English Martyrs'

RC Primary School

Allergy Safety Policy

2026 - 2027

Our English Martyrs' School community aims to follow the example of Christ in welcoming, recognising, fostering and developing each individual as a unique and special gift of GOD with value and dignity

Allergy Safety Policy

Persons responsible for this policy and its implementation	Senior Leadership team SENCO
Review Frequency	Annually or when an incident is experienced
Date approved	1st September 2026
Date of next review	1st September 2027
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies	Safeguarding Behaviour Anti-bullying Health and Safety

Introduction and Core Principles

English Martyrs' RC Primary School is committed to a safe and inclusive environment for pupils, staff and visitors with allergies. This policy explains how we identify allergies, reduce exposure, respond to reactions and review incidents. It applies across the school day, including meals, clubs, visits and other school activities.

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 rate and circulation. 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.

English Martyrs' RC Primary School 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 & 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 be 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.

A severe allergy may amount to a disability under the Equality Act 2010 where it meets the statutory definition. At English Martyrs' School we will consider reasonable adjustments in each case, so that pupils can participate safely and fully.

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

Follow the individual's Allergy Action Plan. Give antihistamine only when it is authorised and indicated in that plan; continue to observe the person closely because symptoms may progress.

Antihistamines do not treat anaphylaxis.

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.
- Lay the person flat with legs raised. If breathing is difficult, they may sit with legs outstretched. Do not allow them to stand or walk. Place an unconscious person on their side; a pregnant person should lie on their left side.
- Give the person's prescribed adrenaline device immediately and note the time. If it is unavailable or fails, use an appropriate school spare AAI. Follow the instructions for the specific device; an AAI is administered into the outer thigh, while a prescribed nasal device is administered as directed into a nostril.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If symptoms persist after five minutes, give a second dose of adrenaline using a second 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.

Minimising Risk and Exposure to Allergens

Even a small amount of an allergen can cause a reaction. The school assesses risks for each pupil and adopts controls proportionate to the trigger, activity and setting. Restrictions on particular foods or activities are based on individual risk assessment and relevant clinical advice. A blanket claim that the school is "nut free" could create false reassurance: any food may be an allergen.

English Martyrs' RC Primary School 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.

The school undertakes a whole-school allergy risk assessment, alongside individual assessments where needed. These consider:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the pupil who has the allergy
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff)
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school
- 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 adaptions 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

Allergy risks are considered in relevant school risk assessments, with specific measures recorded for activities and individuals.

The school reduces exposure through:

- 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 pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the pupil'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:

The school works with its school chef/kitchen staff/catering provider to manage food allergy and give accurate allergen information. The arrangements include:

- Requiring the catering provider to meet applicable food allergen information and food safety requirements;
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the pupils to check independently
- Provide pupil'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 reliably at the point of service and confirming that the correct meal is provided, using an agreed method shared with catering staff;
- Ensure 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.
- Teach 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.

Food brought in for treats or celebrations is checked in advance against the needs of pupils with allergies. Families and staff agree suitable alternatives where necessary so that pupils can participate safely.

These arrangements also apply to school-run breakfast and after-school provision. Where a third party provides the service, the school shares relevant information securely and agrees equivalent arrangements.

At PTA events involving food, organisers should obtain reliable ingredient and allergen information, avoid cross-contact, and ensure that those serving food understand the agreed controls.

Eligible pupils with allergies remain entitled to their free school meal. The school works with the family and catering provider to arrange a suitable meal.

Medication and Adrenaline Devices (ADs)

A pupil prescribed adrenaline should have access to both prescribed devices throughout the school day and during travel to and from school. The individual plan records who carries the devices and how they are accessed in:

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

Anaphylaxis is time critical. Adrenaline should be given immediately, with a device accessible quickly enough to be brought to the person within five minutes. Prescribed and spare devices must never be locked away or stored where access depends on an absent member of staff.

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.

Spare Adrenaline Devices

Schools may purchase spare adrenaline auto-injectors without a prescription for emergency use under the Human Medicines (Amendment) Regulations 2017. They may be used where a person has suspected anaphylaxis and their own prescribed device is unavailable or fails, or where they have no prescribed device.

