St. Albert's Catholic Primary School

Allergens and Anaphylaxis Policy

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Policy Document Version Control

Version 1

Responsibility for Policy:	Compliance Education St. Albert's Catholic Primary School
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Related Policies:	Child Protection & Safeguarding Policy Supporting Students with Medical Conditions Policy First Aid Policy Health and Safety Policy Administering Medication Policy Emergency Procedures Policy Educational Visits & Trips Policy SEND Policy Equality & Accessibility Policy Data Protection / Privacy Policy
Minor Revisions:	
Major changes	
Full re-write	This policy is new. It ensures that the school is compliant with all relevant related policies and current legislation.

1. Statement of Intent

St. Albert's Catholic Primary School is committed to ensuring that all children/students with allergies, including those at risk of anaphylaxis, are kept safe, fully included and supported. We recognise that allergies can vary in severity and procedures are essential in preventing reactions and responding effectively when they occur.
This policy sets School processes for prevention, response, training, record-keeping, parental partnership, and safe operational practice.

2. Legal Compliance

This Allergy & Anaphylaxis Policy is fully compliant with all statutory and regulatory requirements governing the management of medical needs, health and safety, and food allergen control in schools. The policy aligns with the following legislation and guidance:

- Children's Wellbeing and Schools Act 2026 - Section 34 of the requirements that LA maintained schools, academies and PRUs must have an allergy safety policy
- Children and Families Act 2014, Section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. Duty for schools and academies to make arrangements to support children/students with medical conditions, including allergies and anaphylaxis. Guidance: Allergy safety in schools' statutory guidance
- DfE Statutory Guidance: Supporting Children/students at School with Medical Conditions (2015): Issued under Section 100, setting mandatory expectations for Individual Healthcare Plans, staff training, medicine management, and emergency procedures
- Equality Act 2010 – Sections 20, 21 & 85: Duty to make reasonable adjustments and prevent discrimination for children/students whose allergies constitute a disability
- Health and Safety at Work etc. Act 1974 – Sections 2 & 3: Duties to protect employees and children/students through risk assessment, safe systems of work and trained staff
- Human Medicines (Amendment) Regulations 2017: Legal basis permitting schools to hold and administer spare adrenaline auto injectors
- Department of Health (2017) Guidance on the Use of AAIs in Schools: National expectations for AAI access, storage, training, and emergency response
- Food Information Regulations 2014: Legal requirement to declare the 14 major allergens in all food served in schools
- Food Information (Amendment) (England) Regulations 2019 – Natasha's Law: Requires all Pre-Packed for Direct Sale (PPDS) food to include a full ingredients list with clearly emphasised allergens, applying to school prepared sandwiches, baked goods, boxed salads and pre-packed trip lunches

This policy ensures full compliance with all duties arising from these laws, including medical needs support, safe allergen management, risk assessment requirements, and mandatory PPDS labelling under Natasha's Law.

3. Purpose

The purpose of this policy is to provide a clear and consistent framework for managing allergies and anaphylaxis in school. It ensures that children/students with allergies can participate safely in all educational and wider school activities.
This policy aims to:

- ensure consistent management of allergies in school
- reduce the risk of exposure to allergens wherever reasonably practical
- equip staff to recognise allergic reactions and respond promptly
- meet legal and statutory duties, including the Children and Families Act 2014 and DfE medical conditions guidance

4. Scope

This policy applies to all children/students, staff, volunteers, governors, contractors, and visitors. It also applies to all school-led activities, including after-school clubs, wrap-around care, trips, sporting events, and residentials.

It covers a range of allergies including food allergies, hay fever, skin allergies, asthma, insect stings and medication allergies.

5. Definitions

For the purposes of this policy:

- allergy: An immune response to a normally harmless substance
- allergen: A substance capable of triggering an allergic reaction
- anaphylaxis: A severe, life-threatening allergic reaction affecting airway, breathing, or circulation
- AAI (Adrenaline Auto-Injector): A device for emergency treatment of anaphylaxis
- BSACI Allergy Action Plan: A medically authorised action plan used nationally

6. School Responsibilities

The Headteacher has overall responsibility for ensuring adherence to this policy and for maintaining high standards of health, safety, and safeguarding within their school.

The Headteacher, in conjunction with the Governing Body will:

- approve and review this policy annually
- ensure appropriate training solutions such as online training are made available and completed by all staff
- ensure that procedures contained within this policy are put into practice, including systems for safe food provision, allergen management, and the inclusion of children/students with allergies in all off-site activities.

