



Allergy Safety Policy



St. Peter's
Catholic Primary School

Approved by: SPL Local Governing Board

Date: September 2026

Next review due by: September 2027

Our Mission

We put Jesus at the heart of everything that we do.

special kind unique inventive
generous awesome gentleness
purity helpful good positive
expressive enjoyable caring
adventurous bouncy zingy
fun truth colourful superb
confident polite compassion
friendly enthusiastic marvellous
comforting nice remarkable
happy magnificent great
meaningful forgiveness
exceptional joy wonderful
interesting creative hopeful
incredible spectacular
original brilliant peace
lovely service outstanding
dynamic amazing
dignity fabulous impressive
beautiful sacrifice
glorious fantastic tolerance
exciting terrific delicious
integrity cool considerate
phenomenal laughing funny
sharing humility loving
energetic smiling captivating
justice encouraging mercy
gracious faithful important
supporting delightful thankful
hard-working tremendous



St. Peter's
Catholic Primary School



St Raphael
the Archangel
Catholic Multi-Academy Trust

*Forming Christ-centred pilgrims of hope with kind hearts, questioning minds,
a thirst for knowledge, and a hunger for justice.*

Contents

1. Aims	3
2. Legislation and guidance	3
3. Roles and responsibilities	3
4. Assessing risk.....	5
5. Managing risk	6
6. Procedures for handling an allergic reaction.....	7
7. Adrenaline auto-injectors (AAIs).....	8
8. Training.....	9
9. Links to other policies.....	9
10. Appendix One:	

For the purposes of this policy, references to “parents/carers” shall be taken to include all individuals who hold parental responsibility for a child, as well as those who have been formally delegated authority to make day-to-day decisions in respect of the child (including, but not limited to, kinship carers and foster carers).

References to the Headteacher within this policy shall be read as references to the Principal, where this is the title used within the school.

1. Aims

This policy aims to:

- Set out our school’s approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

Section 34 of the [Children’s Wellbeing and Schools Act 2026](#) requires that LA-maintained schools, academies and PRUs must have an allergy safety policy.

This policy is based on the Department for Education (DfE)’s guidance on [allergies in schools](#) and [Supporting pupils with medical conditions at school - GOV.UK](#) 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

We take a whole-school approach to allergy awareness.

Governing Board

The Governing Board will:

- Ensure this policy is reviewed annually.

- Monitor the effectiveness of allergy management arrangements.
- Ensure sufficient resources are available to implement the policy.

3.1 Allergy Lead

The named person should be a member of the Senior Leadership Team.

The nominated Allergy Lead is Genevieve Jordan (Principal).

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the Medical Needs Lead/Office Manager).
- Ensuring all allergy information is up to date and readily available to relevant members of staff
- Ensuring all pupils with allergies have an allergy IHP completed by a competent person using professional medical advice and guidance which is regularly reviewed
- Engaging with and working with the school caterers on food standards and allergen controls
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- All staff are aware that no consent is needed to use AAI (Adrenaline Auto-Injector)
- Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy safety policy
- Providing a written report following any allergy-related incident, including accidental exposure, setting out the circumstances, actions taken and any actions or recommendations arising to reduce the risk of recurrence. This report will be shared with parents/carers on request.

3.2 Medical Needs Lead

The Medical Needs Lead is Tara Pett (SENDCo).

They are responsible for:

- Co-ordinating the paperwork and information from families
- Location of AAI's (no more than 5 minutes from any location on school site)
- Co-ordinating medication with families
- › Checking spare AAIs are in date
- › Checking inhalers are in date
- › Correct storage of inhalers
- › Checking dates of any prescribed medication for allergies
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Administering AAI's when required

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Shared responsibility with St Peter's Catholic Primary School to create their child's IHP (Individual Health Plan)
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods

- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog/service animal.

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we expect pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts or traces of nuts
- Peanut butter or chocolate spreads containing nuts or traces of nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, the food may be confiscated and stored in a safe location and returned home.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health and wellbeing

Pupils with allergies will have additional support through:

- Pastoral care
- Use of all policies including behaviour and anti-bullying
- Regular check-ins with their (class teacher)

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAI

- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
 - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
 - A photograph of each pupil to allow a visual check to be made
- The register is kept in the school office and each classroom cupboard, and can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
 - **If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one**
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy (see *Appendix One*) and, if needed, the school's normal emergency procedures.
- A school AAI device will be used instead of the pupil's own AAI device if:

- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will either :stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance or call 999 if reaction is severe.
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The Allergy Lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

Spare AAIs will be purchased from *Eureka* or a local pharmacy.

The brand used is *EpiPen*.

Number of AAI's: 4 (2 x EpiPen Jnr 150mcg and 2 x EpiPen 300mcg)

- EpiPen Jnr is for children 7.5-25kg (under 6 years old).
- EpiPen is for anyone above 25kg (over 6 years old). <https://www.epipen.co.uk/en-GB/hcp/Guidelines#>

Storage Location: school office

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed.

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

Allergy Lead (Principal) and Medical Needs Lead (Office Manager) are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement of spare AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

7.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs

- Instructions for the use of AAI
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A list of pupils to whom the AAI can be administered
- A record of when AAI have been administered

8. Training

The school is committed to training all staff in allergy response. Training can be accessed

<https://nationalcollege.com/courses/allergy-and-anaphylaxis>

<https://nationalcollege.com/courses/role-of-allergy-lead>

This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAI are kept on the school site, and how to access them
- How to administer AAI
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy

10. Appendix One: Responding to Allergies

The following steps are guidance produced by *Anaphylaxis UK*.

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate 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

These symptoms are treated with antihistamines.

More serious 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 more serious 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.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

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.
- **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.

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