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Review Audit & Risk, Resources Committee

ALLERGY SAFETY POLICY

THE TRUST MISSION STATEMENT

Inspired by the life of Christ we provide an exceptional education in our Catholic schools which enables our children:

- to fully embrace all possibilities
- to flourish
- to develop their faith

and therefore to choose a path that enables them to be a positive influence upon our world.

'Prepare the Way' *The Gospel of St Mark 1:3*

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Allergy Safety Policy

1. Aims

At St John the Baptist Trust our schools will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Set out the roles and responsibilities in the school community regarding pupils with medical conditions
- Set out our Trust's approach to allergy management in our schools, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- To make clear how our schools support pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy follows the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

This policy also follows the requirements under Section 34 of the Children's Wellbeing and Schools Act 2026 amends this by placing a further requirement on LA-maintained schools, academies and PRUs to have allergy safety policies, publish them and keep them under review. Schools must also have regard to statutory guidance on allergy safety. Regulations will permit the Secretary of State to make further allergy safety requirements, including to require schools to stock "spare" adrenaline devices and to require allergy safety training.

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools, Allergy safety in schools statutory guidance 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

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 The Trust Board

The Trust Board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the schools are notified that a pupil has a medical condition
- Monitor practice, and staff training, regarding pupils with medical conditions, in line with this policy

- The Trust Board delegates the local decision making, monitoring, implementation of this policy and local procedural arrangements to the Headteachers.

3.2 Allergy lead

The Headteachers will act as allergy lead or will nominate a senior member of staff as allergy lead.

They will be responsible to:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Promoting and maintaining allergy awareness across the school community
- Regularly reviewing and updating the local procedural arrangements
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Contact the school pastoral and students' services in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school pastoral team and first aiders
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

Although the Allergy Lead has responsibility for implementing systems for recording and collating allergy and special dietary information for all relevant pupils, the information collection, sharing and other aspects will be supported in schools, as per relevant local arrangements e.g. by the student, pastoral services, and office support 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 Trust policy and school's procedure regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Coordinating the paperwork and information from families and medication with families

- Coordination and communication with families and staff (including catering staff)
- Any other appropriate tasks delegated by the allergy lead are completed in a timely manner
- Monitoring expiry dates of pupil's personal AAIs and spare AAIs ensuring they are in date
- Keeping stock of the school's spare adrenaline auto-injectors (AAIs)

Allergy Action Plan

St John the Baptist Trust recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan template to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

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
- Completing anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity or event planning
- Ensuring the wellbeing and inclusion of pupils with allergies by ensuring they have read any relevant IHCPs
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication including AAIs.

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our 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, it is parent's responsibility to provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are in date and 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
- Ensuring they have read their child's IHCP on their My child in school page or equivalent system and advised the school of any changes as and when these are required.

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose and follow avoidance advice

- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, always carrying their adrenaline auto-injector on their person and only using it for its intended purpose
- Seek help from staff if symptoms begin

3.6 Pupils without allergies

These pupils are responsible for:

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

4. Assessing risk

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

- Food-based lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events, 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.

These assessments are reviewed regularly and updated when a pupil's needs change.

5. Managing risk

5.1 Catering

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

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

Our schools should adhere to the following Department of Health guidance recommendations:

- Bottles, other drinks 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.
- The pupils should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

- Where food is provided by the school, staff should be 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. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought in to schools.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, 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.

5.2 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free schools. However, we ask families to avoid sending in food items that commonly trigger severe reactions. We ask 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, they may be asked to eat them away from others to minimise the risk.

5.3 Insect bites/stings

When outdoors:

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

5.4 Animals

- All pupils will be encouraged to 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

5.5 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Allergy-related anxiety is taken seriously. Pupils who feel worried about their allergy can speak to staff, and the school's team offers support where needed. Bullying related to allergies is not tolerated and is dealt with under the school's standard anti-bullying and safeguarding procedures.

- Pupils with allergies are offered additional pastoral support

5.6 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 8.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

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

The schools maintain a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register is kept in an appropriate and easily accessible location e.g. medical room, classroom, on the child's Management Information System (MIS) page or on equivalent system and can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond
- All staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy 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

7. Emergency Response to Signs of Anaphylaxis (a potentially life-threatening allergic reaction)

• **A: Airways:** Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)

• **B: Breathing**: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing

• **C: Circulation**: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Anaphylaxis reactions involve the **Airway/Breathing/Circulation ("ABC").**

Reactions usually progress quickly and can be life-threatening – so **anaphylaxis always requires an immediate emergency response**.

