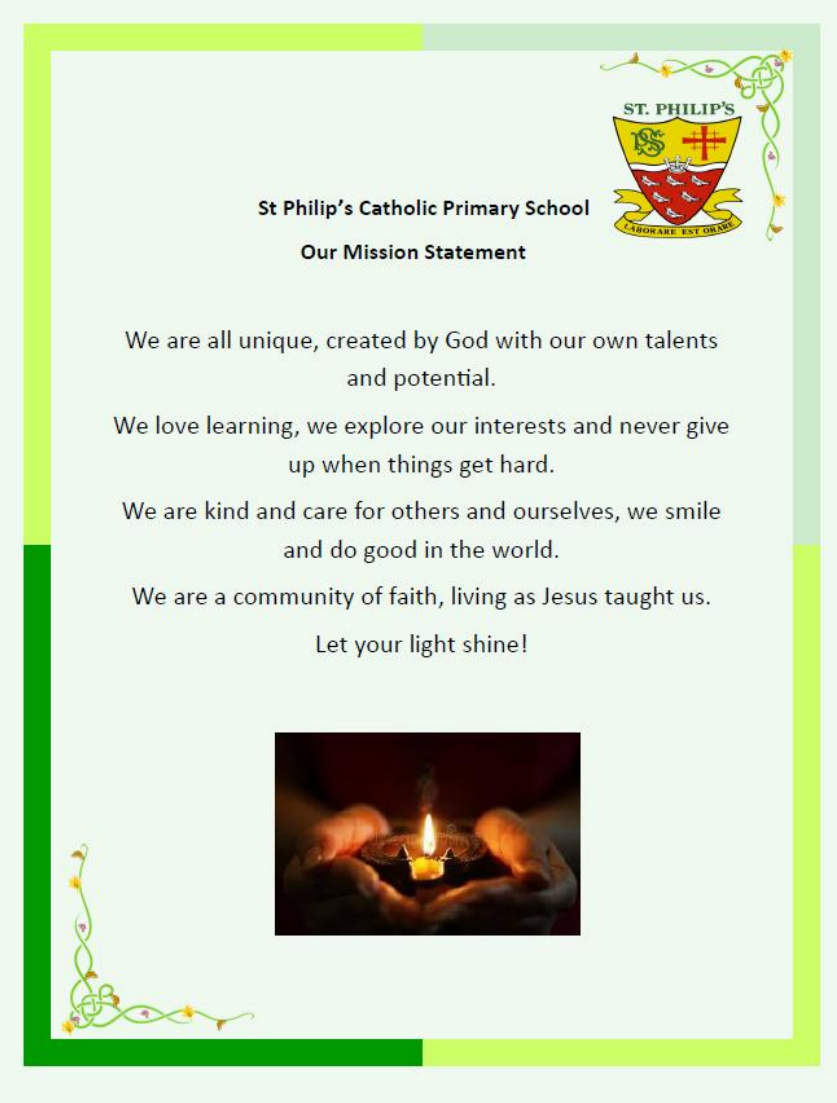
St. Philip's Catholic Primary School and Nursery

School Allergy and Anaphylaxis Safety Policy

Level of Delegation:	Governing Body	**Adopted date:**	September 2026
Last reviewed on:	September 2026	**Next review due:**	September 2027
Based on:	NHS Allergy policy template		
Policy			
Additional notes	To meet the Allergy Safety in Schools Statutory requirements		



Name of School	St Philip's Catholic Primary School
Address	High Street, New Town, Uckfield TN22 5DJ
Type of School	☐ Primary ☐ Secondary ☐ Special School ☐ Post 16 — voluntary adoption/good practice
Headteacher / Principal	Mrs Sarah McCurdy
Named Senior Leader for Allergy Safety	Mrs Ellie Taylor
Additional Allergy Lead (if appointed)	Mrs Angela Squizzoni
Date Approved	02/10/26
Last Reviewed	Name of reviewer: Ellie Taylor Role: Designated Safeguarding Lead

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1. INTRODUCTION AND CONTEXT

This policy sets out how **St Philip's Catholic School** will support pupils with allergies, to ensure they are safe, supported, and are not disadvantaged in any way whilst taking part in school life. It applies to all pupils in all year groups across the school.

Allergy is increasingly common in childhood. Around 2 to 5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. Anaphylaxis, a severe, life-threatening allergic reaction, can occur in someone with no prior history of allergy. Around 20% of serious allergic reactions to food occur whilst a child is at school.

Allergic reactions are not limited to foods. Pupils may have allergies to medicines, insect stings, or other substances encountered at school. This policy applies to all diagnosed allergies and suspected allergic reactions, regardless of the trigger.

This policy has been developed in accordance with section 34 of the Children's Wellbeing and Schools Act 2026 and the Department for Education's statutory guidance on allergy safety in schools. The statutory duty applies to local-authority-maintained schools, academies and pupil referral units within the scope of that guidance. Other education and early years settings may use this policy to support good practice and their wider duties.

This policy draws on the BSACI (British Society for Allergy and Clinical Immunology) Model Policy for Allergy Management at School (Version 2.1, 2024), developed with Anaphylaxis UK, Allergy UK, and the Medical Conditions in Schools Alliance, with support from the Department for Education.

This policy must be read alongside the school's Asthma policy and Health and Safety Policy. The management of anaphylaxis is integral to the management of first aid in school.

