SEPTEMBER 2026

Allergy Safety Policy

Approved By: TRUST BOARD

Policy Owner: TRUST COMPLIANCE MANAGER

Next Review Date Due By: September 2027

St Thomas
Catholic Academies Trust

St Mary's Catholic Primary School	St Vincent's Catholic Primary, Hammersmith Gardens, Houghton Regis, LU5 5RG
Signed (Headteacher)	*Amanda Dowling*
Responsibility for Allergy Safety: (Member of the Senior Leadership Team)	Amanda Dowling
Date of Adoption	September 26
Next review (Annual)	September 27

Contents:

1. Introduction

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an Allergy Safety Policy.

Allergies are immune system reactions to typically harmless substances, leading to symptoms that can range from mild to severe, including anaphylaxis. Allergies occur when the immune system mistakenly identifies a harmless substance, known as an allergen, as a threat. This triggers an immune response that can cause various symptoms. Common allergens include:

- **Pollen**: Often responsible for seasonal allergies (hay fever).
- **Food**: Common allergens include peanuts, tree nuts, milk, eggs, soy, wheat, fish, and shellfish. Food allergy - 14 related allergens - GOV.UK
- **Pet Dander**: Proteins found in the skin flakes, urine, and saliva of furry pets.
- **Insect Stings**: Reactions can occur from stings by bees, wasps, and other insects.
- **Medications**: Certain drugs, particularly antibiotics like penicillin, can trigger allergic reactions.

2. Aims of Allergy Safety Policy:

- To competently manage allergy risks in each School
- To prevent anaphylaxis cases
- Establish a culture of employee engagement in all aspects of Allergy Safety
- Have clear instructions, information and required training carried out to ensure employees have the required allergy awareness
- To ensure emergency procedures for anaphylaxis cases are in place
- All staff read and understand the Trust Allergy Safety Policy.

3. Culture

Awareness Training

- All Trust staff will undertake Allergy Awareness/Understanding Anaphylaxis training. This includes permanent staff, Site team staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs.
- It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Allergy awareness training will ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy Action Plan and/or Asthma Action Plan;
- Staff understand the difference between food allergy, coeliac disease and food intolerance;
  - **A food allergy** is when the immune system overreacts to a protein in food and treats it as a threat. The body releases chemicals, such as histamine, which trigger an allergic reaction. Reactions can vary from mild to life-threatening. Even a small amount of the allergen can cause a serious response, which is why accurate allergen information and avoiding cross-contamination is so important.

- **Coeliac disease** is an autoimmune condition. When someone with coeliac disease eats gluten, their immune system attacks the lining of their gut. Gluten is a protein found in wheat, rye, barley, spelt and Kumut. Oats are often contaminated with gluten unless specifically labelled gluten-free. So even trace amounts can cause problems for someone with coeliac disease.
- **A food intolerance doesn't involve the immune system.** Instead, it's usually caused by a problem with digestion. The person's body might not be able to properly break down certain foods, which leads to uncomfortable symptoms. The symptoms of food intolerance are not
- usually life-threatening, but they can be debilitating for the sufferer and can last for days or weeks.

- Staff know where to find information on allergy triggers; Allergies - NHS
- Staff can identify the range of symptoms of allergic reactions; Allergies - NHS
- Staff understand and can recognise anaphylaxis; Anaphylaxis - NHS
- Staff know how to respond in an emergency, including:
  - Calling emergency services and informing parents; **Schools will call an ambulance 999 if:**

Lips, mouth, throat or tongue suddenly become swollen	Breathing very fast or struggling to breathe (may become very wheezy or feel like choking or gasping for air)
Person is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)	Skin, tongue or lips turn blue, grey or pale (if pupil or young person has black or brown skin, this may be easier to see on the palms of their hands or soles of their feet)
Faints and cannot be woken up	Suddenly become very confused, drowsy or dizzy
Throat feels tight or they are struggling to swallow	May also have a rash that's swollen, raised or itchy.
Anaphylaxis needs immediate treatment in hospital, regardless of whether you have administered the Adrenaline	

