

Allergy Safety Policy 2026-27



Person responsible for this policy and its implementation	Alison McNamara
Date adopted	September 2026
Review frequency	Annually and following any incident, near miss or relevant guidance change
Date of next review	September 2027

1. Purpose and principles

St George's Catholic School is committed to a safe, inclusive and welcoming environment for children, staff and visitors with allergies. In line with Benedict's Law, this policy sets out how we will reduce risk and respond to emergencies.

- Allergy occurs when a susceptible person reacts to an allergen. Common allergens include foods, insect stings, medicines and latex.
- Any food can cause an allergic reaction. Common triggers include peanuts, tree nuts, milk, egg, wheat, fish, shellfish and sesame.
- Anaphylaxis is a severe, potentially life-threatening allergic reaction. It may begin within minutes, can progress rapidly and may occur without a rash.
- Suspected anaphylaxis always requires immediate adrenaline and a 999 call.
- The school takes an allergy-aware approach: awareness, individual planning, proportionate risk controls and a prompt emergency response.
- Severe allergies may meet the definition of disability under the Equality Act 2010. Reasonable adjustments will be made.

Scope: This policy covers allergy and anaphylaxis. Coeliac disease, food intolerance, eczema and asthma require appropriate management but are outside its main scope. Where asthma and allergy coexist, the asthma plan must be attached to the Individual Healthcare Plan (IHP), and staff must receive asthma training.

2. Recognising and responding to reactions

Mild to moderate reaction

- Raised, red, itchy rash (hives/urticaria).
- Tingling or itching in the mouth.
- Swelling of the lips, face or eyes.
- Stomach pain or vomiting.
- Mild throat tightness.
- Sudden change in behaviour.

Follow the child's action plan and give antihistamine if directed. Monitor closely for at least one hour, as symptoms can worsen.

Anaphylaxis: ABC warning signs

- **AIRWAY:** throat, tongue or upper-airway swelling; throat tightness; hoarse voice; difficulty swallowing.
- **BREATHING:** sudden wheeze; difficulty or noisy breathing; persistent cough.
- **CIRCULATION:** dizziness; faintness; sudden sleepiness; confusion; pale, clammy skin; collapse or loss of consciousness.

Treat sudden breathing difficulty in a person with a known food allergy as possible anaphylaxis, even without skin symptoms. If serious allergy and asthma coexist and there is doubt, give adrenaline first.

Emergency action

1. Keep the person where they are. Call for help and do not leave them alone.
2. Lay them flat with legs raised. If breathing is difficult, they may be propped up briefly. Do not stand or walk them, even if they feel better.
3. Give the person's own adrenaline device immediately into the outer thigh, following the device instructions. Note the time. If unavailable or it misfires, use the school's spare device.
4. Call 999 and state "ANAPHYLAXIS" (ana-fil-axis). Do not delay adrenaline while calling.
5. If there is no improvement after 5 minutes, give a second adrenaline device.
6. If there are no signs of life, begin CPR.
7. Contact the parent/carer as soon as possible.
8. The person must go to hospital for observation, even if they appear to recover, because symptoms can recur.

3. Reducing exposure to allergens

The school will complete and review a whole-school allergy risk assessment and include allergy in other relevant risk assessments.

- Identify food and non-food allergens used in lessons and activities; adapt activities for the whole group where needed.
- Complete individual and activity-specific risk assessments for lessons, trips, visits, sport and events.
- Manage risks from food brought in by families, children, staff and visitors.
- Manage risks from school-provided food and from airborne or contact allergens.
- Reduce non-food allergen risks, for example through defined areas, hygiene and enhanced cleaning around school or therapy dogs.
- Maintain high standards of handwashing, cleaning and hygiene.
- Work with families and health professionals to understand each person's allergy.
- Brief visitors, volunteers, temporary, supply, cover, coaching and peripatetic staff as necessary.
- Inform the PTA and other providers of the school's allergy expectations.
- Record and review incidents and near misses, and monitor compliance with this policy.

