Document Control

Document Information	Detail
Policy Title	Allergy Safety in Schools
Policy Type	Statutory
Policy Owner	Trust Health and Safety Manager
Executive Lead	Chief Operating and Infrastructure Officer
Approved By	Board of Directors
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Applies To	All staff

Related Legislation	• Children's Wellbeing and Schools Act 2026 • Children Act 1989 • Education Act 2002 • Health and Safety at Work etc. Act 1974 • Equality Act 2010 • Human Medicines (Amendment) Regulations 2017
Related Statutory Guidance	• Allergy Safety in Schools (DfE, July 2026) • Keeping Children Safe in Education 2026 • SEND Code of Practice: 0-25 Years • EYFS Statutory Framework • Guidance on the Use of Adrenaline Auto-Injectors in Schools
Related Trust Policies	• Health and Safety Policy • Safeguarding and Child Protection Policy • First Aid Policy • Supporting Pupils with Medical Conditions Policy • Educational Visits Policy • Behaviour Policy • Anti-Bullying Policy

Policy at a Glance

This policy sets out how schools identify, support and protect pupils, staff and visitors with allergies. It establishes clear procedures to minimise exposure to allergens, provide appropriate training, ensure safe food provision, maintain emergency medication, and respond effectively in cases of anaphylaxis. The policy supports a whole-school culture of inclusion, awareness and safety.

Who does this apply to?

This policy applies to:

All schools within St Gabriel the Archangel Catholic Multi Academy Trust.
Directors
Regional Governors
Local Governing Bodies
Executive Leaders
Senior Partners and Partners
Health and Safety teams including First Aiders
Trust staff
School Leaders
Employees
Volunteers
Contractors (where appropriate)
Pupils and families (where appropriate)

Key Responsibilities

Role	Responsibility
Board of Directors	Provide strategic oversight and assurance that effective allergy management arrangements are in place across the Trust.
CEO	Ensure compliance with statutory requirements and provide leadership for the implementation of allergy safety arrangements.
Executive Leaders	Monitor implementation, provide guidance and support, and ensure allergy safety forms part of wider health and safety arrangements.
Trust Health and Safety Manager	To ensure the Trust is working in line with the most up-to-date allergen legislation and guidance, auditing and enforcing the new Trust Allergy Policy for schools across all individual academies.

Principals	Implement the policy within school, appoint an Allergy Lead, ensure staff training, maintain risk assessments and oversee emergency preparedness.
Governors	Monitor implementation of the policy, review incidents and support continuous improvement.
Employees	Follow policy requirements, attend training, implement healthcare plans and respond appropriately to allergic reactions.

Our Mission

Forming Christ-centred pilgrims of hope with kind hearts, questioning minds, a thirst for knowledge and a hunger for justice.

St Gabriel the Archangel Catholic Multi Academy Trust exists to provide an exceptional Catholic education in which every child, every colleague and every community flourishes.

Whilst this policy fulfils statutory and regulatory requirements, it is also an expression of our Catholic mission and our commitment to the dignity of every person, inspired by the Gospel and the teachings of Jesus Christ.

Every policy within our Trust should therefore be understood not simply as a compliance document, but as a practical expression of our mission, values and service to others.

Our GABRIEL Ambitions

This policy contributes to our seven strategic ambitions.

We cultivate generous, joy-filled communities of belonging where every person is seen, cherished and empowered to flourish. Inspired by Christ, we place the most vulnerable first, working in partnership with families, parishes and local communities to transform lives.

Ambitious

We relentlessly pursue ambitious achievement for every pupil, removing barriers and widening horizons through exceptional teaching, transformative formation and inspiring experiences.

Brave Pastoral Care

We lead with courageous love, compassion and justice, ensuring every child and family is safe, known, valued and able to flourish.

Resilient Stewardship

We steward our people, resources and environment wisely and sustainably, ensuring our mission grows stronger for future generations.

Influential

We cultivate deep integrity, expertise and vocation, empowering leaders at every level to shape the future of Catholic education through collaboration and service.

Empowered Oracy

We develop confident, articulate individuals who communicate with clarity, compassion and courage, enabling them to influence the world for good.

Life-Giving Chaplaincy

We place Christ unmistakably at the heart of all we do, nurturing encounter, belonging and purpose through vibrant chaplaincy and Gospel witness.

