

St. Mary's Catholic Primary School

With Jesus, we learn together through faith and love



Allergy Safety Policy

2026 – 2027

Policy approved by	Governing Board
Date approved	September 2026
Date of next review	Annually or when an incident is experienced
Allergy Lead	Mrs C Hough/ Mrs S Chandarana
Purpose	To minimise the risk of any individually suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.

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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

This policy is based on the Department for Education (DfE)'s guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), 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](#)

This document outlines what should be included in an allergy safety policy, in line with the [statutory 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.

Statement of Intent

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame)
- insect stings (e.g. bee, wasp)
- medication (e.g. antibiotics, pain medicines such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps)

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

St Mary's Catholic Primary School has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. **These conditions are not included in this allergy safety policy.**

St Mary's understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Mrs C Hough / Mrs S Chandarana / Mr S Ellis

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 officer / the school nurse / administrative staff)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils with allergies have an allergy action plan completed by a medical professional
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
 - 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 policy

3.2 School nurse/medical officer/ Hillingdon Nursing Team

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- 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

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy 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
- 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)

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

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.

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.

- 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

Food Provision and Catering:

St Mary's will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensure the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations

- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently
- Provide student's allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company
- Identify students with allergies at point of service by photos in the kitchen/ lanyards.
- These procedures apply to school led breakfast and after school provision.

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage 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
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, the food will be confiscated.

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

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher/teacher assistant

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 AAls

This will link to your 'supporting pupils with medical conditions' policy.

- The school maintains a register of pupils who have been prescribed AAls or where a doctor has provided a written plan recommending AAls 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 an easily accessible location-School Shares _ Staff_ Medical 2026-2027 Drive and in every classroom (pupil progress folder) and can be checked quickly by any member of staff/supply as part of initiating an emergency response

Identification of Individuals with Allergies

Admissions Data Collection: **St Mary's** collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission ([enrolment form](#))

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.

Transition: Allergy information and existing care plans are shared as part of a student's transition. **St Mary's** will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. **St Mary's** will 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.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

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 AAls 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 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:
 - Medical authorisation and written parental consent have been provided, or
 - 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 stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

Emergency Treatment and Management of Anaphylaxis

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. AAI's 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.

Medication and Adrenaline Devices (ADs)

- Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).
- 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.

7. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#), set out your school's procedures for AAIs, covering these areas:

7.1 Purchasing of spare AAIs

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

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 Mary'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.

<i>School type</i>	<i>AAI for children under age 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150</i>	<i>AAI for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300</i>
<i>Primary school</i>	<i>Two pairs of "spare" devices</i>	<i>Two pairs of "spare" devices</i>

These are located in: school office and EYFS Staff room

They are stored in a RED String Bag labelled 'Emergency Anaphylaxis Kit'

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

7.3 Maintenance (of spare AAI's)

Allergy lead/school nurse/medical officer are responsible for checking monthly that:

- The AAI's are present and in date
- Replacement AAI's are obtained when the expiry date is near

7.4 Disposal

AAI's can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

(See page 13 of the guidance.)

7.5 Use of AAI's off school premises

- St Mary's ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage of adrenaline for the duration of the school trip.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders/class teacher will check that all students have their medication including adrenaline devices with them before departure. Students/parents unable to produce their required medication will not be able to attend the excursion.
- St Mary's will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.
- St Mary's will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

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

8. Training

The school is committed to training all staff in allergy response. 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 AAls are kept on the school site, and how to access them
- How to administer AAls
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the school nurse/medical lead/ organised by 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
- School food policy