Emergency response to signs of anaphylaxis is illustrated on the following page.

The features of an anaphylaxis reaction:

7.1 Action in an emergency

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, **anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure.**

People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). **This includes administering adrenaline when an individual is suffering anaphylaxis.**

DfE Allergy safety in schools statutory guidance (July 2026) is advising that staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

8. Adrenaline auto-injectors (AAIs)

The schools follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools.:

8.1 Purchasing of spare AAIs

The allergy lead is responsible for ensuring that spare AAIs are available on the school site and they are stored and disposed according to the guidance.

At St John the Baptist Trust we buy spare AAIs through the Trust contract with Medical Kitt.

Website: kittmedical.com

Each school will have an emergency kit with two spare AAIs required for each age group

- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance)

8.2 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 always have access, but is out of the reach and sight of children (e.g. reception, school office)
- **Not** locked away, but accessible and available for use at all times
- Spare AAIs will be kept separate from any pupil's own prescribed AAIs and clearly labelled to avoid confusion.

8.3 Maintenance (of spare AAIs)

As per the local school arrangements a relevant member of staff (e.g. student services, pastoral services, school office support staff) will be responsible for checking monthly that:

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

8.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions. For example, it will be disposed of in a sharps bin, or it can be given to ambulance paramedics on arrival.

8.5 Use of AAIs off school premises

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

- Trip leaders are responsible for ensuring pupils requiring an AAI have access on a trip or offsite visit

8.6 Emergency anaphylaxis kit

The schools hold an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- 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 AAIs have been administered

Medication should be stored in a rigid box or zip wallet and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however relevant member of staff assigned by the Allergy Lead, will check medication kept at school and send a reminder to parents/carers if medication is approaching expiry.

Parents are encouraged to subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

9. Training

Our schools are 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 AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually, usually on inset day, arranged by the Allergy Lead.

It's recommended that all staff are trained at least once a year.

10. Staff and visitors with allergy

As part of the allergy safety procedures, schools should consider how staff and visitors with allergy are identified and supported. The measures intended to keep children and young people with allergy safe will be equally relevant to adults.

- It is good practice to ask visitors if they have allergy which the school, should be aware of, especially if they are likely to be served food.
- Staff with allergy should inform their HR, Line Manager, First Aiders and Colleagues as appropriate, so any necessary support can be arranged (e.g. personal risk assessment).

11. Serious Incidents and "Near Misses"

- A serious incident is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A "near miss" is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

"Near misses" are as important as actual incidents, since they may highlight weaknesses in policies, procedures, training or communication and arrangements which, if not addressed, might have serious consequences in the future. While the "near miss" may not have led to harm on this occasion, they are a warning that, if circumstances had been different, serious harm could have occurred.

Not all serious incidents and "near misses" will result in an immediate emergency situation. In some cases, the impact may be delayed. The consequences might not become apparent until the child or young person is back at home – and in some cases might not be seen for several days. It is therefore important that incident reporting is not limited to staff in the school. The child or young person, their parents or others (for example healthcare professionals) may be the ones to identify that there has been an incident.

For example:

• Jonah has a severe food allergy. He suffered an anaphylaxis reaction while at school and was given adrenaline, as required by his Allergy Action Plan, before being taken to hospital. This is a serious incident.

• Rachel has a severe food allergy. She was served food containing one of her known allergens. She queried this. Catering staff confirmed that the food did contain the allergen, and a different option was provided. This is a "near miss"

• William has a food allergy. He was exposed to one of his known allergens through cross-contamination from another child's food and suffered a mild allergic reaction. This was not a significant incident or a "near miss". Nevertheless, the school, should consider whether lessons can be learned from the incident.

Following any serious incident or "near miss" involving a child, young person, member of staff or visitor with a medical condition or allergy, the school should record what happened; report it as appropriate; and consider what lessons can be learned. The Allergy Lead should be always involved in this process,

A significant incident or a “near miss” is a trigger that the arrangements in an IHP may need to be reviewed. The child, young person and their parents/carers should be involved in reviewing the IHP.

Department for Education (DfE)’s Allergy safety in schools statutory guidance , issued in July 2026, provides detailed requirements and practical examples of good practice to help schools strengthen allergy management and pupil safety. Allergy Leads, senior leaders, and all staff involved in allergy management and related processes should read and familiarise themselves with the guidance to ensure compliance and promote a safe and inclusive environment for pupils with allergies.

12. Links to other policies

This policy links and should be read in conjunction with the schools’ policies and procedures:

- Supporting pupils with medical conditions policy