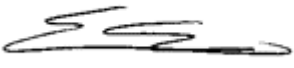




St. Helen's Catholic Primary School

ALLERGY SAFETY POLICY

Policy Type	Statutory
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Approved by Local Governing Committee and signed by Elsa Corr, Chair of Governors	
Date	18 September 2026
Published on St Helen's Website	

POLICY FOR ALLERGY SAFETY

MISSION

Our Mission

Respect yourself.

Respect everyone in our school community.

Respect everyone in our local community.

Respect everyone in our global community.

But most of all, respect God our Father in Heaven.

Our commitment

At St Helen's Catholic Primary School, we believe that every child is known, valued and entitled to participate fully in the life of our school.

Our approach to allergy safety therefore goes beyond preventing harm. We aim to create a community in which children with allergies are **safe and** included: able to learn, eat, play, celebrate, worship, perform, travel and participate alongside their peers without unnecessary restriction, anxiety or stigma.

This reflects our school values:

- **Service** – we take responsibility for the wellbeing and safety of others and act promptly when someone needs our help.
- **Empathy** – we listen to children and families and recognise the physical and emotional impact that living with an allergy can have.
- **Respect** – we treat medical information sensitively and never define, isolate or embarrass a child because of their allergy.
- **Trustworthiness** – families can expect us to follow agreed procedures consistently and to communicate openly when something goes wrong.
- **Courage** – in an emergency, staff are expected to act decisively and seek help without delay.
- **Resilience** – we support children progressively to understand and manage their own allergies as they mature.
- **Patience and Enjoyment** – reasonable adjustments should enable children to participate safely in the ordinary, joyful experiences of school life rather than exclude them from them.

This approach is consistent with the statutory expectation that children with allergies should be supported to attend and participate as fully as possible in all aspects of school life.

Aims of this Policy

The aim of this policy is to ensure that children with allergies are **safe, understood and fully included** in the life of St Helen's Catholic Primary School. This policy sets out how St Helen's identifies, reduces and manages allergy-related risks and how we respond to allergic reactions and anaphylaxis.

In particular, this policy aims to:

- provide a whole-school approach to allergy safety in which **every member of staff understands their role and responsibility**;
- reduce, as far as reasonably practicable, the risk of children being exposed to known allergens;

- ensure that allergies and allergic reactions are **recognised promptly and responded to confidently and effectively**, including the immediate treatment of suspected anaphylaxis;
- ensure that prescribed and emergency medication is **readily accessible when and where it is needed**;
- identify children who require additional or individual arrangements and ensure these are clearly documented, communicated and reviewed;
- work in genuine partnership with **children, parents and carers, healthcare professionals and catering providers**;
- make reasonable adjustments so that children with allergies can participate safely in **learning, meals, play, worship, celebrations, clubs, performances, visits and residential experiences** alongside their peers;
- protect the **dignity, wellbeing and sense of belonging** of children with allergies, avoiding unnecessary restriction, segregation or stigma;
- support children, in an age-appropriate way, to develop increasing **knowledge, confidence and independence** in managing their allergy;
- promote an **allergy-aware culture** in which pupils understand the importance of keeping one another safe and in which allergy-related teasing, intimidation or bullying is not tolerated;
- ensure that staff receive appropriate and regular training and know how to access information about individual children;
- ensure that allergy-related incidents and near misses are **recorded, reviewed and learned from**, so that practice continues to improve; and
- provide parents and carers with confidence that the school will take their child's allergy seriously while ensuring that it does not become an unnecessary barrier to their education or wider school experience.

These aims reflect the statutory guidance's emphasis on reducing exposure, emergency preparedness, appropriate individual arrangements, inclusion and wellbeing, rather than treating allergy safety solely as a medical response.

Purpose and statutory framework

Section 34 of the Children's Wellbeing and Schools Act 2026 requires academies to have an allergy safety policy. The policy must be kept under review and made accessible to parents and staff.

This policy should be read alongside the school's Learning About Me Policy, Child Protection Policy, Supporting Pupils with Medical Conditions Policy, First Aid and Medicines Policy, Health and Safety Policy, SEND and Inclusion Policy, Educational Visits Policy, Food and Catering Policy, Attendance Policy, Rights & Responsibilities Policy, Anti-Bullying Policy and Data Protection Policy.

Leadership and responsibility

The Local Governing Committee and Academy Trust retain overall responsibility for ensuring appropriate arrangements are in place for allergy safety.

A named member of the Senior Leadership Team will act as Allergy Safety Lead and will be responsible for ensuring that this policy is implemented effectively, staff are appropriately trained, individual arrangements are maintained and incidents and near misses are reviewed.

The statutory guidance makes clear that responsibility for allergy safety should sit with a senior leader and should not simply be delegated to Nourish, the school's meals provider.

All members of staff share responsibility for creating an allergy-aware environment and must follow this policy and any Individual Healthcare Plan (IHP), Allergy Action Plan or Asthma Action Plan relevant to children in their care.

Identifying children with allergies

Parents and carers are asked to provide the school with accurate and current information about any diagnosed or suspected allergy when their child joins the school and whenever circumstances change.

