to food used in the classroom as well as food from the kitchen
- In arts and craft, appropriate alternative ingredients are used, for example wheat-free flour for play dough, and non-food containers are used for junk modelling where possible.

Food Labelling: Natasha's Law and the Food Information Regulations

As a food business when we supply food, the school complies with the Food Information Regulations 2014, requiring information on the 14 regulated allergens to be provided for all food served. Food that is pre-packed for direct sale on site is labelled with a full ingredients list and the relevant allergens clearly emphasised, in line with Natasha's Law. See also our Packed Lunch Policy for food brought from home.

It is good practice to have at least two ways of identifying pupils with known allergy at mealtimes, so that the identification method balances safety with inclusion; pupils with food allergy are not segregated from their peers, such as being made to sit at a separate table.

8. Identifying Pupils, Staff and Visitors with Allergy

The school keeps a record of pupils, and where relevant staff, with known allergy, including whether they have an Individual Healthcare Plan and/or an Allergy or Asthma Action Plan. Information is gathered when a pupil joins the school, from parents and any previous setting, and reviewed if a pupil is diagnosed with, or develops, an allergy while on roll.

For pupils starting at the school, arrangements are in place by the start of the relevant term. Where a pupil joins mid-term, or is newly diagnosed, every effort is made to have arrangements in place within two weeks. For staff, arrangements are in place when they start work. Visitors are asked about allergy in advance of a visit wherever possible, particularly where they are likely to be served food.

Lists of pupils with known allergy, including a current photo and known allergens, are kept in areas where food may be served or handled, such as the kitchen, dining hall, and food technology, science and art classrooms, and are kept accessible to staff only.

9. Individual Healthcare Plans

A pupil should have an Individual Healthcare Plan (IHP) if their allergy has a functional impact on them at school, they are at risk of harm as a result, and they require arrangements additional to or different from those made generally. An IHP is not a clinical document; it describes how the school will respond to the advice we have received, including from the pupil, their parents, and any healthcare professionals involved. The school 'holds the pen' on the IHP, since we are responsible for making arrangements to support the pupil, while any Allergy or Asthma Action Plan issued by a healthcare professional remains the clinical document and is attached to the IHP.

Not every pupil with an allergy needs an IHP. Where the support needed is already available under our general arrangements, for example a pupil with mild hay fever who can self-administer over-the-counter antihistamine, an IHP may not be necessary. It is for the Headteacher to decide, in discussion with parents and any relevant healthcare professionals, whether an allergy can be managed under our general arrangements or requires an IHP.

A pupil does not need a formal diagnosis to have an IHP. Where symptoms have newly emerged or a diagnosis is still underway, we will not dismiss the pupil or the information we receive, and will put arrangements in place based on the best assessment of risk available, engaging closely with the pupil and their parents, and seeking advice from the school nursing team or, where necessary, the local authority's Designated Medical Officer.

Each IHP should cover: key information and a current photo; the pupil's known allergens and whether they can recognise and alert others to a reaction; how the allergy is managed and any prescribed medication; the impact on health, education and wellbeing; the specific arrangements and adjustments the school will put in place, including for food allergy at meal times; arrangements for visits and trips; the emergency response, including where spare adrenaline devices are located; and a review date. IHPs are reviewed at least annually, or sooner if the pupil's needs change, and are updated whenever a new Allergy or Asthma Action Plan is issued.

Where a pupil moves to a new school, a new IHP is drawn up by the receiving school; the previous IHP may be a useful guide but needs to reflect the new setting's own arrangements.

10. Prescribed and Spare Adrenaline Devices

Prescribed Devices

Pupils prescribed an adrenaline device, whether an auto-injector (AAI) or a nasal adrenaline device, should have rapid access to it at all times, including while travelling to and from school, in the playground, at lunch and on sports fields. Pupils are encouraged to keep their device with them, even in primary school, where age-appropriate; where this is not possible, the device is stored in an unlocked, central location that is accessible at all times, never locked away or kept somewhere access is restricted.

Clinical advice recommends that individuals at risk of anaphylaxis carry two prescribed devices, since two doses of adrenaline may be needed. Devices must be stored at room temperature, in line with the manufacturer's guidance, and never refrigerated or left in direct sunlight.

Spare Adrenaline Devices

The school stocks spare AAIs of the correct dosage for its pupils, for use in a genuine emergency, whether or not the pupil has their own prescribed device available. The Human Medicines (Amendment) Regulations 2017 permit schools, though not early years settings or colleges, to purchase spare AAIs from a pharmacy without a prescription, requested on headed paper signed by the Headteacher. Currently, only AAIs, not nasal adrenaline devices, may be purchased as spare devices.