Our Characteristics

Every member of our Trust seeks to live these characteristics in the implementation of this policy.

We:

- **Stand in God's Presence with Confidence and Humility**
- **Speak with Peace and Courage**
- **Believe that, with God, Nothing is Impossible**
- **Listen with Love**
- **Serve a Mission Greater Than Ourselves**

These characteristics shape not only what we do, but how we do it.

Our Operating Principles

These principles guide decision-making throughout our Trust and underpin the implementation of every policy.

Focus on What Matters Most
(The 80/20 Principle)

We prioritise the work that makes the greatest difference for children and young people, ensuring our time, expertise and resources are directed where they have the greatest impact.

Everyone is Seen and Supported
(No-One Unseen)

Every child, colleague, family and community matters. We actively seek to ensure that no-one is overlooked and everyone is known, valued and supported to flourish.

Collaborate and Co-Create
(Remember the 'Co')

We believe that our greatest strengths emerge through partnership. We listen carefully, value professional expertise and co-design solutions that improve outcomes across our Trust.

Innovate with Purpose
(Evidence-Informed Practice)

We embrace thoughtful innovation rooted in research, evidence and continual learning. We seek improvement that is purposeful, sustainable and centred on better outcomes for children.

Compliant Now, Beyond Compliant Next

We fulfil every statutory and regulatory requirement with integrity whilst continually striving to move beyond compliance towards excellence, innovation and transformational impact.

How This Policy Supports Our Ambitions

Our Commitment	How this policy supports it
Christ-centred	Respects the dignity and wellbeing of every individual.
Generous Communities	Creates a safe and inclusive environment for all.
Ambitious Achievement	Reduces barriers to participation and learning.
Brave Pastoral Care	Protects vulnerable pupils and promotes wellbeing.
Resilient Stewardship	Ensures effective management of risks and resources.
Influential Partnerships	Promotes collaboration with families, healthcare professionals and catering providers.
Empowered Oracy	Encourages questioning minds and open communication about allergy safety.
Life-Giving Chaplaincy	Supports the flourishing of all members across the Trust and school communities.

Purpose

The purpose of this policy is to ensure the effective management of allergies within school, minimise the risk of exposure to allergens, promote awareness and understanding, and ensure a prompt and effective response in the event of an allergic reaction or anaphylaxis.

Scope

This policy applies to all staff, pupils, directors, governors, volunteers, contractors and visitors and covers all school activities including lessons, clubs, educational visits, sporting fixtures and events.

Definitions

Allergy: An immune system response to a normally harmless substance.

Allergen: A substance capable of causing an allergic reaction.

Anaphylaxis: A severe, potentially life-threatening allergic reaction requiring immediate treatment with adrenaline.

Adrenaline Device (AD) / Adrenaline Auto-Injector (AAI): Emergency medication used to treat anaphylaxis.

Individual Healthcare Plan (IHP): A school document detailing the support arrangements required for a pupil with a medical condition.

Allergy Action Plan: A clinical document providing personalised guidance for managing allergic reactions.

Principles

In implementing this policy we will:

- uphold the teachings and values of the Catholic Church and the protocols of the Archdiocese of Birmingham;
- place children and young people at the centre of decision-making;
- promote dignity, inclusion and equity;
- comply with all statutory requirements;
- use evidence-informed practice;
- promote collaboration and shared responsibility;
- maintain high professional standards;
- continually evaluate and improve our practice.

Roles and Responsibilities

Board of Directors - Provide strategic oversight and assurance that effective allergy management arrangements are in place across the Trust

CEO - Ensure compliance with statutory requirements and provide leadership for the implementation of allergy safety arrangements

Executive Leaders (CSEL, COIO, CFO, COPO) - Monitor implementation, provide guidance and support, and ensure allergy safety forms part of wider health and safety arrangements.

Trust Health and Safety Manager - To ensure the Trust is working in line with the most up-to-date allergen legislation and guidance, auditing and enforcing the new Trust Allergy Policy for schools across all individual academies.

Local Governing Bodies - Monitor implementation of the policy, review incidents and support continuous improvement.

Principals - Implement the policy within school, appoint an Allergy Lead, ensure staff training, maintain risk assessments and oversee emergency preparedness.

Employees - Follow policy requirements, attend training, implement healthcare plans and respond appropriately to allergic reactions.

