St Joseph's Catholic Primary Harrogate, a Voluntary Academy

Let all that you do be done in love

Be thankful, be humble, be brave, be giving.

Allergy Safety Policy

Person responsible for this policy and its implementation	Gillian Delahay
Review Frequency	Annually or when an incident is experienced
Date approved	September 2026
Date of next review	September 2027

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.

Introduction and Core Principles

This policy has been developed in accordance with section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and the Department for Education statutory guidance *Allergy safety in schools* (July 2026). It also reflects the principles and campaigning aims commonly referred to as Benedict's LawAllergy 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 is a serious and potentially life-threatening allergic reaction. It may affect a person's Airway, Breathing and/or Circulation (ABC) and requires immediate emergency treatment.

Anaphylaxis is a medical emergency and can progress rapidly. As soon as anaphylaxis is suspected, adrenaline must be administered without delay and emergency services called on 999. Do not delay giving adrenaline while waiting for an ambulance.

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.

St Joseph's has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individual's 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 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.

St Joseph's 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.

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
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For mild to moderate allergic reactions, follow the pupil's Allergy Action Plan. Antihistamine may be given where specified in the plan. If anaphylaxis is suspected, administer adrenaline without delay; antihistamine must never delay the administration of adrenaline.

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.

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 St Joseph's 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.

St Joseph's 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.

St Joseph's 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 adaptions 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
- 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, 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 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

St Joseph's will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

St Joseph's will ensure that the risk of exposure is minimised by:

- All school staff allergy training every year
- Educating pupils through awareness assemblies and within PSHE
- 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

- 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:
St Joseph's will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring that the contract with the school catering company is compliant with applicable food information/allergen legislation and current Food Standards Agency guidance.
- Ensuring that school caterers provide parents/carers with information about food allergens and that this information is readily available for pupils, where appropriate, to access independently.
- Providing caterers with up-to-date allergen information for pupils in a timely manner to ensure that they can eat safely.
- Enabling parents/carers to liaise with the catering provider or school chef regarding allergen management and dietary requirements.
- Identifying pupils with allergies at the point of service through an agreed system (for example, coloured bands). The system must not be reliant on a single individual and should include a two-person check to verify that the correct meal is provided to the correct child.
- 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.
- Teaching pupils not to share, trade or exchange food, drinks, utensils or food containers, and helping them understand the reasons why this is important for keeping everyone safe.

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, food brought in as treats or for birthday celebrations), parent/carer permission and prior agreement with the school will be sought to ensure the safety, inclusion and wellbeing of pupils with allergies.

The school will encourage PTA events to follow Food Standards Agency (FSA) guidance and food labelling requirements as a matter of best practice. Where appropriate, allergen matrices will be created and made available. PTA members involved in preparing, handling or serving food should have a basic awareness of allergen management and will be signposted to relevant free FSA training resources

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.

Medication and Adrenaline Devices (ADs)
Pupils at risk of anaphylaxis are usually prescribed two adrenaline devices (ADs), which should be available to them at all times and accompany them throughout the school day, including during:

- the journey to and from school;
- classroom activities;
- lunch and break times;
- playtimes;
- sports and outdoor activities; and
- educational visits, residential visits and school trips.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. Adrenaline should be administered as soon as symptoms of anaphylaxis are recognised.

Where it is not appropriate for a pupil to carry their own adrenaline devices, they must be stored in a designated central location that is unlocked, clearly identified and accessible at all times, including during before- and after-school provision, extracurricular activities and wraparound care. Staff must know the location of the devices and be able to access them without delay.

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
St Joseph's holds school spare adrenaline auto-injectors (AAIs) for use in an emergency. These are not a replacement for a pupil's own prescribed adrenaline devices. Pupils who have been prescribed adrenaline are expected to have their own in-date devices available while at school and during school activities.

St Joseph's holds:

- two 150 microgram spare adrenaline auto-injectors (AAIs) for children under 6; and
- two 300 microgram spare AAIs for pupils aged 6 and over.

Spare AAIs are stored in the dining hall and school office in clearly labelled 'Emergency Anaphylaxis Kit' containers. They are kept unlocked, readily accessible and stored in accordance with the manufacturer's instructions.
The Office Manager checks the spare AAIs monthly, including their expiry dates, condition and availability, and arranges replacements before expiry or following use.

