Ratified: Sept 26

Review: Sept 28

St. Mary and St. John Catholic Primary School

Allergy Management Policy

Reviewed and Ratified on: July 2026

Signed (Chair of Governors): *A.Whitney*

1. Policy Statement

At St Mary and St John Catholic Primary School, we are committed to providing a safe, inclusive and supportive environment where every child can thrive.
We recognise that allergies can be life-threatening and that effective allergy management is everyone's responsibility.
This policy outlines how our school prevents, identifies and responds to allergic reactions, ensuring that all pupils with allergies can participate fully in school life whilst maintaining the safety of all members of our community.

The policy reflects:

- Benedict's Law (2026)
- Department for Education statutory guidance on supporting pupils with medical conditions and allergies
- Supporting Pupils with Medical Conditions at School
- Equality Act 2010
- Health and Safety at Work Act 1974
- Children and Families Act 2014
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2. Scope

This policy applies to:

- pupils
- staff
- governors
- volunteers
- visitors
- contractors
- parents/carers

It applies during:

- lessons
- break and lunchtime
- wraparound provision
- educational visits
- residential visits
- sporting events
- school transport
- extracurricular activities

3. Aims

Our school will:

- create an allergy-aware school culture
- reduce the risk of allergen exposure
- ensure rapid recognition of allergic reactions
- provide immediate emergency treatment where required
- train all staff annually
- maintain accurate medical records
- work closely with families and healthcare professionals
- continually review procedures following incidents or near misses

4. Definitions

Allergy
An abnormal immune response to an allergen.
Anaphylaxis
A severe, life-threatening allergic reaction requiring immediate treatment.
Common Allergens
These may include:

- milk
- egg
- peanuts
- tree nuts
- sesame
- wheat
- soya
- fish
- shellfish
- insect stings
- medicines
- latex

5. Roles and Responsibilities

Governing Body

The Governing Body will ensure:

- an allergy policy is approved and reviewed annually
- appropriate funding is available
- compliance with statutory guidance
- regular monitoring of implementation

Headteacher

The Headteacher will ensure:

- this policy is implemented consistently
- allergy information is maintained securely
- staff training takes place annually
- emergency medication is available
- risk assessments are completed
- incidents are investigated
- parents are informed of significant incidents

School Allergy Lead

Mrs Mitchell, the SENDCO is our nominated Allergy Lead.

Responsibilities include:

- maintaining the allergy register
- reviewing healthcare plans
- organising training
- checking emergency medication
- monitoring expiry dates
- liaising with catering staff
- coordinating responses following incidents

All Staff

All staff must:

- complete annual allergy training
- recognise symptoms of allergic reactions
- know how to administer adrenaline auto-injectors
- know emergency procedures
- read relevant healthcare plans
- minimise allergy risks

- report concerns immediately

Parents/Carers

Parents must:

- inform school immediately of allergies
- provide medical evidence where appropriate
- supply prescribed medication
- update the school regarding changes
- replace medication before expiry
- participate in annual healthcare plan reviews

Pupils

Where age appropriate, pupils will be encouraged to:

- understand their allergies
- avoid sharing food
- tell an adult immediately if they feel unwell
- carry prescribed medication where agreed

6. Individual Allergy Care Plans

Every pupil with a diagnosed allergy will have:

- an Individual Healthcare Plan
- Allergy Action Plan
- photograph
- list of allergens
- symptoms
- emergency treatment instructions
- parental contacts
- medical contacts
- medication location
- consent arrangements

Plans will be reviewed:

- annually
- following diagnosis
- following medication changes
- after any allergic reaction

7. Allergy Register

The school will maintain an up-to-date confidential allergy register containing:

- pupil name

- class
- allergy type
- severity
- medication
- emergency contacts
- dietary requirements

Relevant information will be shared appropriately with:

- class teachers
- teaching assistants
- lunchtime staff
- office staff
- breakfast club
- after-school club
- catering provider
- educational visit leaders

8. Preventing Exposure

The school will:

- complete allergy risk assessments
- discourage food sharing
- supervise younger children during eating
- check ingredients where food is provided
- notify parents before food-based activities
- clean tables appropriately
- promote good handwashing
- consider allergens when purchasing resources
- minimise unnecessary food use in lessons

The school is **allergy aware**, not necessarily "allergen free."
Blanket bans on foods are not routinely implemented unless supported by individual risk assessment.

9. Catering

The catering provider will:

- maintain allergen information
- identify allergenic ingredients
- prevent cross-contamination where reasonably practicable
- communicate menu changes
- train catering staff
- support individual dietary requirements

10. Medication

The school will maintain:

Pupil Medication

Stored according to healthcare plans and easily accessible.

Emergency Spare Adrenaline Auto-Injectors

The school will maintain emergency spare AAIs in accordance with national guidance.

The location will be clearly identified.

Expiry dates will be checked at least monthly.

11. Recognising Anaphylaxis

Possible symptoms include:

- swelling of lips or tongue
- difficulty breathing
- wheezing
- persistent cough
- collapse
- dizziness
- pale or floppy appearance
- widespread rash
- vomiting after allergen exposure
- altered consciousness

12. Emergency Procedures

If anaphylaxis is suspected:

1. Administer an adrenaline auto-injector immediately.
2. Call 999.
3. State:
   "Child suffering suspected anaphylaxis."
4. Contact parents.
5. Monitor airway and breathing.
6. Administer a second AAI after 5 minutes if symptoms continue and another device is available.
7. Send used AAIs with ambulance crew.
8. Record the incident.
9. Complete post-incident review.

Adrenaline should always be given promptly where anaphylaxis is suspected.

13. Educational Visits

Visit leaders must:

- review healthcare plans
- carry emergency medication
- ensure trained staff attend
- complete visit-specific risk assessments
- identify nearest medical facilities where appropriate

No pupil will be excluded solely because of an allergy unless an unacceptable risk cannot reasonably be managed.

14. Training

All staff will receive annual training covering:

- allergy awareness
- recognising anaphylaxis
- emergency procedures
- use of adrenaline auto-injectors
- practical simulations
- recording incidents

New staff will receive induction before working unsupervised with pupils.
Training records will be retained.

15. Communication

The school will communicate allergy information appropriately with:

- staff
- parents
- pupils
- catering provider
- supply staff
- volunteers
- transport providers
- educational visit venues

Confidentiality will always be maintained.

16. Record Keeping

The school will maintain:

- allergy register
- healthcare plans
- medication records
- staff training records

- risk assessments
- incident reports
- near miss reports
- medication expiry checks

17. Monitoring and Review

Following every allergic reaction, the school will:

- investigate the circumstances
- identify lessons learned
- update risk assessments
- review healthcare plans
- communicate findings where appropriate

The Governing Body will receive an annual report summarising:

- number of pupils with allergies
- staff training completion
- incidents
- near misses
- policy compliance
- recommendations for improvement

Appendix A

Emergency Allergy Response Flowchart

Suspected allergic reaction
↓
Assess symptoms
↓
Suspected anaphylaxis?
↓
YES
↓
Administer adrenaline immediately
↓
Call 999
↓
Inform parents
↓
Monitor continuously
↓
Second AAI after 5 minutes if required
↓
Hospital assessment
↓
Incident review