Information may also be obtained from previous settings and relevant healthcare professionals. The school will maintain an appropriate record of children with known allergies, including: the known allergen or trigger; likely symptoms; prescribed medication; whether the child has an IHP; whether an Allergy or Asthma Action Plan is in place; and the location of emergency medication.

Information will be made available to staff who need it in order to keep the child safe.

We will not assume that an allergy is insignificant simply because a child has not yet received a formal diagnosis.

Individual Healthcare Plans

A child will have an Individual Healthcare Plan where their allergy:

- has a functional impact on them at school;
- places them at risk of harm; and
- requires arrangements additional to or different from those ordinarily available.

The IHP will describe the child's individual needs, known allergens, preventative measures, reasonable adjustments, medication and emergency response arrangements. Any Allergy Action Plan or Asthma Action Plan provided by a healthcare professional will form part of or be attached to the IHP.

Plans will be developed collaboratively with parents/carers, the child where appropriate, school staff and relevant healthcare professionals.

They will be reviewed at least annually and whenever there is a significant change in the child's needs, treatment or medical advice.

An allergy-aware school

St Helen's will operate as an **allergy-aware environment**.

We will not describe the school as completely "allergen-free" or "nut-free", because such a guarantee cannot realistically be made and may create a false sense of security. The statutory guidance similarly recommends an allergy-aware rather than "nut-free" approach.

Instead, we will take proportionate and reasonable measures based upon the known allergies within our community.

These may include restricting particular foods or products where necessary; careful handwashing and cleaning; managing food sharing; adaptations to classroom activities; consideration of allergens in craft, science, cooking and music activities; and individual risk assessments where required.

Staff planning activities must consider potential allergens in materials being used. Everyday items such as play dough, glue, bird feed and recycled food packaging may contain or retain allergens. Where a commonly used resource presents a significant risk to a child, we will wherever practicable find an alternative **for the activity**, rather than routinely separating the child from their peers.

Food and mealtimes

The school will work closely with its catering provider (Nourish), families and pupils to ensure that food allergies are identified and managed effectively.

Catering arrangements will comply with statutory allergen-information requirements and parents/carers will be able to obtain clear information about allergens contained in food provided by the school.

Children requiring allergen-safe meals will be identified through robust procedures agreed with the catering team. Measures will be proportionate to the child's age and needs and will seek to preserve dignity.

Children with allergies will **not routinely be required to sit separately from their friends**. Safety arrangements should enable inclusion rather than create unnecessary segregation.

Children will be taught not to swap or share food, drinks, eating utensils or food containers. Where food is brought into school for celebrations or special events, arrangements must take account of known allergies. Staff should liaise with families in advance where necessary so that children with allergies can participate safely rather than simply being excluded from the experience.

Prescribed adrenaline and emergency medication

Children prescribed adrenaline devices must have rapid access to them at all times, including during lessons, lunch and playtimes, PE, assemblies and activities away from the school site.

Medication will not be locked away or stored somewhere where access could be delayed.

Children who are developmentally able to carry and manage their own medication will be supported to do so following discussion with parents/carers and, where appropriate, healthcare professionals. The child's two prescribed adrenaline devices should be available wherever the child is.

Spare adrenaline devices

The school will maintain appropriate **spare adrenaline auto-injectors (AAIs)** for emergency use. For a primary school, the statutory guidance indicates provision of a pair of appropriate-dose devices for children under six and a pair for children over six. Devices must be readily accessible, not locked away, stored appropriately and capable of being brought to the person experiencing anaphylaxis within five minutes.

The Allergy Safety Lead or delegated trained member of staff will ensure that emergency devices: are stored in clearly identified locations; are stored in pairs; remain within their expiry dates; are replaced promptly following use or expiry; and are accompanied by appropriate instructions.

Emergency asthma inhalers and spacers will similarly be maintained in accordance with the school's medical procedures.

Recognising and responding to anaphylaxis

Anaphylaxis is a medical emergency.

Staff will be trained to recognise problems affecting:

A – Airway: swelling of the throat or tongue, throat tightness, hoarse voice or difficulty swallowing.

B – Breathing: sudden wheezing, breathing difficulty, persistent cough or noisy breathing.

C – Circulation: dizziness, faintness, sudden sleepiness or confusion, pale or clammy skin or loss of consciousness.

Where anaphylaxis is suspected:

1. **Give adrenaline immediately. If in doubt, give adrenaline.**
2. **Call 999 and state ANAPHYLAXIS.**
3. Bring medication and help to the child – **do not make the child walk to the office or medical room.**
4. Keep the child lying down with their legs raised unless breathing difficulties mean that sitting up is necessary. Do not allow them to stand or walk.
5. Stay with the child.
6. If there is no improvement after five minutes, administer a second dose of adrenaline where available.
7. Contact the child's parents/carers.
8. Follow the child's Allergy Action Plan where one is available.

The statutory guidance emphasises that adrenaline should be given promptly; if there is doubt whether a reaction is anaphylaxis, staff should treat it as anaphylaxis and call 999.