Our school recognises that allergies are a serious but manageable condition, and we welcome all pupils with allergies. We aim to support these children in participating fully in school life by ensuring:

- We maintain an up-to-date allergy register.
- We have a current, published allergy and anaphylaxis policy
- We have a named member of the senior leadership team responsible for allergy safety, supported by designated staff as required
- We create and maintain a separate Individual Healthcare Plan (IHP) for each pupil for whom a BSACI Allergy Action Plan is provided, and attach or refer to the current clinical plan within the IHP
- We hold a stock of spare in-date adrenaline auto-injectors (AAIs) on site
- All staff receive annual allergy awareness and emergency response training
- We promote allergy awareness among pupils, parents, and staff.

2. SCOPE

This policy applies to:

- All pupils at **St Philip's Catholic School**, including those with known allergies and those who develop an allergic reaction for the first time whilst at school
- All members of school staff, including teaching staff, support staff, catering and administrative staff, caretakers, and minibus drivers.
- Supply staff, volunteers, and visitors on the school site.
- All school activities including off-site trips, sporting events, residential visits, and wraparound care

3. LEGISLATIVE, STATUTORY GUIDANCE AND BEST-PRACTICE FRAMEWORK

Legislation / guidance	Relevance to this policy
Legislation	
Children's Wellbeing and Schools Act 2026, section 34,	Requires the appropriate authority for a school within scope to have an allergy safety policy, review it at least annually, make appropriate changes following each review, make it generally

commonly referred to as Benedict's Law	known within the school and to parents, bring it at least annually to the attention of pupils, parents and everyone working at the school, publish it on the school's website, and have particular regard to the statutory allergy guidance. These duties took full effect on 1 September 2026.
Equality Act 2010	Allergy may constitute a disability; schools must make reasonable adjustments and must not discriminate.
Health and Safety at Work etc. Act 1974	Requires employers and those controlling school premises to manage health and safety risks, including suitable first aid and emergency arrangements. Responsibility rests with the relevant employer or duty holder, which may be the local authority, governing body or academy trust according to the school's status.
Human Medicines (Amendment) Regulations 2017	Permit schools to purchase spare AAIs without a prescription for emergency use. These are normally used for a pupil known to be at risk of anaphylaxis where medical authorisation and written parental consent have been provided; Regulation 238 also permits exceptional life-saving use for a pupil or other person not previously known to be at risk.
Food Information Regulations 2014 and assimilated Regulation (EU) No 1169/2011	Require food businesses, including school caterers, to provide accurate information about the 14 regulated allergens. Prepacked-for-direct-sale food must display the name of the food and a full ingredients list with allergenic ingredients emphasised.
Statutory guidance	
DfE: Allergy Safety in Schools statutory guidance (July 2026)	Statutory guidance to which appropriate authorities must have particular regard. It sets out detailed expectations for schools' allergy safety policies, annual staff training, spare-AAI provision, individual healthcare arrangements and learning from incidents and near misses.
DfE: Supporting Pupils with Medical Conditions (2015)	Statutory guidance that places a legal duty on schools to support pupils with medical conditions and sets the framework for identifying pupils who need an Individual Healthcare Plan.
Official operational guidance	
DHSC: Guidance on the use of adrenaline auto-injectors in schools (2017) and Spare Pens in Schools implementation guidance	Non-statutory operational guidance on selecting, purchasing, storing and maintaining spare AAIs. It does not prescribe a universal quantity: numbers, doses and brands are determined by the school according to local circumstances and risk assessment, with medical advice sought where appropriate.
Clinical and professional best practice	
BSACI Model Policy for Allergy Management at School (v2.1, 2024)	Sets out clinical best-practice standards for allergy management in schools.
NICE Clinical Guideline CG116	Clinical guidance on the assessment and diagnosis of food allergy in children and young people.

4. ROLES AND RESPONSIBILITIES

4.1 Appropriate Authority

For this policy, the **appropriate authority** is the governing body of a local-authority-maintained school, including a maintained special school; the proprietor of an academy, including a free school or alternative provision academy; or the management committee of a pupil referral unit. The East Sussex Council holds the statutory duty to ensure that the school has, reviews, updates and publicises its allergy safety policy and has particular regard to the statutory guidance.

- Has overall responsibility for ensuring the school meets its legal duties in relation to allergy safety and pupils with medical conditions
- Ensures this policy is reviewed at least annually, amended following each review where appropriate, approved through the school's governance arrangements and published and communicated as required
- Ensures adequate resources are allocated for training, emergency medication, and policy implementation.

4.2 Headteacher

- Ensures implementation of the policy approved by the appropriate authority and the development of detailed procedures
- Ensure all staff are aware of this policy and receive appropriate training.
- Ensures parents are informed of the school's arrangements for managing children with allergies
- Designates a named member of the senior leadership team with responsibility for allergy safety and sufficient authority to drive implementation and review

4.3 Named Senior Leader and Allergy Leads

A named member of the senior leadership team has overall responsibility for allergy safety, including implementation, monitoring and policy review. The school may appoint additional staff to support day-to-day coordination. Responsibilities include:

- Maintaining and reviewing support arrangements for pupils with known allergies, including Individual Healthcare Plan (IHPs) and any Allergy or Asthma Action Plans issued by healthcare professionals
- Ensuring emergency AAIs are in date, accessible and that staff know where they are stored
- Coordinating annual allergy awareness training for all staff
- Acting as the primary point of contact for parents and carers regarding allergy management
- Ensuring new, supply and cover staff complete allergy-awareness and emergency-response training before undertaking pupil-facing duties and receive a first day briefing on relevant pupils, medication locations and emergency procedures

Named senior leader for allergy safety: Mrs Ellie Taylor / Designated Safeguarding Lead

Additional allergy lead, if appointed: Mrs Angela Squizzoni

4.4 All Staff

- Must be aware of pupils with known allergies in their care
- Must know where AAIs are stored and be trained to administer them
- Must be able to recognise the signs of an allergic reaction and anaphylaxis.
- Must follow the emergency procedure in this policy without delay
- Must not give food to a pupil with a known allergy without checking the pupil's recorded dietary requirements and agreed allergen-management arrangements
- Must consider known allergic triggers when planning lessons, activities, or events.

4.5 Catering Staff

- Must be aware of all 14 major allergens listed under retained UK food labelling law
- Must follow allergen management procedures including safe food preparation, cross-contamination prevention, and accurate labelling.
- Must be informed of all pupils with known allergies

- Must not substitute ingredients in dishes served to pupils with known allergies without appropriate checks.

4.6 Parents and Carers

- Must inform the school of their child's allergy diagnosis before the child starts school, or as soon as a new allergy is diagnosed
- Must provide any current Allergy Action Plan or Asthma Action Plan issued by their child's healthcare professional and share updated clinical information when it becomes available.
- Must ensure their child's prescribed AAIs are in date and available in school at all times.
- Must notify the school promptly of any changes to their child's allergy, medication, or emergency contacts.

4.7 Pupils

Pupils are supported to take increasing responsibility for managing their own allergy, appropriate to their age and maturity. This includes:

- Understanding their allergy and knowing which foods or triggers to avoid
- Knowing where their emergency medication is kept and how to access it
- Telling a trusted adult immediately if they feel they are having a reaction.
- Not sharing food with other pupils

5. IDENTIFYING AND RECORDING PUPILS WITH ALLERGIES

At the beginning of each school year, or when a child joins the school, parents and carers will be asked if their child has any diagnosed allergies. The school will maintain an up-to-date allergy register for all pupils with known allergies. This register will:

- Include the known or suspected allergen(s), the nature of previous reactions, any reasonable avoidance measures required in school, and the pupil's prescribed emergency medication.
- Be reviewed at the start of each academic year and updated when new information is received.
- Be accessible to all relevant staff, including supply and cover staff
- Include a recent photograph of each allergic pupil to support rapid identification in an emergency

Information about pupils with allergies will be communicated to all class teachers, PE and sports staff, catering staff, and any staff accompanying pupils on off-site visits or activities. New, supply, cover and temporary staff must complete allergy-awareness and emergency-response training before undertaking pupil-facing duties and receive a first day briefing on relevant pupils, medication locations, and emergency procedures.

Where needed to manage foreseeable risks, the school will use proportionate arrangements to identify known allergies and emergency medication carried by staff and visitors. Information will be gathered directly from the individual or, where appropriate, their employer, organiser or host, and handled in accordance with the school's data-protection arrangements.

5.1 Information Sharing and Confidentiality

Information about a pupil's allergy is treated as confidential health information. The school will share allergy information only with staff and others who need it to keep the pupil safe and support their participation in school activities. Information will be shared proportionately and respectfully, stored securely, kept up to date, and managed in accordance with the school's data protection, records management and retention policies.

6. INDIVIDUAL ALLERGY ACTION PLANS

When a pupil has a diagnosed allergy, the school will request from the parents or carers a current BSACI Allergy Action Plan completed and signed by the pupil's healthcare professional. This clinical document records the pupil's known allergens, prescribed medication and step-by-step instructions for managing an allergic reaction. It records consent and authorisation for administration of the medicines specified in the plan, including planned use of the school's spare AAI where applicable. Staff must follow the current plan in an emergency, and the school must not alter it without the healthcare professional's agreement. BSACI Allergy Action Plans are available free of charge at: www.bsaci.org/resources/allergy-action-plans

The school will put an Individual Healthcare Plan (IHP) in place for every pupil for whom a BSACI Allergy Action Plan is provided. The IHP records the wider arrangements needed to manage the pupil's allergy safely in school, including allergen avoidance, medication access, reasonable adjustments, participation in activities, communication and staff responsibilities. The current BSACI Allergy Action Plan remains the clinical emergency document and must be attached to or referred to in the IHP.

School standard for pupils prescribed AAIs: A pupil prescribed an AAI will have a separate IHP setting out the school's individual arrangements for rapid access to medication and emergency response. The IHP must attach or refer to the pupil's current healthcare-professional-issued BSACI Allergy Action Plan.

The school will review each IHP at least annually and sooner where the pupil's needs or school arrangements change. When a revised Allergy Action Plan or Asthma Action Plan is received, the IHP and all operational copies will be reviewed and updated. Clinical plans will be reviewed or reissued by healthcare professionals according to clinical need.

Where a child's allergy has only recently been diagnosed or an Allergy Action Plan is awaited, the school should not wait before putting interim safeguards in place.

Contact parents to agree with interim arrangements until the formal plan is received.