Pupils and Families (where applicable) – To ensure the school is aware of any allergens and/or any changes to allergens

Allergy Safety in Schools Policy – Painsley Catholic College

{This template policy is compliant with the Allergy Safety in Schools statutory guidance published July 2026. It has been written and reviewed by the team at Anaphylaxis UK who have worked with the Department for Education on creating the Allergy Safety in Schools statutory guidance.

The policy MUST be tailored to each school and information to be personalized is in gold text.}

1.0 INTRODUCTION AND CORE PRINCIPLES

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. Pupils who have a skin reaction need monitoring for at least an hour.

Painsley Catholic College has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs and 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.

Painsley Catholic College 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.

2.0 ROLES AND RESPONSIBILITIES

2.1 Allergy lead and governing body:

The governing body and Academy Trust are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The governing body and Academy Trust monitor this policy with it being a standing agenda item at meetings. Painsley Catholic College have a named governor who works closely with the allergy lead and reports to the meetings.

Painsley Catholic College includes the risks pertaining to pupils and staff with allergies on the school's risk register.

Painsley Catholic College has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the student starting
- holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of pupils at mealtimes
- Communication about:
    - the policy
    - the pupils who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents

- communication with:
    - governors to provide updates about the policy implementation
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - Caterer; the procedures in the kitchen and the procedures for ensuring that the pupils with allergies are provided with a safe meal

    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
    - pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks

- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- Training
    - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
    - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

{If the allergy lead is supported by a medical officer, lead first aider or school nurse, the above can be amended to reflect who is responsible for which aspects.}

2.2 All Staff:

Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the pupils IHP
- implementing the pupils IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

2.3 Parents:

Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

3.0 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. AAIs 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.

4.0 MINIMISING RISK AND EXPOSURE TO ALLERGENS

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Insert School Name will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Painsley Catholic College is allergy aware ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Painsley Catholic College completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- Identifying measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting.
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens.
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog.

Painsley Catholic College will ensure that allergy is included in all relevant school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Painsley Catholic College will ensure that the risk of exposure is minimised by

Add in additional control measures and delete any that are not relevant to the school.

- All school staff allergy training every year
- Educating pupils through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management

- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Communicating with all visitors, temporary staff and cover staff, pupils, parents/carers
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

Food Provision and Catering:
Painsley Catholic College will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Add in additional control measures and delete any that are not relevant to the school.
- Ensuring 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 pupils to check independently
- Providing student's allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identifying pupils with allergies at point of service by updated software at tills.
- Ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teaching pupils not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will sought in advance to ensure inclusion and safety for pupils with allergies.

These procedures apply to school-led breakfast and after school provision. Where this is provided by a third party, Model School, ensures that this policy is shared and the third-party provider meets the same procedures.

Ensuring that PTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTA members who are serving food have a basic awareness of allergen management (signpost to free FSA training)

pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

5.0 MEDICATION AND ADRENALINE DEVICES (ADS)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

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.

5.1 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.

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

School type	***AAI for children under age 6 years*** *(150 micrograms)*	***AAI for individuals over 6 years of age*** *(300 micrograms) e.g. EpiPen, Jext 300*

	e.g. EpiPen Junior, Jext 150	
Secondary school	*n/a*	*One or two pairs of "spare" devices**

Painsley Catholic College holds:

{insert the brand, doses and quantities}
These are located in:

{insert locations}

They are stored in {insert colour, avoid green} colour containers and labelled 'Emergency Anaphylaxis Kit'

Allergy lead/school nurse/medical officer {delete, substitute as necessary} is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires

Adrenaline devices that are used will be disposed of in a sharps box, kept {insert} or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box the school should register with the Local Authority which will be collected by them.

6.0 EMERGENCY RESPONSE

6.1 In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

6.2 Student self-management:

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two adrenaline device on them in a suitable bag/container {detail what this is i.e. red drawstring bag, consistency is urged across the organisation for ease of identification.}
Older pupils and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

7.0 STAFF TRAINING

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
    - All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline
- How to report an allergic reaction including
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that pupils prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
    - How to check if a student is on the record of those with a known allergy

- How to use an allergy or asthma action plan

7.1 Emergency preparedness

Painsley Catholic College will annually hold a practice response to anaphylaxis, and review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Painsley Catholic College will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, Painsley Catholic College will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

8.0 IDENTIFICATION OF INDIVIDUALS WITH ALLERGIES

Admissions Data Collection: **Painsley Catholic College** collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. Parents/carers are asked to review this data annually.