As a primary school, our stock of spare AAIs should include one pair for pupils under 6 years old (150 micrograms, for example EpiPen Junior or Jext 150) and one pair for pupils aged 6 and over (300 micrograms, for example EpiPen or Jext 300). Spare AAIs are stored in pairs, kept readily accessible in a safe, central location, such as the school office, and clearly labelled to avoid confusion with any pupil's own prescribed device. They are checked regularly to ensure they remain in date, and replaced when used or expired.

Once used, an AAI cannot be reused. It is disposed of according to the manufacturer's guidance, for example by giving it to ambulance paramedics on arrival, taking it to a pharmacy, or placing it in a sharps bin, since AAIs contain a needle.

Spare Asthma Inhalers

The school also holds an emergency salbutamol reliever inhaler and spacer, which may be used, with written parental consent, for a pupil already prescribed a reliever inhaler where their own is not available. An emergency inhaler must never be given instead of adrenaline to treat anaphylaxis; some pupils have both asthma and food allergy, and wheeze can be a symptom of both an asthma attack and food-induced anaphylaxis. See our Supporting Children with Medical Needs Policy for our wider arrangements for asthma.

11. School Trips and External Visits

A risk assessment is carried out for any pupil at risk of anaphylaxis taking part in an off-site trip. Pupils at risk of anaphylaxis take their own prescribed adrenaline device with them, and a member of staff trained to administer adrenaline accompanies the group. The school considers, on a trip-by-trip basis, whether it is appropriate to also take spare adrenaline devices, without leaving the school site short of spare devices as a result. See also our Educational Visits Procedures.

12. Serious Incidents and Near Misses

Serious incidents and near misses relating to allergy are recorded, reported to the pupil's parents and the Governing Body, and used to learn lessons, including whether this policy or the pupil's Individual Healthcare Plan needs to change. Reporting is not limited to staff: the impact of an allergen exposure may only become apparent once a pupil is back at home, so parents, the pupil, or healthcare professionals may also need to report an incident.

A medical or allergy-related incident does not, by itself, indicate a child is at greater safeguarding risk. Where a clinical incident occurs, this would not in itself warrant a referral to local safeguarding partners. A referral is only required where the incident gives rise to concern that, because of their allergy, the pupil may be at increased risk of neglect, abuse or exploitation, whether within or outside their family. Where such a concern arises, staff follow the procedures in our Child Protection and Safeguarding Policy and report it to the Designated Safeguarding Lead.

13. Unacceptable Practice

Staff will not:

- Prevent pupils from easily accessing their medication, including prescribed adrenaline devices
- Ignore the views of the pupil, their parents or carers, or ignore medical evidence or advice from healthcare professionals
- Assume that every pupil with allergy requires the same support, or that older pupils do not need support even as they take on more responsibility for managing their own allergy
- Assume a pupil does not have an allergy because they do not yet have a formal diagnosis
- Send a pupil home frequently for reasons related to their allergy, or prevent them from taking part in normal school activities, including lunch and extracurricular activities
- Send an unwell pupil to the school office or medical room without suitable supervision; in an allergic emergency, help must come to the pupil, not the other way round
- Penalise a pupil's attendance record where absences relate to their allergy, including excluding them from attendance rewards
- Require or make parents feel obliged to come into school to administer medication or provide medical support for their child
- Create unnecessary barriers to participation in any aspect of school life, including trips and visits, for example by requiring a parent to accompany the pupil.

14. Information Sharing

A pupil's allergy is special category health data under UK GDPR and is handled with particular care, in line with our Data Protection Policy. We hold, use and share this information only where necessary to keep the pupil safe and included, doing so in a controlled and respectful way, mindful that unnecessary sharing can be embarrassing for a pupil who may not wish to be singled out.

15. Raising Awareness of This Policy

This policy is published on the school website and made available in hard copy on request. All staff are made aware of, and understand, this policy as part of their annual allergy awareness training. We consider how to raise age-appropriate awareness of allergy safety among pupils, particularly to help prevent allergy-related bullying. Where a pupil is prescribed an adrenaline device, it may be appropriate, in discussion with the pupil and their parents, for close friends to understand how to seek help in an emergency; this never replaces staff emergency response arrangements.

16. Monitoring and Review

This policy is reviewed at least annually by the Allergy Safety Lead, and sooner following any serious incident or near miss. Pupils, parents and staff with allergy are involved in developing and reviewing this policy. It is monitored by the Senior Leadership Team and the Governing Body as part of the school's risk register.