- Staff will be able to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack). Adrenaline devices have written and pictorial instructions on how to use in an emergency. How to use adrenaline devices 2026 - EpiOen, Jext, Anapen, Neffy
- When delivering a precise dose of adrenaline directly into the muscle of the outer thigh, adrenaline gets to work fast:
  - **It tightens up the blood vessels that have become floppy, which helps bring dangerously low blood pressure back up.**
  - **It relaxes the muscles in the airways (the lungs), helping them open back up so the person can breathe.**
  - **It reduces the swelling of the face, lips, and throat.**
- Staff will report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Training should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Wellbeing

The wellbeing of children and young people with allergy will be promoted, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.

For those living with allergies, mental health challenges are an integral part of daily life. Whether it's the anxiety that comes with every bite for those with food allergies, the self-esteem issues tied to skin allergies, or the exhaustion, isolation, and sleepless nights caused by respiratory allergies.

Schools will continue to talk to children and young people about their feelings and their condition, giving them a safe space to open up if something is troubling them.

Bullying of children and young people with an allergy will not be tolerated. Bullying will be addressed by SLT at the earliest opportunity.

Minimising Risk

Each school will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens.

- Measures are in place to manage the risks of exposure to a food allergen through food provided by the school caterers.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff). Schools, where allergens are present, especially airborne allergens, will issue a ban on certain foods being brought in by parents, children and young people or staff.
- Where children and young people have known or in some cases, unknown allergies to airborne or contact allergens, the school will put reasonable measures, such as a pupil specific risk assessment in place to manage the risk of the child or young person being exposed. This will be in consultation with the Parents/Guardians.
- Staff planning any activity will consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments will be in place to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Food Allergy

Each School will manage the risk of food allergy and provide clear information on allergens in food provided:

- All school catering companies will be informed by the school of pupils with known allergens
- All pupils with known allergens will have an Individual Healthcare plan for allergies in place
- School staff will ensure outside food brought in for celebrations etc is checked for allergen content. All food will require ingredient information.

4. Individual children and young people

Identification

Each school will identify individuals with an allergy (not just children and young people but also members of staff and visitors), their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices).

Schools will keep a record of all individuals with allergies, including whether children and young people have Individual Healthcare Plans for Allergies/Asthma.

Schools will gather information about known allergies, for example from the child or young person, their parents and their previous setting and ensure all that information is in the Individual Healthcare Plan for allergy .

Individual Healthcare Plans

Children and young people will have an Individual Healthcare Plan if:

• they have an allergy which has a functional impact on them in their school, college or setting;

• they are at risk of harm as a result of their allergy and

• they require arrangements which are additional to or different from those made generally.

The Individual Healthcare Plan will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Children and young people with an allergy who require specific support arrangements will have them documented through an Allergy Action Plan and/or Asthma Action Plan. This includes children and young people whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the Individual Healthcare Plan should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed Adrenaline

Schools will ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices **at all times**, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. **This includes in the lunch area, playground and sports fields or when on visits or trips.**

Children, young people and Parents/Guardians will take individually prescribed adrenaline devices home at the end of the school day. Parents/Guardians are ultimately responsible for ensuring prescribed adrenaline devices remain in date;

Records, including Individual Healthcare Plan for allergy, will be kept of which children and young people have been provided with prescribed adrenaline devices.

5. Spare adrenaline devices

- **0.3mg of adrenaline** – for adults and children weighing 25kg (3st 13 lbs and above).
- **0.15mg of adrenaline** – for children weighing 7.5kg – 25kg (1st 3 lbs – 3st 13 lbs)
- there are circumstances where a specialist may prescribe a dose to a child weighing less than 7.5kg.

"spare" adrenaline devices will be purchased by each school and managed (expiry date and condition) by each school.