Food restrictions will be introduced only following an individual risk assessment, supported by medical advice where necessary. Restrictions will cover the smallest practical area and time. The school does not rely on blanket "nut-free" or other food bans, which can create a false sense of security.

4. Food provision and catering

- Ensure the catering contract and practice comply with food allergen requirements.
- Give the caterer accurate, timely allergy information.
- Use reliable identification procedures at the point of service; relevant staff must know which children have allergies.
- Display allergy information securely and appropriately alongside the daily menu where required.
- Label all food, including food used in lessons. Unlabelled food can present a greater risk than packaged food carrying a precautionary "may contain" statement.

- Obtain parent/carer agreement in advance before accepting food brought in for treats or celebrations, so children with allergies remain safe and included.
- Apply the same standards to school-run breakfast and after-school provision. Third-party providers must receive this policy and meet the same procedures.
- Work with families so children eligible for benefits-related free school meals can safely receive their entitlement.

5. Medication and adrenaline devices

- Children at risk of anaphylaxis should have two prescribed adrenaline devices close to them and quickly accessible throughout the school day, including lessons, lunch, play, sport, swimming, trips and wraparound care.
- Parents/carers are responsible for ensuring devices are available for travel to and from school.
- If devices cannot remain with the child, store them centrally in an unlocked, clearly identified and immediately accessible location. Adrenaline should be capable of being given within 5 minutes.
- Store devices at room temperature, away from direct sunlight and extremes of heat; do not refrigerate.
- Use the child's prescribed device first. A school spare may be used if the prescribed device is unavailable, misfires, or a person without a prescribed device develops suspected anaphylaxis.
- Emergency action to save a life does not depend on prior consent. The Human Medicines (Amendment) Regulations 2017 permit emergency use of spare adrenaline devices.
- Used devices go in the school-office sharps box or are handed to paramedics. Expired or degraded devices go to a pharmacy for disposal.

School spare devices

Spare devices supplement, rather than replace, a child's own prescribed devices.

Device provision	One pair of Epi-pen Junior (0.15mg) and one pair of Epi-pen (0.3mg)
Brand/dose/quantity	One pair of Epi-pen Junior (0.15mg) and one pair of Epi-pen (0.3mg)
Location(s)	Photocopy room located on the wall above first aid cupboard
Container	Transparent containers, labelled with the name of the auto-injector

The Allergy Lead checks spare devices monthly for expiry and clarity and arranges replacements at least one month before expiry.

6. Staff training and emergency preparedness

All staff who may supervise children must complete allergy-awareness and emergency-response training annually. Allergy arrangements must also form part of induction, including for short-term staff.

- What allergy is, how reactions occur and how risk is reduced.
- The difference between allergy, intolerance and coeliac disease; any food can be an allergen.
- Links between allergy, asthma, eczema and hay fever.
- Symptoms and treatment of mild/moderate reactions and anaphylaxis.
- How to find and follow allergy and asthma plans and locate medication.
- How to administer each device used by pupils and the school's spare device; practical trainer-device practice at least annually and preferably more often.
- How to record and report reactions, incidents and near misses.
- The effect of allergy on wellbeing and each member of staff's responsibilities under this policy.
- Hold and review an anaphylaxis-response practice at least annually.
- Remind staff during the year who has an allergy, where devices are stored and how they are used.
- Repeat key safety messages before festivals, trips, celebrations and the end of term.
- Ensure prescribed devices remain with the child during fire drills, lockdown practice and any real evacuation.

7. Roles and responsibilities

Allergy Lead (named member of SLT)

- Lead implementation and review of this policy.
- Collect allergy information at admission and share it promptly with relevant staff and caterers; for mid-year admissions, do so as soon as possible and within two weeks of starting.
- Maintain a register of children and staff with allergies, noting prescribed adrenaline and action plans.
- Ensure reliable identification at mealtimes.
- Coordinate IHPs and communication with families, staff, caterers, governors, the Health and Safety Lead and the DSL.
- Ensure incidents and near misses are recorded, reported and reviewed.
- Arrange annual training, induction and trainer-device practice.
- Maintain and check spare adrenaline devices.