The Headteacher will ensure the safety and inclusion of children/students with allergies by adopting all expectations in this policy.

The Headteacher will:

- appoint a named allergy lead
- ensuring an accurate allergy registers and secure medical records are kept
- ensure medication is stored safely and checked monthly
- train all staff annually in allergy and anaphylaxis management
- ensuring appropriate risk assessments for food-related activities and trips are completed

The Allergy Lead be responsible for:

- be responsible for systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but **within two weeks of the student starting**

- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of students at mealtimes
- Communication about:
  - the policy
  - the students who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents

- communication with:
  - governors to provide updates about the policy implementation
  - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
  - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
  - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks

- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire

- that IHPs are created and communicated

- Training
  - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
  - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

7. Parent/Carer Responsibilities

Parents play a crucial role in keeping their children with allergies safe. They must work in partnership with the school.
Parents must:

- provide accurate allergy information on admission
- supply an up-to-date Allergy Action Plan
- provide two in-date AAIs and any other prescribed medication
- update the school immediately if circumstances change

8. Staff Responsibilities

All staff are responsible for ensuring the safety and inclusion of children/students with allergies and must be able to act swiftly in an emergency.

Staff must:

- complete annual allergy and anaphylaxis training
- be aware of children/students with allergies and review their action plans
- know the location of AAIs and how to use them
- follow all individual care plans and trust procedures
- ensure pupil's medication is taken on all trips and activities and all procedures are followed

9. Pupil Responsibilities

Where age-appropriate, children/students with allergies should:

- tell an adult immediately if they feel unwell
- avoid sharing food or drinks
- carry their AAIs if agreed with parents and clinicians (secondary phase)

10. Allergy Action Plans

All children/students with diagnosed allergies must have an Allergy Action Plan which are generally provided by a health care professional. This document must be shared with relevant staff, kept with medication, and updated annually.
Schools must ensure that:

- action plans are easily accessible in emergencies
- copies are stored in the medical file and electronically
- they are reviewed after any allergic reaction

11. Educational Visits, off-Site Activities and Work Experience

The School will endeavor to ensure that children/students with allergies, including those at risk of anaphylaxis, are safely included in all off-site activities. This applies to day visits, sporting fixtures, outdoor learning, residentials, alternative provision placements, and work experience. All schools must ensure that allergy-related needs are fully considered as part

of visit planning, risk management, and safeguarding arrangements.

The Headteacher must ensure that planning for off-site activities incorporates the allergy needs of individual children/students, aligns with statutory duties under the Children and Families Act 2014 and the Equality Act 2010, and complies with relevant national guidance, including the DfE's Health and Safety on Educational Visits (2018) and applicable OEAP National Guidance. Schools must be able to demonstrate that allergen considerations have been appropriately assessed and that suitable control measures are in place.

The School must ensure that the medical and allergy information held for children/students remains central to decision-making for all off-site learning. This includes ensuring that relevant staff are aware of children/students' allergies, that information is shared appropriately with activity providers and venues, and that safe arrangements are in place throughout travel, activities and accommodation where applicable. Children/students must not be disadvantaged or excluded from visits where risks can be reasonably and safely managed.

Work experience and employer-based placements must meet the same expectations. THE School will ensure that employers are informed of relevant allergies and that placements are only approved when the environment, planned activities and supervision arrangements can safely accommodate the child/student's needs.

12. Emergency Treatment & Management of Anaphylaxis

Anaphylaxis can develop rapidly and requires immediate intervention. Staff must act without delay.

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.

13. Medication Storage - Spare AAIs and Emergency Inhalers

The School must store AAIs in consistent, clearly labelled, accessible locations. Medication must never be locked away or placed somewhere inaccessible. Schools must:

- ensure two AAIs are available per child/student for those who require it
- purchase and maintain two spare AAIs as permitted
- conduct and record monthly checks
- ensure medication accompanies the child/student during trips and visits

Schools are permitted to buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer), without a prescription, for use in emergencies. The inhaler can be used if the child or young person's prescribed inhaler is not available (for example, because it is broken or empty). Guidance is available on Emergency asthma inhalers for use in schools https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

It is recommended that schools keep emergency asthma reliever inhalers alongside "spare" adrenaline devices.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

St Albert's holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

St Albert's school holds:
One pair of 'spare' devices of 0.15 mg EpiPen Junior for children under 6 years and
One pair of 'spare' devices of 0.3mg EpiPen for individuals over 6 years of age.