7. EMERGENCY MEDICATION — ADRENALINE AUTO-INJECTORS (AAIS)

7.1 Pupil's Own AAIs

Pupils prescribed AAIs must have rapid access to their in-date devices whenever they are on site or taking part in school activities. Devices must be clearly labelled with the pupil's name, stored or carried as agreed in the pupil's IHP or Allergy Action Plan, and accompany the pupil on all off-site trips and activities. Where two devices have been prescribed, both must be available. Parents are responsible for providing replacement devices; the school will monitor recorded expiry dates and alert parents in advance.

The school will keep a record of which pupils have prescribed AAIs, where these are stored, the expiry dates, and whether a current Allergy Action Plan or Individual Healthcare Plan is in place. Where prescribed devices need to be taken home, for example at weekends, holidays or between split settings, this must be agreed with parents and recorded so that staff can confirm devices are available when the pupil is on site.

7.2 School Emergency (Spare) AAIs

The school will hold an appropriate stock of spare AAIs for use in accordance with the Human Medicines Regulations and current government guidance. Planned use is for a pupil known to be at risk of anaphylaxis where the required medical authorisation and written parental consent are recorded and the pupil's prescribed device is unavailable, has already been used, is not working or is out of date. In exceptional and unforeseen circumstances, a spare AAI may be administered to save the life of a pupil or other person who develops anaphylaxis unexpectedly; another pupil's personally prescribed AAI must not be used. Stock levels, doses, brands and locations will be determined through a documented local risk assessment and recorded in the spare-

AAI register. The assessment will consider pupil needs, prescribed devices, site layout, off-site provision, access within five minutes and availability of a second dose and will be reviewed at least annually and whenever circumstances or guidance change.

Number of emergency kits: 1

Emergency-kit location(s): School Office

Spare AAIs will be clearly labelled, readily accessible, not locked away and positioned so that an appropriate device can reach a person experiencing suspected anaphylaxis within five minutes. Where the risk assessment identifies a need, including for large, split or separate sites or pupils requiring a different dose, the school will seek appropriate medical or pharmaceutical advice and hold additional devices or doses. The named responsible person will record monthly checks, arrange prompt replacement after use or before expiry, and ensure safe disposal in accordance with local medicines procedures.

Each kit contains:

- In-date adrenaline auto-injector device(s)
- Instructions on using the device
- A copy of the school's emergency anaphylaxis procedure
- A checklist of devices, identified by batch number and expiry date, with monthly checks recorded.
- A record of administration
- A current record of pupils known to be at risk of anaphylaxis for whom medical authorisation and written parental consent for planned use of the school's spare AAI have been provided, normally through an Allergy Action Plan or Individual Healthcare Plan

Where the school also holds emergency salbutamol inhalers and spacers, these will be managed under the school's asthma policy and recorded separately from the spare-AAI kit. During anaphylaxis, adrenaline must be administered first. A salbutamol inhaler may then be given via a spacer where it is prescribed or lawfully available under the school's emergency-inhaler arrangements, but it must never replace or delay adrenaline.

Normal planned use and exceptional unforeseen use of the school's spare AAI are governed by the eligibility and consent arrangements set out above.

In every suspected anaphylaxis emergency, staff must call 999, give adrenaline without delay and follow the emergency call handler's instructions.

Spare AAIs will be purchased in accordance with current government guidance and the supplying pharmacy's requirements. The current purchase request template and local ordering procedure will be maintained with the school's operational medicines records rather than reproduced in this policy.

7.3 Devices Held in School

Device	Training required
EpiPen 300 micrograms / EpiPen Junior 150 micrograms	Annual emergency-response training must cover safe administration of this device; hands-on practice with a trainer pen is recommended.

Jext 300 micrograms / Jext 150 micrograms	Annual emergency-response training must cover safe administration of this device; hands-on practice with a trainer pen is recommended.

8. RECOGNISING AND RESPONDING TO ALLERGIC REACTIONS

8.1 Mild to Moderate Allergic Reaction

Mild to moderate symptoms may include itching, hives or flushing of the skin; itching of the mouth; swelling of the lips, face, or eyes; a runny or itchy nose; itchy eyes; nausea, abdominal pain or vomiting; or a sudden change in behaviour or feeling unwell.

If a child shows these signs, stay calm and remain with them. Follow their Allergy Action Plan and give antihistamine only as specified in the plan. Contact parents or emergency contacts and monitor the child closely. If any airway, breathing or circulation symptom develops, give adrenaline and call 999 without delay.

8.2 Signs of Anaphylaxis

Anaphylaxis is a severe, life-threatening reaction that usually develops within minutes of exposure, although it may occur later. Any airway, breathing or circulation signs below should be treated as anaphylaxis. Skin symptoms may be absent. Gastrointestinal symptoms should be assessed in the context of the pupil's Action Plan and any accompanying airway, breathing or circulation symptoms.

Body system	Signs to look for
Airway	Swollen tongue, difficulty swallowing or speaking, throat tightness, hoarse or croaky voice
Breathing	Difficult or noisy breathing, persistent cough, wheeze, chest tightness
Circulation	Feeling dizzy or faint; pale or floppy, particularly in young children; suddenly sleepy or less responsive; collapse; or loss of consciousness
Gut	Persistent severe abdominal pain or repetitive vomiting may occur in a serious allergic reaction; follow the pupil's Action Plan and monitor immediately for airway, breathing, or circulation signs.