English Martyrs' School holds spare AAIs for emergencies. These supplement, rather than replace, a pupil's own prescribed devices. The school maintains age-appropriate doses in pairs, including provision suitable for younger and older primary pupils, and assesses whether further pairs are needed for timely access across the site.

The allergy lead keeps an up-to-date medication register recording the brand, dose, quantity, expiry date and exact location of each spare AAI. The register and locations are communicated to all relevant staff, including temporary staff.

Spare AAIs are kept in clearly labelled emergency anaphylaxis kits in accessible, unlocked locations. The allergy lead, supported by office staff, confirms that they can reach any part of the site quickly enough for timely administration, including during wraparound care. Anaphylaxis kits to be stored in B1 and B2 staff room.

The allergy lead, supported by office staff, arranges monthly checks of expiry dates, condition and accessibility, and secures replacements before expiry and promptly after use. Devices are stored according to the manufacturer's instructions, away from extreme temperatures and direct sunlight.

A used AAI is handed to ambulance personnel or disposed of through an approved sharps disposal route. Expired devices are returned to a pharmacy or disposed of through an approved route; they are never put in general waste.

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.

Prior written consent is not required by the 2017 Regulations for use of a school spare AAI in an emergency. Staff should act promptly to save life, follow the person's clinical plan where available and call 999.

Pupil 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 devices on them in a suitable bag/container

Older pupils 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.

Staff Training and Emergency Response

All staff, including teaching and support staff and those supervising meals or clubs, receives allergy awareness and emergency response training on induction and at least annually. The school briefs supply, cover, coaching and peripatetic staff about the risks and procedures relevant to their work.

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 pupil 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 pupil 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 pupil's wellbeing
- Understand the school's allergy safety policy and:
  - How to check if a pupil is on the record of those with a known allergy
  - How to use an allergy or asthma action plan

Emergency preparedness

The school rehearses its response to suspected anaphylaxis at least annually, reviews the exercise and improves procedures where needed.

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

The allergy lead shares reminders about risk reduction before celebrations, trips and other events involving food.

During drills and real evacuations, staff follows each pupil's IHP so that prescribed adrenaline travels with them and remains accessible. The emergency plan also accounts for lockdowns and off-site relocation. The fire marshals will be in charge of collecting the adrenaline kits.

Roles and Responsibilities:

Allergy lead and governing body:

The governing body is responsible for the school's allergy safety policy and oversight of its implementation. It ensures that the policy is published and reviewed and that known allergy risks, emergency arrangements, training and significant incidents are considered through the school's governance and risk processes.

The school includes relevant pupil and staff allergy risks in its health and safety arrangements.

The SENCo is the named senior leader responsible for coordinating allergy safety and implementation of this policy.

The allergy lead is responsible for:

- collecting allergy information at admission and on subsequent updates, and sharing relevant information promptly with teaching, support and catering staff before the pupil attends or as soon as a newly identified risk is known;
- maintaining a confidential register of pupils and staff who have reported allergies, including whether adrenaline is prescribed and whether an Allergy Action Plan or IHP is held;
- ensuring that pupils with allergies can be identified reliably when meals are served;
- communicating relevant arrangements with staff, catering, families, governors and the designated safeguarding lead; ensuring incidents are reported; checking spare AAIs and

arranging replacements; and ensuring IHPs are prepared, reviewed and shared appropriately;

- ensuring annual training for all staff and appropriate induction and briefing for temporary staff;
- providing staff with opportunities to practise using trainer devices at least annually;

All Staff are 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

Parents are 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 pupil's allergy and its management.
- Ensuring that the pupil always has in date medication with them at school

Identification of Individuals with Allergies

Admissions data collection: parents and carers are asked about known allergies, dietary restrictions, prescribed medication and previous reactions before their child starts school. The allergy lead follows up information needed to put safe arrangements in place.

Information sharing: health information is special category personal data. The school records it securely and shares relevant details with staff, supply cover and catering on a need-to-know basis for safe care, in line with its data protection procedures.

Transition: the school requests relevant allergy information and existing plans from the previous setting, works with parents and the pupil where appropriate to agree the school's arrangements, and securely passes relevant information on when a pupil moves class or setting.