- "spare" adrenaline devices will be used if directed by medical professionals in the case of a previously unknown and now present allergy or if existing pupil pens are administered and you need more adrenalin.
- "spare" adrenaline devices will be located near to dining halls in each school.
- Schools will ensure that no child or young person is more than five minutes from adrenaline devices.
- Adrenaline devices will always be stocked and stored in pairs.
- Schools with large sites will have two "spare" Adrenaline Kits so that at least a pair of "spare" adrenaline devices are available within five minutes of wherever they may be needed.

- Where schools operate across more than one site, they will ensure there are spare adrenaline devices of the appropriate dosage on each site as required.
- "spare" adrenaline devices and salbutamol inhalers will be checked to confirm that they are in date by staff (usually a first aider assigned) on a monthly basis.
- There is a process in place for replacing "spare" adrenaline devices when they are used or go out of date (including safe disposal of adrenaline autoinjectors as they contain a needle).

When storing "spare" adrenaline devices:

- "Spare" adrenaline devices must be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline will be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Larger schools will address how to achieve this as part of safety. If the "Spare" adrenaline devices are more than 5 minutes away then schools will purchase a second "Spare" adrenaline kit (for example one near the central dining area and another near the playground);
- "Spare" adrenaline devices will be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- "Spare" adrenaline devices will be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.
- Schools will clearly label "emergency anaphylaxis kit" containing the spare adrenaline devices,
- Schools will clearly label any emergency asthma reliever inhaler and spacers and instructions for their use.

6. Visits and Trips

Arrangements and adjustments will be put in place to ensure children and young people with allergy are able to participate in visits and trips, and do so safely (including access to adrenaline where required.

Risk assessments will be conducted for any child or young person at risk of anaphylaxis taking part in a trip off the premises.

Children and young people at risk of anaphylaxis must have their own adrenaline device with them, and there will be staff trained to administer adrenaline in an emergency.

7. Serious incidents and 'near misses'

Schools or early years setting will record, report and respond to serious incidents or "near misses" involving allergy safety. This will be reported on Smartlog or Medical Tracker or manually.

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised the child or young person is back at home. It is therefore important that the child or young person, their parents or others (for example healthcare professionals) can report that there has been an incident. Alternatively, point to or summarise the relevant information set out in a medical conditions or medication policy.

8. Information Sharing

Schools, college or early years settings will share information about children and young people with an allergy within the school setting and for staff who are going on a trips. All First aiders will be aware of any children or young people with an allergy. Allergy information will be shared with the school catering companies.

Please note that a child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

9. Awareness of the Allergy Safety Policy

The member of the SLT assigned with responsibility for Allergy Safety will raise awareness of the policy to the school, college or early years setting. They will also have responsibility for allergy safety, including driving the implementation of the Allergy Safety Policy and contributing to or leading review of the policy.

This Allergy Safety Policy will be readily accessible to parents and staff. The Policy will be published on the school website and be made available in hard copy on request.

All staff will be aware of and understand this policy, as part of annual statutory allergy awareness training.

The member of the SLT assigned with responsibility for Allergy Safety will raise awareness of allergy safety among children and young people. Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency.

Any wider awareness or training should be considered carefully and discussed with the child or young person and their parents, and should not replace staff emergency response arrangements.

10. Review and evaluation

This Policy can be reviewed more frequently than yearly, particularly where incidents or "near misses" suggest areas for improvement. Any review will take account of any incidents and "near misses" and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

11. Related documents

Individual Healthcare Plan for Allergy

Trust Individual Healthcare Plan for Al

Trust Allergy Management Risk Assessment

Risk Assessment - St Thomas Academy Tru

St Thomas
Catholic Academies Trust

St Thomas Catholic Academies Trust,
St Martin de Porres Catholic Primary School,
Pastures Way, Luton, LU4 0PF

T: 01582 361600
E: admin@stcat.co.uk
W: www.stcat.co.uk