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. Painsley Catholic College will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Painsley Catholic College work with parents/carers and the student if appropriate to write a new IHP Staff will provide information about pupils 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.

9.0 Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

9.1 Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

9.2 Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Painsley Catholic College will ensure that:

- pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan
- pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- individual healthcare plans are created whilst pupils are waiting for a diagnosis

10.0 School Trips and External Visits

Painsley Catholic College ensures that pupils 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 adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure. pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. **Painsley Catholic College** will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Painsley Catholic College will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea (hospitality) is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

11.0 SERIOUS INCIDENTS AND "NEAR MISSES"

Painsley Catholic College approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

Painsley Catholic College is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Painsley Catholic College uses Iam Compliant to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

Painsley Catholic College will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Model School will confirm what it has learned from the incident and

outline any actions it is taking as a result. The student's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

12.0 WELLBEING AND SUPPORT

At **Painsley Catholic College** allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Painsley Catholic College

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promotes "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new joiners or anxious pupils
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

12.1 Safeguarding:

Painsley Catholic College recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

13.0 UNACCEPTABLE PRACTICE

Painsley Catholic College staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

14.0 POLICY REVIEW AND PUBLICATION

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

15.0 FURTHER READING

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026:
https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

15.1 Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

15.2 Food:
Allergy Guidance for Schools: https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Allergy Guidance for food businesses:
https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

16.0 STATUTORY DUTIES

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

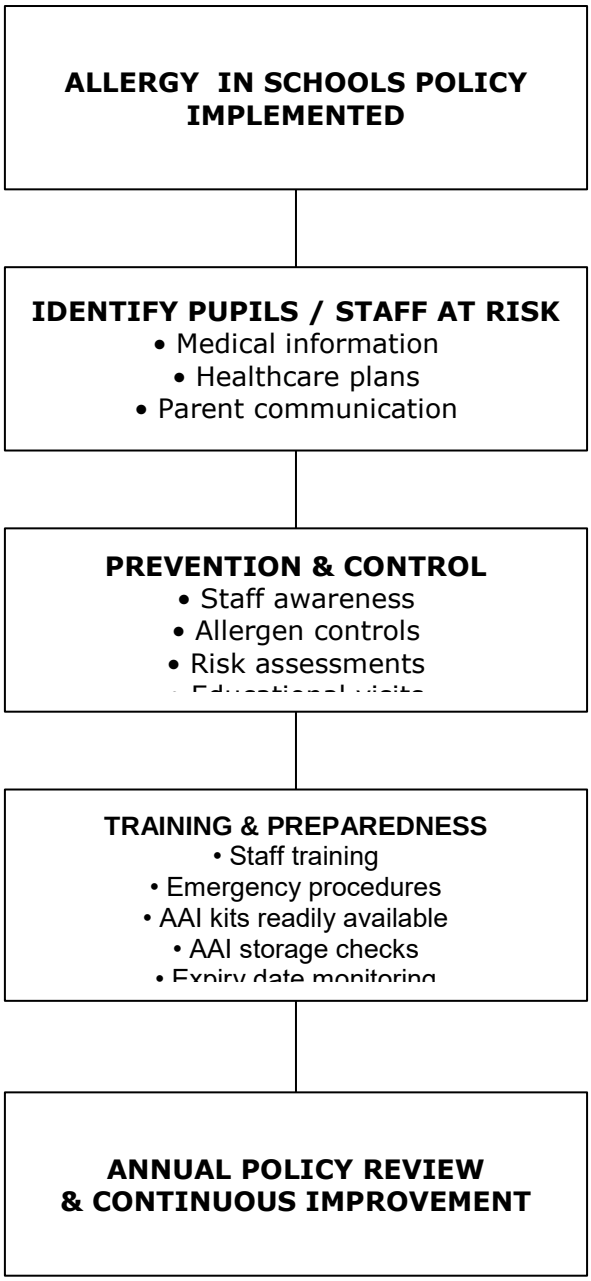
The Early Years Foundation Stage (EYFS) statutory framework.