Staff: staff are invited to tell the allergy lead or headteacher about an allergy that requires support at work and to provide relevant clinical advice and medication arrangements. The school discusses reasonable adjustments and records an appropriate confidential plan with the member of staff.

Visitors and regular volunteers: relevant allergy needs can be raised with the school before a visit. The allergy lead agrees necessary arrangements and shares only the information staff need to implement them.

Pupil Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- A clinical Allergy Action Plan sets out triggers, symptoms and treatment. Parents or carers provide the latest plan and emergency contacts. The plan should be available with the pupil's medication where practicable. Emergency use of a school spare AAI does not depend on advance written consent.
- Clinical plans are updated by the relevant healthcare professional when treatment changes or following clinical review. The school checks that the pupil's photograph and contact details remain current and requests an updated plan when needed.

Clinical Allergy Action Plans are commonly issued for allergies with a risk of anaphylaxis. An IHP may still be needed for an allergy without such a plan where active management is necessary. The school does not delay practical support while a pupil awaits assessment.

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 pupil 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.

The school reviews each IHP at least annually, and sooner after a significant change, incident or near miss. Relevant information is shared with supply and cover staff and passed on securely during transition.

English Martyrs' RC Primary School 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

School Trips and External Visits

The school plans for pupils with allergies to take part in trips, sport and extracurricular activities. The trip risk assessment covers allergens, meals, transport, emergency medication, trained supervision, access to emergency services and any suitable adjustments.

The trip leader checks before departure that required medication and both prescribed adrenaline devices, where applicable, are available and that staff know the emergency plan. If medication is missing, the leader contacts the allergy lead and family and considers how it can be obtained or alternative safe arrangements made. Any decision to postpone participation follows an individual risk assessment and is documented.

The trip leader and allergy lead decide whether school spare AAIs should accompany a trip, while maintaining adequate spare provision for pupils remaining on site.

When arranging a sporting fixture or other hosted activity, the school communicates relevant allergy and meal requirements securely to the host and confirms the agreed arrangements.

Serious Incidents and "Near Misses":

The school records incidents and near misses in a learning-focused manner, identifies causes and strengthens controls.

Where appropriate, staff preserve relevant food packaging, labels or other evidence after an incident and follow the school's incident procedures.

Staff record allergic reactions, medication given and near misses through the school's incident reporting system as soon as practicable, and alert the allergy lead. The allergy lead reviews the event and records findings and actions.

The school informs the pupil's parents or carers and involves them, and the pupil where appropriate, in the review. Relevant staff and catering providers contribute. The school records actions, updates risk assessments and the IHP as necessary, and communicates changes to those who need to know.

The school considers whether an incident requires notification to the local authority environmental health team, the Health and Safety Executive under RIDDOR, or another authority, according to the circumstances and applicable reporting rules.

Wellbeing and Support

Allergies can affect a pupil's confidence, participation and wellbeing, particularly where they also manage asthma or eczema. Staff listen to pupils and families, plan inclusive activities and respond to any anxiety or isolation.

- 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
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available

Safeguarding:

Staff refer concerns to the designated safeguarding lead where an incident or pattern suggests a pupil may be at risk of neglect, abuse or other harm. This includes concerns about repeated absence of essential medication; the circumstances must be considered carefully with the family and relevant professionals.

Unacceptable practice

English Martyrs' RC Primary School 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;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school to administer prescribed 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 life, including external visits and trips, e.g. by requiring parents to accompany the child.

Policy Review and Publication

The policy is published on the school website and reviewed at least annually, and sooner following a serious incident, significant near miss or change in statutory guidance.

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

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

Statutory Duties:

Section 100A of the Children and Families Act 2014, inserted by section 34 of the Children's Wellbeing and Schools Act 2026, requires relevant schools to have, publish and keep under review an allergy safety policy and to have regard to statutory guidance.

Section 100 of the Children and Families Act 2014 requires governing bodies to make arrangements to support pupils with medical conditions.

The Education Act 2002 and Keeping Children Safe in Education set out relevant safeguarding duties and expectations.

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.