Used AAIs will be given to the ambulance crew or disposed of safely in a sharps container. Expired or damaged AAIs will be returned to a pharmacy for safe disposal.

Records of checks, expiry dates and replacements are maintained by the school

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.

Pupil Self-management:
Depending on their age, level of understanding and competence, pupils will be encouraged to take increasing responsibility for managing their allergy. Where appropriate, pupils may be encouraged to carry their own two prescribed adrenaline devices in a clearly identifiable school-approved bag or container.

Older pupils should, wherever possible, take responsibility for their emergency medication under the guidance of their parents/carers. However, symptoms of anaphylaxis can develop very rapidly. Therefore, staff must be prepared to recognise the signs of anaphylaxis and administer medication if the pupil is unable to do so themselves

Staff Training and Emergency Response
All staff, including teaching staff, support staff, catering staff, and those supervising pupils during breakfast clubs, after-school clubs, extracurricular activities and educational visits, will receive appropriate allergy awareness and emergency response training.
The school is responsible for ensuring that temporary, supply, cover, coaching, peripatetic and volunteer staff receive appropriate allergy awareness information and understand the procedures to be followed in the event of an allergic reaction or anaphylaxis.

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

Emergency preparedness
St Joseph's will annually hold a practice response to anaphylaxis, 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

St Joseph's will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills, lockdowns and emergency evacuations, St Joseph's will ensure that pupils who require adrenaline continue to have immediate access to their prescribed emergency medication. Emergency arrangements will ensure that medication accompanies the pupil where appropriate or remains readily accessible throughout the incident.

Roles and Responsibilities:
Allergy lead and governing body:
The governing body, Academy Trust and proprietors 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 will monitor the implementation and effectiveness of this policy. Allergy management will be a standing agenda item at appropriate meetings. St Joseph's has a named governor with responsibility for allergy safety who works closely with the Allergy Lead and provides updates to the Governing Body.

St Joseph's includes risks relating to pupils and staff with allergies within the school's risk management processes and risk register.

St Joseph's has a named member of the Senior Leadership team (Headteacher) who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy, ensuring appropriate staff training and contributing to the regular 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.

All Staff:
Responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency.
- Supporting the development and review of pupils' Individual Healthcare Plans (IHPs).
- Implementing and following pupils' Individual Healthcare Plans (IHPs).
- Creating an inclusive learning environment for pupils with allergies.
- Adapting the curriculum and learning activities, where necessary, to minimise allergy-related risks.
- Completing risk assessments for curriculum activities involving food, educational visits, residential visits, enrichment activities and sporting events.
- Building positive and proactive relationships with parents/carers.

- Reporting, recording and reviewing allergy-related incidents and near misses in accordance with school procedures

Parents:
Responsible for:

- Adhering to this policy and supporting the school's allergy management procedures.
- Providing the school with the information required to develop and review their child's Individual Healthcare Plan (IHP).
- Informing the school promptly of any allergic reactions that occur outside school, and of any changes to their child's allergy, treatment or medical management.
- Ensuring that their child has access to two in-date prescribed adrenaline devices (where prescribed) and any other required medication while at school and during school activities.
- Replacing medication before its expiry date and providing replacement medication as soon as possible if it has been used.

Identification of Individuals with Allergies

Admissions Data Collection: St Joseph's collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission.

Information Sharing: UK GDPR does not prevent the sharing of a pupil'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.

At St Joseph's, allergy information and Individual Healthcare Plans (IHPs) are securely recorded and shared on a need-to-know basis through CPOMS and Microsoft OneDrive, in accordance with the school's data protection procedures.

Transition: Allergy information and existing Individual Healthcare Plans (IHPs) will be shared as part of a pupil's transition to or from St Joseph's.
Where appropriate, St Joseph's will request allergy information and healthcare plans from a pupil's previous school or setting and will consider whether any existing arrangements are suitable for implementation. The school will work in partnership with parents/carers and, where appropriate, the pupil, to develop or review a new Individual Healthcare Plan (IHP).
Staff will share relevant information with receiving schools and settings, where appropriate, and provide information to support transition visits and transition planning in advance of a pupil's move.