17.0 LINKS TO OTHER SCHOOL POLICIES

- Health and Safety Policy
- Safeguarding and Child Protection Policy
- First Aid Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits Policy
- Behaviour Policy
- Anti-Bullying Policy

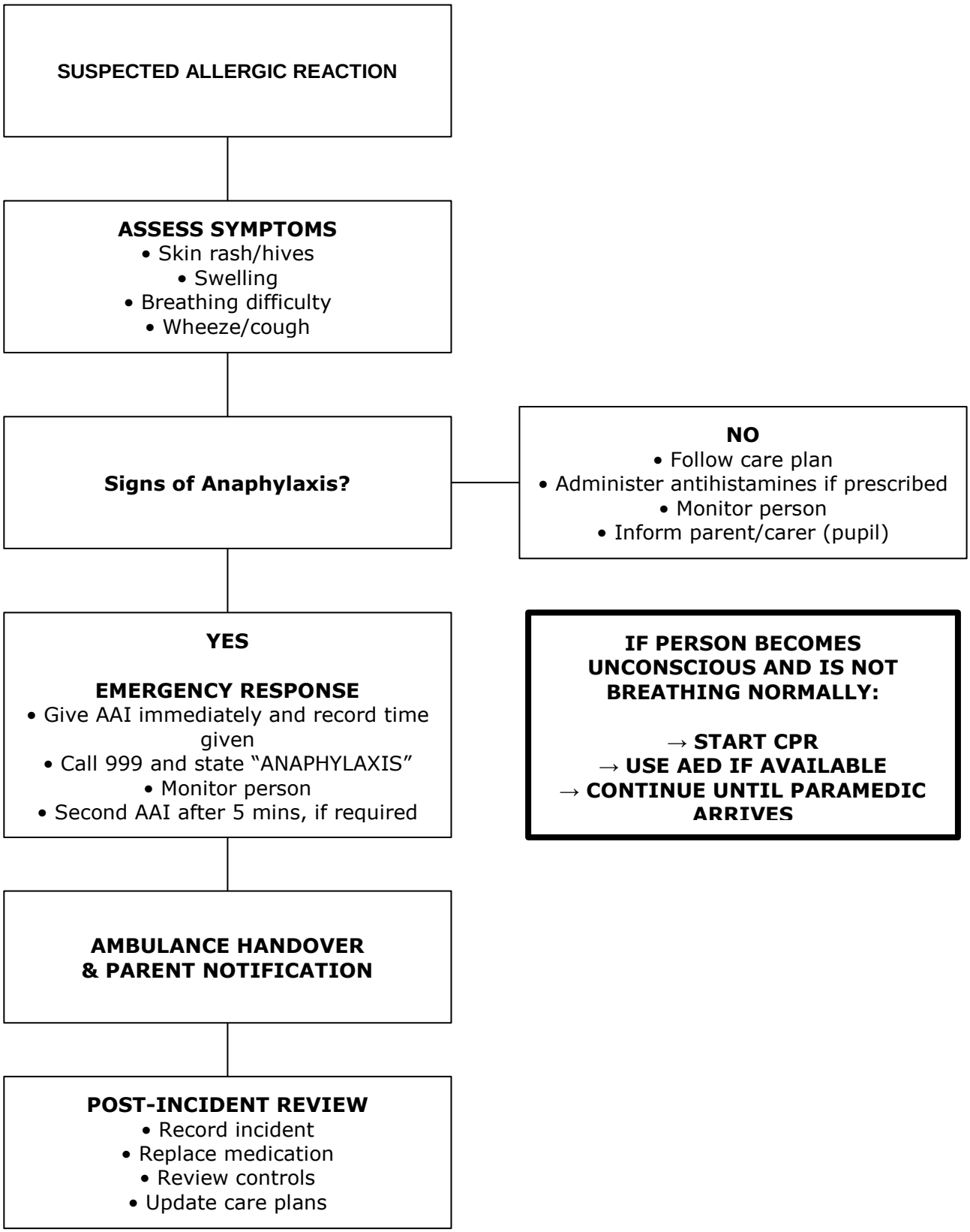
APPENDIX 1

ALLERGY IN SCHOOL POLICY MANAGEMENT



APPENDIX 2

ANAPHYLAXIS EMERGENCY RESPONSE FLOWCHART



Version	Date	Action/Notes	Approved by
1			