ANAPHYLAXIS IS A MEDICAL EMERGENCY: USE THE ADRENALINE AUTO-INJECTOR WITHOUT DELAY.

Anaphylaxis may occur WITHOUT skin symptoms. ALWAYS consider anaphylaxis in a child with known food allergy who has sudden difficulty breathing.

IF IN DOUBT: GIVE ADRENALINE.

8.3 Emergency Response

This guide should be used when a pupil is showing signs of anaphylaxis. Staff must follow the pupil's current Allergy Action Plan and the emergency steps below. Appendix A sets out the school's requirement to retain and verify the current official BSACI and manufacturer instructions for every AAI device held.

STEP 1 — MILD / MODERATE REACTION	
Signs	Itching, hives or flushing of the skin Swollen lips, face or eyes Runny or itchy nose

	Nausea, vomiting or abdominal pain Sudden change in behaviour
Action	Stay calm and stay with the child Give antihistamine as specified in the child's Allergy Action Plan If the antihistamine is vomited, follow the pupil's current Allergy Action Plan or seek clinical advice before giving any further dose. Call parent or emergency contact Do not give a shower or bath to relieve itching, this can worsen the reaction Monitor closely. If any airway, breathing or circulation sign in Step 2 develops, give adrenaline and call 999 without delay.
STEP 2 — ANAPHYLAXIS: WATCH FOR THESE SIGNS	
Airway (A)	Persistent cough · Hoarse voice · Difficulty swallowing · Swollen tongue
Breathing (B)	Difficult or noisy breathing · Wheeze · Chest tightness
Consciousness (C)	Persistent dizziness · Pale or floppy · Suddenly sleepy · Collapse
Action	IF ANY ONE OR MORE OF THESE SIGNS ARE PRESENT: Move immediately to Step 3, use the adrenaline auto-injector NOW
STEP 3 — ANAPHYLAXIS: ACT IMMEDIATELY ⚠ CALL 999	
Give adrenaline	Use the child's AAI WITHOUT DELAY; do not wait to see whether symptoms improve Lie the child flat with legs raised (or sit them up slightly if they are having difficulty breathing) Bring the AAI to the child, do not move them unnecessarily
Call 999	DIAL 999 IMMEDIATELY and say ANAPHYLAXIS (“ANA-FIL-AX-IS”) Call parents and emergency contacts Stay with the child until the ambulance arrives, keep them lying down even if things seem better
2nd dose	If there is no improvement after 5 minutes, give a second dose using a second device if available Commence CPR if there are no signs of life
After	**Do NOT return the child to class at any point** A member of staff MUST accompany the child in the ambulance and remain until a parent or carer arrives The ambulance service will assess the child and determine the appropriate hospital observation and follow-up. Emergency medical assessment is required after adrenaline has been administered, even if symptoms appear to resolve. Document all actions, times and doses given

9. STAFF TRAINING

In accordance with the statutory Allergy Safety in Schools guidance, all school staff present when pupils are scheduled to be on site must receive annual allergy-awareness and emergency-response training. This includes permanent, temporary, supply, peripatetic, agency, catering and wraparound-care staff, and regular volunteers. Contractors with no pupil-facing role, such as ad hoc maintenance workers, are not expected to complete the full allergy training but must follow site safety instructions.

Training will cover:

- Allergy as a group of conditions, including food allergy, asthma, eczema, hay fever and other allergic conditions, and how these may co-exist
- Recognising the signs and symptoms of mild, moderate and severe allergic reactions
- The difference between food allergy, coeliac disease and food intolerance
- Where to find reliable information about pupils' allergy triggers, including Allergy Action Plans, the allergy register and catering/allergen information
- How allergy can affect pupils' wellbeing, inclusion, participation and confidence in school
- Emergency response procedures including calling 999
- Safe storage and administration of adrenaline auto-injectors, including the device types held by the school; hands-on practice using trainer pens is recommended
- How to record and report allergic reactions, incidents and near misses, and how learning from these will be used to improve practice
- Individual responsibility for reducing exposure to known allergens; how allergic reactions can occur; how to check the allergy register; how to use Allergy and Asthma Action Plans; and how to locate and administer adrenaline and prescribed asthma reliever inhalers in an emergency
- Allergy awareness and emergency-response training do not replace any separate clinical-governance, competency or delegation arrangements required for individual healthcare support

Training requirement	Standard
All staff	Annual allergy-awareness and emergency-response training, including recognition of anaphylaxis, safe administration of every AAI device type held by the school, and an overview of the 14 major allergens, cross-contamination and allergen labelling. Hands-on practice using trainer pens is recommended.

Designated first aiders and allergy leads	The annual training above, with additional role-specific coordination, oversight and practice appropriate to the school's emergency arrangements.
Catering staff	The annual training above, with role-specific competence in allergen information, ingredient checks, labelling, food preparation and prevention of cross-contamination.
New and supply staff	Allergy-awareness and emergency-response training before undertaking pupil-facing duties, supplemented by a first day briefing on known pupils, medication locations and emergency procedures.

Training is complete when the staff member has undertaken the school's approved annual allergy-awareness and emergency-response programme covering every AAI device type held by the school, and completion has been recorded. Hands-on practice with trainer pens is considered best practice and is recommended but is not a statutory requirement. Training will be refreshed sooner where an incident, near miss, change in procedure or introduction of a different device type identifies a need.