Staff: Pre-employment questionnaires will ask prospective staff members to declare any allergies or medical conditions that may require support in the workplace.
Where an allergy is declared, an appropriate discussion will take place with the staff member and, where necessary, an individual risk assessment and support plan will be developed. This may include:

- informing relevant colleagues on a need-to-know basis;
- identifying and reducing exposure to known allergens in the workplace;
- making reasonable adjustments where appropriate;

- ensuring access to emergency medication and emergency procedures; and
- providing information to key staff who may need to assist in an emergency

Visitors and regular volunteers: Regular volunteers and visitors who will be attending the school frequently or for extended periods may be asked to declare any significant allergies prior to their visit.
Where an allergy is declared, the Allergy Lead will be informed and appropriate arrangements will be made to support the individual's safety. This may include:

- informing relevant staff on a need-to-know basis;
- identifying any known allergen risks associated with planned activities or locations;
- agreeing emergency procedures and access to medication where appropriate; and
- making reasonable adjustments to support safe access to school activities and premises

Student Individual Healthcare Plans (IHPs) and Allergy Action Plans
Allergy action plans
Allergy Action Plans are clinical documents provided by an appropriate healthcare professional, such as a GP, allergy nurse or allergy clinic. They set out the pupil's allergy, signs and symptoms of an allergic reaction and the treatment required, including emergency medication where appropriate.
St Joseph's will:

- request a current Allergy Action Plan for pupils where one has been issued;
- keep the plan with the pupil's Individual Healthcare Plan (IHP) and ensure it is readily available to relevant staff;
- follow the treatment and emergency instructions contained within the plan;
- ask parents/carers to inform the school of any changes to their child's allergy, treatment or Action Plan; and
- ensure that the pupil's photograph and emergency contact details are kept up to date.

Allergy Action Plans should be reviewed and updated by the relevant healthcare professional when the pupil's allergy or treatment changes or following clinical review. The school will not amend clinical instructions contained within an Allergy Action Plan.
Where a life-threatening emergency occurs, prior parental consent is not required for the administration of a school spare adrenaline device. Staff must act without delay in accordance with their training and the school's emergency procedures.
Not all pupils with allergies will have an Allergy Action Plan. Where a pupil does not have one, St Joseph's will ensure that appropriate school arrangements are identified through the pupil's Individual Healthcare Plan (IHP), where required, taking account of information from parents/carers and relevant healthcare professionals.

Individual Healthcare Plans (IHPs)
Individual Healthcare Plans are school-owned documents that are developed collaboratively by the school, parents/carers and, where appropriate, the pupil.
IHPs should reflect any advice received from healthcare professionals. Where professional advice is not available, the school may seek guidance from the School Nursing Service or other appropriate healthcare professionals.

Where a child has an Allergy Action Plan and/or an Asthma Action Plan, this should be attached to or referenced within the IHP.

St Joseph's will ensure that an Individual Healthcare Plan (IHP) is developed where a pupil's allergy:

- has a functional impact on their school life and/or presents a risk of harm; and
- requires arrangements that are additional to or different from those generally available to other pupils.

The need for an IHP will be considered on an individual basis, including for pupils who are awaiting diagnosis. Where a pupil has an Allergy Action Plan and/or Asthma Action Plan, this will be attached to or referenced within their IHP.

School Trips and External Visits

St Joseph's 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 pupil 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. The trip will not depart with that pupil until safe arrangements and access to required emergency medication have been secured.

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. St Joseph's 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.

St Joseph's will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy and provide relevant information, where appropriate, to ensure suitable risk assessments and control measures are in place.

St Joseph's will ensure that:

- a member of staff attending the fixture is aware of the pupil's allergy and understands the actions required in an emergency;
- the pupil's prescribed medication, including adrenaline devices where required, accompanies the pupil and is readily accessible throughout the event;
- a copy of the pupil's Allergy Action Plan and/or Individual Healthcare Plan is available to relevant staff;
- any transport arrangements take account of the pupil's allergy needs;
- pupils are reminded not to share food, drinks or utensils with others; and
- relevant allergy risks are considered as part of the event risk assessment.