For Trips St Albert's school holds an additional pack of
One pair of 'spare' devices of 0.15 mg EpiPen Junior for children under 6 years and
One pair of 'spare' devices of 0.3mg EpiPen for individuals over 6 years of age.

These are located in the staffroom corridor.

They are stored in a blue coloured container case and are labelled 'Emergency Anaphylaxis Kit'

The Allergy lead (Mrs K Goodman) 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 and then 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 order to receive a sharps box the school should register with the Local Authority which will be collected by them.

14. Catering & Food Safety

The School will operate fully compliant food and allergen management systems in line with the Food Information Regulations (2014) and Natasha's Law (PPDS, 2019). They will ensure that all food provision including on-site catering, curriculum activities involving food, events, and any food provided by external partners meets statutory allergen labelling requirements and robust cross-contamination controls.

Catering teams must comply with allergen labelling laws including the Food Information Regulations (2014) and Natasha's Law.

The School will:

- ensure allergen information is clearly communicated and displayed
- identify children/students with allergies within dining areas
- prevent cross-contamination in food preparation
- risk assess curriculum and event-related food activities

The School will adhere to the following Department of Health guidance recommendations:

- Bottles and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Pupils should be taught to also check with catering staff before selecting their lunch choice.
- Where food is provided by the school, staff are educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to primary school-age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. school fairs, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age

The School will support the Catering Department and LA and follow the Special Diets Procedure for all children with medical dietary requirements.

School will ensure that

- Step 1 - a Dietary Requirements Details Form is completed by parents (medical evidence may be needed)
- Step 2 – This will be sent to the School Kitchen and Contract manager
- Step 3 – A meeting will be arranged if needed and parents/carers, a school representative, the

Chef Supervisor and the Contract Manager

Non-Food Allergens

It is recognised that children/students may have serious allergies to substances other than food, including latex, adhesives, medications, insect stings, and materials used within the school environment. The Schools will:

- identify any child/student with a non-food allergy on the allergy register
- ensure these allergens are controlled through risk assessment (e.g. use of non-latex gloves, avoidance of latex balloons, alternative classroom materials)
- ensure staff are briefed on the child/student's individual triggers
- include non-food allergens in curriculum, trip, classroom and equipment risk assessments
- ensure emergency medication for non-food allergens (e.g., AAIs, inhalers, antihistamines) is always accessible

15. Educational Visits, Activities & Residentials

The School will ensure that children/students with allergies are fully included in off-site activities, educational visits and residentials, in alignment with DfE "Health and Safety on Educational Visits" (2018) and national guidance. They will ensure that allergy considerations are embedded into visit planning and risk management, including safe access to medication, informed venue selection, and appropriate emergency readiness. The visit planning arrangements that reflect national standards and to evidence compliance through the EVC systems, such as EVOLVE.

Children/students with allergies must not be excluded from trips when risks can be safely managed. The School will:

- complete allergy-specific trip risk assessments
- take all required medication and action plans
- inform residential venues in advance

16. Allergy Awareness

The School promotes allergy awareness as part of its safeguarding culture. In line with national guidance, a blanket nut ban is not recommended. Instead, the School adopts a proportionate, educational approach and are 'allergy aware'.

17. Risk Assessment

The School will complete:

- an annual whole-school allergy risk assessment
- individual risk assessments for each allergic child/student
- activity-specific assessments as required

The School will embed allergy-related considerations into their statutory risk-assessment frameworks, ensuring alignment with national guidance for educational visits, food provision, curriculum activities, and emergency response.
These procedures reflect current sector guidance, including the Outdoor Education Advisers' Panel (OEAP) national guidance, when planning or approving off-site learning.

18. Identification of Individuals with Allergies

Admissions Data Collection: St Albert's collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through: SIMS.

Transition: Allergy information and existing care plans are shared as part of a student's transition. St Albert's will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. St Albert's work with parents/carers and the student if appropriate to write a new IHP Staff will provide information about students for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

19. Reporting and recording

All allergy reactions of near misses should be recorded and reported to the Allergy Lead and the parents/carers.

20. Review

This policy will be reviewed every year, or earlier if national statutory guidance from the DfE or Food Standards Agency changes.

21. Parental Consent

Written parental consent is required for all children/students with allergies. This includes consent for medication administration, use of spare AAIs, sharing medical information, and use of photos for identification.
Parents may withdraw consent at any time in writing. The School will update records within 48 hours and review risk assessment plans.