Within Sussex comprehensive Asthma and Allergy training is provided free of charge via the School Health Services Training | East Sussex

Other recommended training providers include Anaphylaxis UK's AllergyWise for Schools programme and Allergy UK. Online free Tier 1 Asthma training is available at: www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma

10. FOOD AND ALLERGEN MANAGEMENT

10.1 The 14 Major Allergens

The table below lists the 14 major allergens that must be declared when present in food served by the school, together with examples of foods or ingredients in which they may be found.

Important: Children may be allergic to foods or ingredients not included in this list. Always follow the individual's Allergy Action Plan and recorded dietary requirements.

Allergen	Examples/What this means
Cereals containing gluten	Wheat, rye, barley, oats, including foods made from them such as bread, pasta, and baked goods
Crustaceans	Prawns, crabs, lobster, crayfish
Eggs	Eggs and foods containing egg, such as cakes, mayonnaise, meringues and some pasta
Fish	All types of fish
Peanuts	Peanuts (sometimes called groundnuts) and foods made from them
Soya (soybeans)	Soya, including edamame beans, tofu, soya milk and other processed products
Milk	Cow's milk and dairy products such as cheese, yoghurt, cream and butter

Nuts	Almonds, hazelnuts, walnuts, cashews, pistachios, pecans, Brazil nuts, macadamia nuts
Celery	Celery stalks, leaves, seeds and celeriac
Mustard	Mustard seeds, mustard powder, prepared mustard and foods containing mustard
Sesame	Sesame seeds and foods made from sesame such as tahini and some hummus
Molluscs	Mussels, oysters, squid, octopus and snails
Lupin	A legume related to peas. Lupin seeds can be ground into flour and used in baked products.
Sulphur dioxide and sulphites	Preservatives used in some foods and drinks.

10.2 Catering and Food Preparation

- Allergen information will be available and accurate for all food served by the school. Where the school or caterer produces prepacked-for-direct-sale food, each item will display the name of the food and a full ingredients list with regulated allergenic ingredients emphasised. Product or menu substitutions will be checked before service, and allergen information will be updated immediately.
- Catering staff will follow safe handling procedures to prevent cross-contamination
- Separate utensils, preparation surfaces, and serving equipment will be used for allergen-free meals.
- Ingredient substitutions will not be made for pupils with known allergies without appropriate checks.

10.3 Classroom and Social Activities

- Parents of pupils with allergies will be consulted before food-based activities, celebrations, or events.
- Pupils with allergies will not be unnecessarily excluded from activities. Reasonable adjustments and suitable alternatives will be provided so that they can participate safely alongside their peers.
- Allergy-safety arrangements apply to school-organised activities and provision delivered on the school's behalf. Before a third-party provider delivers an activity, catering or wraparound provision, the school will agree and record responsibilities for sharing relevant allergy information, staff understanding of emergency arrangements, immediate access to prescribed medication and the pupil's current plan, food-allergen and cross-contamination controls where food is provided, emergency escalation, notification of parents or carers, and incident and near-miss reporting.
- Food brought into school by parents, pupils, or staff for sharing at parties, bake sales, curriculum activities, or fundraising events, presents an additional risk because ingredients and possible allergen cross-contamination may not be reliably verified. Such food must be managed in accordance with the school's agreed arrangements. Where an allergy risk is present, the food must be agreed in advance and accompanied by clear allergen information. Pupils with food allergies must not be offered unlabeled food or food with uncertain ingredients.

10.4 Minimising Exposure to Non-Food Allergens

Allergens are not limited to food. Pupils may have allergies to medicines, insect stings, latex, animals or other substances.

Staff planning any activity, including craft, science, cookery, music or activities involving animals, must consider the risk of exposure to known allergens for any pupil taking part.

- Medicines — known medicine allergies must be clearly recorded and communicated to staff responsible for administering medication, where applicable. A medicine known to contain a pupil's allergen must not be administered.
- Curriculum and craft materials — some materials contain allergens, such as wheat flour in play dough or milk, wheat or soya in some glues. Wheat-free or non-food alternatives should be used where a pupil is affected.
- Food packaging and containers used in craft activities (for example egg cartons or yoghurt pots) may retain allergen traces; non-food containers should be used for junk modelling and similar activities where possible
- Materials used in science or nature activities, such as bird feed, may contain nuts or sesame and should be checked before use
- Animals — activities involving animals, including visiting animals or pets in school, will take account of any pupil with a known animal allergy.
- Insect stings — pupils with a known venom allergy must have immediate access to their emergency medication during outdoor activities, PE, sports days and off-site trips.
- Where an activity would expose a pupil to a known allergen, an alternative material or activity will be provided so that no pupil is excluded from taking part alongside their peers

11. OFF-SITE ACTIVITIES, RESIDENTIAL VISITS AND SPORTING EVENTS

All off-site activities present an increased risk for pupils with allergies. The school recognises that pupils always need immediate access to their emergency medication, including all out-of-school activities. We will ensure:

- A risk assessment is completed for every off-site activity involving a pupil with a known allergy
- Risk assessments must consider both food and non-food allergy triggers relevant to the pupil and the activity, where applicable.
- The pupil's AAI and Allergy Action Plan accompany them at all times. A pupil who requires emergency medication must not leave school without it.
- The visit leader will ensure that sufficient accompanying adults have completed the school's allergy-awareness and emergency-response training, understand the pupil's current Allergy Action Plan and can access and administer the prescribed AAI without delay.
- Catering providers for residential or overnight trips are informed of all relevant allergies in advance
- Where food is provided by an external venue or catering provider, the visit leader will obtain and record assurance in advance about ingredient information, cross-contamination controls, suitable alternatives, staff responsibilities, emergency-medication access and the incident-reporting route. Notification of the allergy alone is not sufficient.
- Staff leading activities, including sports coaching and PE, are aware of which pupils have allergies
- Emergency procedures are understood by all accompanying adults

12. INCLUSION, WELLBEING AND ANTI-BULLYING

Allergies can significantly affect a child's quality of life and emotional wellbeing. This school is committed to ensuring allergic pupils are fully included in school life and are not stigmatised.

