



St Anne's Catholic Primary School

Allergy Safety Policy

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Allergy Safety Policy: September 2026

Mission Statement

At St Anne's Catholic Primary School, we are committed to ensuring that every child can learn, thrive and belong safely. Guided by our values of *Kind Hearts, Bright Minds, One Family*, we prioritise inclusion, dignity and the protection of all pupils, including those with allergies and anaphylaxis risk.

Allergy Lead	Hayley King: SENDCo
Link Governor	John Mills
Date approved	July 2026
Review frequency	Annually or as part of a post-incident review

1. Policy Statement and Legal Framework

This policy sets out how the school will **prevent, manage and respond to allergic reactions**, including life-threatening anaphylaxis.

It reflects:

- Department for Education (DfE) statutory expectations for supporting pupils with medical conditions and allergy
- Duties under Section 34 of the Children's Wellbeing and Schools Act 2026
- Benedict's Law, which introduces mandatory, whole-school allergy safety requirements from September 2026
- The Equality Act 2010
- The Schools Allergy Code (The Allergy Team / ISBA), which promotes a whole-school, inclusive approach to allergy safety
- Duties under Section 100 of the Children and Families Act 2014 requiring schools to support pupils with medical conditions
- The SEND Code of Practice: 0-25 years

2. Aims of the Policy

We aim to:

- Provide a safe, inclusive environment for pupils with allergies
 - Reduce the risk of allergic reactions through effective prevention
 - Ensure rapid, confident response to emergencies
 - Promote awareness and shared responsibility across the whole school community
 - Work in partnership with parents, healthcare professionals and pupils
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3. Whole-School Approach (Schools Allergy Code)

St Anne's adopts a whole-school approach, ensuring that:

- Allergy safety is everyone's responsibility, not limited to medical or catering staff
 - All members of the school community understand risk reduction and emergency procedures
 - Safety and inclusion are prioritised over convenience or routine practice
 - Communication about allergies is clear, consistent and accessible
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4. Roles and Responsibilities

Governing Body

- Approves and reviews this policy annually
- Ensures compliance with statutory guidance
- Monitors incidents and risk management

Headteacher

- Has overall responsibility for implementation
- Ensures staffing, training and resources are in place

Designated Allergy Lead: Mrs H King

- Oversees allergy management across the school
- Maintains records and monitors Individual Healthcare Plans
- Leads staff training and policy review

All Staff

- Complete allergy awareness and emergency training
- Recognise symptoms of allergic reactions and act immediately
- Understand individual pupil needs

Parents/Carers

- Provide up-to-date medical information
 - Supply prescribed medication
 - Work collaboratively with school staff
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5. Identification and Individual Healthcare Plans (IHPs)

- All pupils with allergies have an Individual Healthcare Plan (IHP) where required
- Plans include:
 - Allergen details
 - Signs and symptoms
 - Emergency procedures
 - Medication instructions

IHPs are:

- Developed with parents and, where appropriate, healthcare professionals
 - Reviewed at least annually, or sooner if needs change
 - Coeliac disease and food intolerance can present as symptoms similar to those of a food allergy. It is important that these conditions are managed through dietary avoidance but as these conditions do not pose a risk of anaphylaxis they are not included within this policy. Children with such conditions may require this to be managed through an individual healthcare plan.
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6. Prevention and Risk Reduction

The school will take proactive steps to **reduce exposure to allergens**, including:

Food Safety

- Clear identification of allergens in school meals
- Compliance with Food Information Regulations
- Careful management of menu changes to protect pupils with dietary needs

Classroom and Environment

- Safe handling of food in classrooms
- Consideration of allergens in curriculum activities
- Cleaning routines to minimise cross-contamination

Trips and Visits

- Risk assessments include allergy considerations
- Staff trained and equipped with emergency medication

See appendix 1: Minimising Risk and Exposure to Allergens

7. Staff Training

All staff will receive regular, documented training, which includes:

- Recognising allergic reactions and anaphylaxis
- Emergency response procedures
- Use of adrenaline auto-injectors

Benedict's Law requires comprehensive training for all staff, ensuring any adult present can act in an emergency

8. Emergency Response Procedures

In the event of a suspected severe allergic reaction:

1. Recognise symptoms immediately
2. Administer adrenaline auto-injector (AAI) (if needed)
3. Call 999 without delay
4. Inform parents/carers
5. Record the incident

See appendix 2: Emergency treatment and management of anaphylaxis

The school will:

- Keep spare AAI's on site for emergency use
 - Ensure medication is accessible, in-date and clearly stored
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9. Medication Management

- Pupil's prescribed AAI are stored in their classroom in a clearly labelled, accessible location
- Due to the size of the school site, a pupil is never more than 4 minutes away from their prescribed AAI and all staff are trained to know that anaphylaxis is a time-critical situation during which a device needs to be administered within 5 minutes.
- Spare AAI's are stored in the school hall in a **clearly labelled, accessible location** and can be safely retrieved within 4 minutes.
- Staff are trained in safe administration

See 'appendix 3: Spare adrenaline devices' for full details on the brand and dose of spare AAI's.

10. Communication

The school will:

- Clearly communicate its policy to staff, parents and pupils

- Promote allergy awareness through PSHE and curriculum opportunities
 - Share key information with:
 - Catering teams
 - Supply staff
 - Trip leaders
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11. Incident Reporting and Review

All allergy-related incidents and near misses will be:

- Recorded and reported using Medical Tracker
 - Reviewed to identify lessons learned
 - Used to improve practice
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12. Equality and Inclusion

The school recognises that allergies may constitute a disability under the Equality Act 2010.

We will ensure:

- No pupil is excluded from activities unnecessarily
 - Reasonable adjustments are made to support access
 - Pupils feel safe, included and respected
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13. Monitoring and Review

This policy will be:

- Published on the school website
 - Reviewed annually or sooner if guidance changes
 - Updated in line with DfE statutory guidance and Benedict's Law implementation (September 2026)
 - Monitored through safeguarding and health & safety systems
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Appendix 1

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and St. Anne's Catholic Primary School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

St. Anne's Catholic Primary School is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

St. Anne's Catholic Primary School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

St. Anne's Catholic Primary School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure. St. Anne's Catholic Primary School will ensure that the risk of exposure is minimised by:

- All school staff allergy training every year
- Educating pupils through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the pupil's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

Appendix 2

Emergency treatment and management of anaphylaxis

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Symptoms usually come on quickly, within minutes of exposure to the allergen. The following list does not replace full allergy training, and symptoms may present differently in different cases (please see individual healthcare plans).

Allergic reaction symptoms may include:

A red raised rash (known as hives or urticaria) anywhere on the body; a tingling or itchy feeling in the mouth; swelling of lips, face or eyes; stomach pain or vomiting; mild throat tightness; sudden change in behaviour

Anaphylaxis symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- LIE individual FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE DEVICE WITHOUT DELAY and note the time given. AAls should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device. If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance. If the child, young person or individual does not have prescribed adrenaline devices, “spare” adrenaline devices can be used. If the child, young person or individual’s prescribed adrenaline devices are not available or misfire, “spare” adrenaline devices can be used.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Appendix 3

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit “spare” adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

St. Anne’s Catholic Primary School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil’s own adrenaline device. Pupils prescribed adrenaline have their own adrenaline devices stored in their classroom for use in an emergency.

As a primary school we hold:

Two AAI for children under age 6 years (150 micrograms; brand EpiPen Junior).

Two AAI for individuals over 6 years of age (300 micrograms; brand EpiPen).

These are located in:

The school hall.

They are stored on the wall and labelled ‘Emergency Anaphylaxis Kit’



Allergy lead Hayley King is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box, or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or “spare” ADs).