All staff

- Know and follow this policy and each relevant child's IHP/action plan.
- Recognise symptoms and act immediately in an emergency.
- Help develop and implement IHPs and create an inclusive curriculum.
- Adapt activities and complete risk assessments for food-related learning, trips, visits and sport.
- Build proactive relationships with families and report all incidents and near misses.

Parents/carers

- Follow this policy and provide information needed for the child's IHP.
- Tell the school promptly about changes, treatment reviews or reactions outside school.
- Ensure the child has the required, in-date medication at school.

8. Identification, information sharing and plans

Identifying allergies

- Collect details of allergies, dietary restrictions and treatment history before admission through forms and transition discussions.
- Share relevant health information securely and only as necessary with teaching, support, supply/cover and catering staff. UK GDPR permits necessary, proportionate sharing of special-category health data.
- Request existing plans and allergy information from the previous setting; review suitability and agree new arrangements with the family and child where appropriate.
- Ask staff, visitors and regular volunteers about allergies where relevant. Agree proportionate arrangements and share only the information needed to keep them safe.

Allergy Action Plans

- Clinical documents prepared by a GP, allergy nurse or clinic, usually for IgE-mediated food or venom allergy that may cause anaphylaxis.
- Set out the allergy, medication and emergency action, and include parent/carer contact details and authorisation.
- May be changed only by the relevant medical professional after review. Update the child's photograph annually.
- Are not normally issued for non-IgE allergy, which does not cause anaphylaxis.

Individual Healthcare Plans (IHPs)

- School-owned plans co-produced with parents/carers and, where appropriate, the child.
- Specify inclusion arrangements and individual risk controls, incorporating professional advice.
- Attach any allergy action plan and asthma plan.
- Create an IHP for a child with an allergy/asthma action plan; for any allergy requiring management beyond usual arrangements; and, where needed, while diagnosis is awaited.
- Review at least annually, when staff or needs change, and after every incident or near miss.
- Brief supply/cover staff and share the plan during transition.

9. Trips, visits, sport and extracurricular activities

- Children with allergies will be included in trips, sporting events and extracurricular activities through proportionate planning and reasonable adjustments.
- The trip leader completes the risk assessment, carries relevant emergency supplies and checks prescribed medication, including adrenaline devices, before departure.
- A child cannot leave for an excursion without essential prescribed medication.
- For fixtures or events hosted elsewhere, inform the host of the allergy and agree safe catering and emergency arrangements.

10. Safeguarding, monitoring and publication

- Consider a safeguarding referral where a medical incident suggests neglect, abuse or exploitation, including repeated failure to provide essential information or medication that places a child at risk.
- The Allergy Lead monitors implementation and reports to governors.
- Publish this policy on the school website.
- Review at least annually and sooner following an incident, near miss, emerging local trends or revised statutory guidance.

11. Legal framework and further information

This policy reflects the following duties and guidance:

- Section 34, Children's Wellbeing and Schools Act 2026: maintained schools, academies and PRUs must have, publish and review an allergy safety policy.
- Children Act 1989, section 3: duty of care to safeguard and promote a child's welfare.
- Education Act 2002, sections 20 and 175; Education (Independent School Standards) Regulations 2014; Keeping Children Safe in Education; and Non-Maintained Special Schools (England) Regulations 2015.
- Health and Safety at Work etc. Act 1974, section 2.
- Equality Act 2010.
- SEND Code of Practice: 0 to 25 years.
- Early Years Foundation Stage statutory framework.
- Human Medicines (Amendment) Regulations 2017.

Further information

[DfE: Allergy Safety in Schools \(July 2026\)](#) | [DfE: Guidance on the use of adrenaline auto-injectors in schools](#) | [Anaphylaxis UK education resources](#) | [Allergy UK](#) | [Spare Pens in Schools](#) | [Benedict's Law](#) | [DfE: Allergy guidance for schools](#) | [Food allergen guidance for businesses](#)