Allergy bullying, including deliberately exposing a child to an allergen, threatening to do so, or using their allergy to exclude or mock them, will be treated as a serious safeguarding matter and dealt with under the school's Anti-Bullying Policy.

Under the Equality Act 2010, a child's allergy may constitute a disability if it has a substantial and long-term effect on their day-to-day activities. The school must make reasonable adjustments accordingly. We aim to support these children in participating fully in school life.

Risk-reduction measures will be proportionate to the individual pupil's allergy and agreed through their Individual Healthcare Plan, which must attach or refer to the current Allergy Action Plan.

Unacceptable Practice

The following practices are not acceptable and must not occur in relation to a pupil's allergy:

- Preventing a pupil from easily accessing their medication, including their prescribed AAI
- Ignoring the views of the pupil or their parents or carers
- Ignoring medical evidence or the opinion and advice of healthcare professionals
- Assuming that every pupil with an allergy requires the same support
- Assuming that older pupils do not require support, even where they are taking increasing responsibility for managing their own allergy
- Assuming that a pupil does not have an allergy because they do not yet have a formal diagnosis, for example while medical investigation is under way
- Sending a pupil home frequently, or excluding them from normal school activities or extracurricular activities (including lunch), for reasons associated with their allergy
- Sending a pupil who becomes unwell to the school office or medical room without suitable supervision; in an allergic emergency, help must come to the pupil rather than the other way round
- Penalising a pupil's attendance record where absence is related to their allergy, including excluding them from attendance rewards
- Requiring parents or carers to attend school, or otherwise making them feel obliged to attend, in order to administer medication or provide medical support to their child
- Preventing a pupil from participating, or creating unnecessary barriers to participating, in any aspect of school life, including external visits and trips, for example by requiring a parent to accompany the child

13. WORKING WITH PARENTS, CARERS AND HEALTHCARE PROFESSIONALS

Effective allergy management depends on close working relationships between schools, families, and health professionals. The school will:

- Meet with parents before a child with a known allergy starts school to agree safe arrangements
- Ensure parents are kept informed of any allergic reaction, including mild reactions, on the day they occur
- Review the pupil's IHP with parents at least annually and incorporate any updated Allergy or Asthma Action Plan when it becomes available
- Encourage parents to maintain up-to-date allergy reviews with their GP, allergy nurse, or pediatrician.
- Contact the school nurse or healthcare professional for advice when needed

14. RECORD KEEPING AND POST-INCIDENT PROCEDURES

Following any allergic reaction at school, the school will:

- Complete a written incident record on the day of the event, including the suspected trigger, symptoms observed, treatment given and the time of each action.
- Inform parents and emergency contacts immediately.
- Ensure the pupil is seen by a healthcare professional following any episode of anaphylaxis
- Review the incident with the pupil's parents or carers and review the pupil's Individual Healthcare Plan and the school's risk-management arrangements. Where the reaction indicates that the clinical Allergy Action Plan may need updating, advise the parents or carers to seek review by the child's healthcare professional and incorporate any revised Action Plan when received.
- Report the incident under RIDDOR if appropriate
- Record and review near misses, including situations where exposure was avoided or emergency medication was almost needed, to identify lessons learned and improve procedures.
- Replace any AAI used and record the replacement in the emergency kit log
- Provide a clear route for pupils, parents, carers and healthcare professionals to report an allergy incident or near miss identified after the pupil has left the setting; the report will be recorded, reviewed and acted upon in the same way as an incident observed on site
- Allergy registers, IHPs, clinical Action Plans, medicine-administration records, incident and near-miss records, training records and spare-AAI stock records will be retained securely in accordance with the school's records-management and retention policies. Access will be limited to those who need the information, current versions will be identifiable, and superseded copies will be removed from operational use.

Concerns and escalation: Concerns about implementation of this policy should be raised promptly with the Headteacher or named senior leader for allergy safety. If the concern is not resolved, parents or carers may use the school's published complaints procedure. Urgent safety concerns must be acted on immediately and must not wait for the complaints process.

15. POLICY REVIEW

This policy will be reviewed at least annually by the named senior leader for allergy safety and the Headteacher and submitted to the appropriate authority for approval. The appropriate authority will ensure that the policy is reviewed at least annually and amended where appropriate. Reviews will take account of allergic incidents and near misses, identify lessons learned, and update procedures where needed. The policy will also be reviewed following a significant allergic incident, a change in legislation or guidance, or a material change in the school's pupil population.