Serious Incidents and "Near Misses":

St Joseph's approaches serious incidents and near misses in a "no blame" manner, seeking to identify lessons learned and address any issues highlighted by the incident so that pupils are better protected in the future.

St Joseph's 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.

St Joseph's uses CPOMs 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.

The school will share relevant findings with the pupil's parents/carers and, where appropriate, the pupil and other individuals involved. Those affected will be given the opportunity to discuss what happened and contribute their views to the review process.
Following the review, St Joseph's will identify and communicate any lessons learned and outline any actions being taken as a result. Where necessary, the pupil's Individual Healthcare Plan (IHP), risk assessments and relevant procedures will be updated.

In addition, St Joseph's will:

- report and investigate serious incidents in accordance with the school's safeguarding, health and safety and incident reporting procedures;
- provide additional staff training where lessons learned identify a training need;
- monitor incidents and near misses to identify trends and areas for improvement in allergy management; and
- review relevant risk assessments, procedures and control measures following any serious incident or recurring near miss

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.

Wellbeing and Support

At St Joseph's 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.

St Joseph's:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- include age-appropriate learning about allergies, allergen awareness and anaphylaxis within assemblies, PSHE and other relevant areas of the curriculum;
- plan celebrations, rewards, fundraising activities and communal events inclusively from the outset to minimise risk and prevent social isolation for pupils with allergies;
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management;
- recognise that allergy-related bullying, teasing or discrimination is unacceptable and take proactive steps to prevent, monitor and address any such behaviour;
- engage proactively with new pupils and families where allergies are known, providing clear information about the school's allergy management procedures, support arrangements and expectations; and

- promote a culture of inclusion, understanding and shared responsibility for allergy safety throughout the school community.
- ensure that allergy awareness forms part of induction arrangements for new staff, regular volunteers and pupils where appropriate.

Safeguarding:
St Joseph's 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.

Unacceptable practice
St Joseph's 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, 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.

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.

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

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

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

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 and 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.

Appendix index — St Joseph's Allergy Safety Policy

Appendices published with this policy (public / downloadable)

1. Appendix A — SJH_IHP_Template_v1_Sept2026.docx
    - Owner: Allergy Lead (Headteacher: Gillian Delahay)

- Purpose: Blank Individual Healthcare Plan for diagnosis, triggers, daily care, emergency actions and contacts.
- Review: Annually or after any incident. Parent to provide updated photo annually.

2. Appendix B — SJH_Anaphylaxis_Flowchart_Poster_v1_Sept2026.pdf
   - Owner: Office Manager / First Aid Lead
   - Purpose: Immediate step-by-step actions for suspected anaphylaxis (staff quick-access).
   - Review: Annual or when device/manufacturer guidance changes

3. Appendix C —SJH_AAI_Epi-pen Instructions_and_Trainer_GuidanceSept2026.pdf SJH_Jext AAI_Instructions_and_Trainer_GuidanceSept2026.pdf
   - Owner: Allergy Lead / First Aid Lead
   - Purpose: Concise AAI use steps and trainer-practice schedule (note: always follow device labelling).
   - Review: Annual or when new devices issued.

4. Appendix D — SJH_Spare_AAI_Record_and_Storage_v1_Sept2026.xlsx
   - Owner: Office Manager
   - Purpose: Location of 'Emergency Anaphylaxis Kit', monthly check checklist, replacement timetable and sharps disposal process.
   - Review: Monthly checks recorded; replace one month before expiry.

5. Appendix E — SJH_Incident_and_Near_Miss_Procedure__Sept2026.docx
   - Owner: Designated Safeguarding Lead / Allergy Lead
   - Purpose: Steps to record allergic reactions and near misses, review, escalation and complaints route.
   - Review: Annual and after any serious incident.

6. Appendix F — SJH_Whole_School_Allergy_Risk_Assessment_Summary_v1_Sept2026.pdf
   - Owner: Allergy Lead / Health & Safety governor
   - Purpose: Summary of controls across catering, curriculum, trips, wraparound care and action owners.
   - Review: Annual; after incidents or changes to practice