A reliever inhaler must **never be used instead of adrenaline** where anaphylaxis is suspected.

Mild or moderate allergic reactions

Where a child experiences a mild or moderate allergic reaction, staff will follow their individual plan and administer prescribed or authorised medication as appropriate.

The child will **not be left unattended** and will be monitored carefully because symptoms can progress to anaphylaxis.

Parents/carers will be informed.

Training

All pupil-facing staff will receive allergy awareness and emergency response training **at least annually**.

This includes teachers, support staff, office staff, lunchtime staff, catering staff, temporary and supply staff, relevant agency staff, peripatetic staff and regular volunteers. Where the school is not responsible for the training of contracted or visiting staff, letters of assurance will be obtained and kept on file.

New staff will receive appropriate information as part of induction, and arrangements will be made so that temporary and cover staff know how to respond to an allergy emergency.

Training will include recognising allergic reactions and anaphylaxis; understanding the relationship between allergy and asthma; locating and administering adrenaline; calling emergency services; understanding individual plans; reducing exposure to known allergens; and reporting incidents and near misses.

Educational visits, residentials and activities

Having an allergy must not in itself prevent a child participating in a school visit, residential, sporting event or extracurricular activity.

Risk assessments will consider the child's individual allergy, likely exposure to allergens, food provision, access to medication, emergency arrangements and access to medical assistance.

Children at risk of anaphylaxis will have their prescribed adrenaline devices with them and an appropriately trained adult will be available.

Where reasonable adjustments are required, these will be planned in advance.

Parents will not routinely be expected to accompany their child simply because their child has an allergy.

Wellbeing, dignity and inclusion

We recognise that living with a potentially serious allergy can affect a child's confidence, emotional wellbeing and sense of belonging.

Staff will therefore listen carefully to children and families and avoid practices which unnecessarily draw attention to a child's condition.

Children with allergies will not be excluded from activities, celebrations, school meals, trips or extracurricular opportunities where reasonable arrangements can enable their safe participation.

Any teasing, intimidation or bullying relating to a child's allergy – including deliberately threatening a child with an allergen – will be treated seriously in accordance with the school's Rights & Responsibilities Policy and Anti-Bullying Policy and safeguarding procedures.

As children mature, we will support them to develop appropriate knowledge, confidence and independence in managing their condition while recognising that **a child's growing independence does not remove the school's responsibility to support them.**

Information sharing and confidentiality

Medical information is sensitive personal information.

The school will share information about a child's allergy with those who need it to keep the child safe, while ensuring that information is handled respectfully and proportionately.

Health information constitutes special category data under UK GDPR and should be shared in a controlled and respectful manner. The statutory template specifically recognises that unnecessary disclosure can embarrass children or make them feel singled out.

Where appropriate, children will be involved in decisions about how information about their allergy is communicated to their peers.

Serious incidents and near misses

All serious allergy-related incidents and near misses will be recorded and reported to the Allergy Safety Lead and Headteacher.

Parents/carers will be informed and given an opportunity to provide information, including where symptoms develop after the child has returned home.

Following an incident or near miss, leaders will consider:

- what happened;
- whether existing procedures were followed;
- whether those procedures were sufficient;
- whether an IHP or Action Plan needs amendment;
- whether additional training or resources are required;
- and whether this policy or associated risk assessments require review.

The purpose of review is **learning, not blame**. Near misses are valuable safeguarding information: they provide an opportunity to strengthen systems before harm occurs. This reflects the statutory expectation that incidents and near misses prompt active review and learning.

Practice that is not acceptable at St Helen's

It is not acceptable to:

- prevent a child from readily accessing their emergency medication;
- ignore the views of a child, parent/carer or healthcare professional;
- assume that all children with the same allergy require identical arrangements;
- require a child experiencing an allergic reaction to walk unaccompanied to the office;
- routinely send children home because of their allergy;
- penalise allergy-related absence;
- expect parents to attend school to provide medical support that the school should reasonably provide;
- unnecessarily exclude a child from meals, curriculum activities, clubs, visits or residential;
- segregate a child simply because they have an allergy; or
- allow fear of allergy to become a barrier to a child's full participation in school life.

These principles reflect the statutory guidance's explicit examples of unacceptable practice.

Working with parents and carers

Allergy safety works best as a partnership.

Parents and carers are expected to provide accurate and up-to-date information; provide prescribed medication and Action Plans where applicable; ensure medication remains in date; inform the school promptly of changes; and work with us to help their child develop age-appropriate understanding and independence.

In return, families can expect the school to listen, take concerns seriously, follow agreed arrangements, communicate openly and seek solutions which protect **both safety and belonging**.

Review, monitoring and publication

This policy will be reviewed **at least annually** by the Allergy Safety Lead and Local Governing Committee and earlier where there is a serious incident, significant near miss, change in statutory guidance or other reason to believe that arrangements need strengthening.

The policy will be published on the school website and made available in hard copy on request, as required by the statutory framework.

The school will also consider periodic allergy emergency drills to test whether procedures work effectively in practice.