This policy will be published on the school's website, made readily accessible to staff and parents, and provided in hard copy on request. At least annually, the school will bring the policy to the attention of pupils, parents and carers, and everyone working at the school. All staff will be made aware of and understand the policy through induction and annual allergy-awareness training. Pupil awareness will be raised in an age-appropriate and sensitive way; where friends are informed how to seek emergency help, this will be discussed with the pupil and their parents or carers and will not replace staff with emergency-response arrangements.

16. USEFUL RESOURCES AND FURTHER INFORMATION

Resource	Where to find it

DfE: Allergy Safety in Schools statutory guidance	GOV.UK: Allergy safety in schools
BSACI Allergy Action Plans (all device types)	www.bsaci.org/resources/allergy-action-plans
BSACI Model Policy for Allergy at School (v2.1)	www.bsaci.org/resources/model-policy-for-allergy-management-at-school
DHSC emergency-AAI guidance and Spare Pens in Schools implementation guidance	Spare Pens in Schools: supply, storage and care of AAIs
Anaphylaxis UK: AllergyWise for Schools training	www.anaphylaxis.org.uk
Allergy UK: school resources	www.allergyuk.org
Benedict's Law guidance: Anaphylaxis UK	www.anaphylaxis.org.uk/education/benedicts-law
DfE: Supporting Pupils with Medical Conditions	www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
NICE CG116: Food allergy in children and young people	www.nice.org.uk/guidance/cg116

POLICY SIGN-OFF

Approved by	Sarah McCurdy
Date approved	02/10/26
Named Senior Leader for Allergy Safety	Ellie Taylor
Additional Allergy Lead (if appointed)	Angela Squizzoni

Appendix A: Official Emergency Instructions and Annual Verification

The school will keep the pupil's current healthcare-professional-issued BSACI Allergy Action Plan with their emergency medication and will place the current official manufacturer instructions for every AAI device held with each emergency kit. Staff must follow the pupil's current plan and the instructions supplied with the device. Locally produced or adapted cards must not replace, alter or override current BSACI or manufacturer instructions.

Verification requirement	School record
BSACI EpiPen plan checked, if held	☐ Yes Date: _____
BSACI Jext plan checked, if held	☐ Yes Date: _____
Current manufacturer instructions checked for every device held	☐ Yes Date: _____
Named senior leader or approved reviewer	Name/role: _____
Next review due	_____

Official sources to retain with the emergency kit: current BSACI paediatric Allergy Action Plan for the device prescribed and the current manufacturer instructions supplied with each AAI device held. The named senior leader will verify these at least annually and whenever device stock, manufacturer instructions or relevant guidance changes; obsolete copies must be removed promptly.

Appendix B: BSACI Allergy Action Plan: What It Is and How to Use It

The BSACI Allergy Action Plan is a nationally recommended clinical document for managing an individual child's allergic reaction at school and records medical and parental consent for administering the medicines specified in the plan, including a spare AAI where applicable. Under this school policy, whenever a BSACI Allergy Action Plan is provided, the school will also create and maintain a separate Individual Healthcare Plan covering the wider school arrangements required to manage the pupil's allergy safely. The current BSACI plan must be attached to or referred to in the IHP and followed in an allergic emergency.

Version	Use when
EpiPen version	The child is prescribed EpiPen 300 micrograms or EpiPen Junior 150 micrograms
Jext version	The child is prescribed Jext 300 micrograms or Jext 150 micrograms

Who completes it?

The Allergy Action Plan is a medical document. It must be completed and signed by the child's healthcare professional (GP, allergy nurse, allergist, or pediatrician) in partnership with the parents or carers. It must not be altered by the school without the healthcare professional's permission.

What does it include?

- The child's known allergens
- Prescribed medication including antihistamine dose and which AAI device they use
- Step-by-step emergency instructions for staff
- Parental consent for school staff to administer the child's prescribed AAI and the school's spare AAI
- Healthcare professional authorisation for use of the spare AAI
- Emergency contact details

Where to download

> **All versions of the BSACI Allergy Action Plan are available free of charge at:**

www.bsaci.org/resources/allergy-action-plans

Plans can be completed digitally and signed by the healthcare professional or printed and completed by hand.

How the school should use it

1. When a pupil with a diagnosed allergy joins the school, request from the parents or carers, before or on the first day, a current BSACI Allergy Action Plan completed and signed by the pupil's healthcare professional. If the plan is awaited, follow the interim-safeguards arrangements in section 6.
2. Store the current plan securely with the pupil's health records and record its date, version and review status in the school's allergy register. The allergy register must not be used as the sole storage location for the clinical document.
3. Keep a controlled current copy with the pupil's emergency medication and in any other location where authorised staff may need immediate access. Paper and electronic copies must be stored securely but remain readily accessible in an emergency.
4. Provide relevant staff with access to the current plan, including class teachers, PE and sports staff, catering staff, wraparound-care staff and staff leading off-site activities. Access must be limited to those who need the information to keep the pupil safe.
5. Review the pupil's IHP at least annually with parents or carers and request an updated clinical Action Plan when advised by the healthcare professional or when the pupil's diagnosis, medication or emergency arrangements change.
6. When a revised healthcare-professional-issued plan is received, promptly replace all school-held copies, update the allergy register and review the pupil's IHP. Remove superseded copies from use; where they must be retained as part of the pupil's record, mark and archive them securely in accordance with the school's records-management and retention policies.

For further guidance on BSACI Allergy Action Plans, contact Anaphylaxis UK at www.anaphylaxis.org.uk or Allergy UK at www.allergyuk.org.