

ALLERGY SAFETY POLICY

2026-2027

Our Mission Statement

Our Lady of Grace RC Primary School recognises that each member of our community is unique and made in the image and likeness of God. Our School will encourage each member:

Through **WORK**, to develop his or her potential

Through **WORSHIP**, to learn to know and love God and His world

Through **WITNESS**, to proclaim to all the peace, joy and glory of God

As Catholics we live our faith through all aspects of our lives. Our Mission Statement underpins our thinking when implementing this procedure.

1. PURPOSE AND SCOPE

Our Lady of Grace RC Primary School is committed to ensuring that pupils with allergies can participate fully and safely in school life. This policy sets out the school's arrangements for identifying allergies, reducing avoidable risk, supporting pupils with diagnosed allergies, responding to allergic reactions and anaphylaxis, and learning from incidents and near misses.

This policy applies during the school day and to educational visits, sport, clubs, wraparound provision and other school-organised activities. It should be read alongside the school's Medicines and Care Plan Policy, First Aid Policy, Safeguarding Policy, Educational Visits procedures, Behaviour Policy and relevant catering procedures.

2. LEGAL AND STATUTORY FRAMEWORK

This policy reflects the Department for Education's Allergy safety in schools statutory guidance (July 2026) and the school's duties under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.

It should also be considered alongside Supporting pupils at school with medical conditions, the Human Medicines Regulations 2012 and subsequent amendments relating to spare adrenaline auto-injectors and emergency inhalers, the Equality Act 2010, the Health and Safety at Work etc. Act 1974, the Education Act 2002, Keeping Children Safe in Education, the Early Years Foundation Stage requirements where applicable, and food allergen legislation and School Food Standard and UK GDPR and the Data Protection Act 2018 in relation to sharing health information.

3. RESPONSIBILITIES

3.1 GOVERNING BODY

- Ensures that the school has appropriate arrangements to support pupils with medical conditions and allergies.
- Ensures that this Allergy Safety Policy is implemented, published and reviewed at least annually.
- Ensures that sufficient staff are trained and that emergency arrangements are effective.

3.2 HEADTEACHER AND NAMED SENIOR ALLERGY LEAD

The Headteacher, Tom Collins, has overall responsibility for ensuring that the school's Allergy Safety Policy is implemented effectively.

The school's Designated Allergy Lead is Amy Smith, Deputy Headteacher.

The Headteacher and Designated Allergy Lead will:

- Ensure that pupils with allergies are identified and appropriate Individual Healthcare Plans and Allergy Action Plans are in place.
- Ensure that all relevant staff receive appropriate allergy awareness and anaphylaxis training.
- Oversee the safe storage, accessibility and regular checking of emergency medication, including prescribed and spare EpiPens.
- Ensure that appropriate allergy risk assessments and catering arrangements are maintained.
- Ensure that staff are aware of pupils' allergies, individual care plans and emergency procedures.

- Review serious allergic reactions and near misses and ensure that lessons learned are acted upon.
- Ensure that the policy is reviewed annually and updated when necessary.

3.3 STAFF

- Know which pupils in their care have allergies and where their care plans and medication are kept.
- Follow the pupil's Individual Healthcare Plan and Allergy Action Plan.
- Take reasonable steps to reduce known allergen exposure.
- Respond immediately to suspected allergic reactions and summon emergency help.
- Report concerns, incidents, near misses, missing medication or expired medication promptly.

3.4 PARENTS AND CARERS

- Provide accurate and up-to-date information about their child's allergy.
- Provide prescribed medication in date, in its original labelled packaging, and replace it before expiry.
- Provide the school with the child's current Allergy Action Plan and relevant healthcare information.
- Inform the school promptly of changes to diagnosis, medication or medical advice.

4. IDENTIFYING PUPILS WITH ALLERGIES

Parents and carers are asked to provide information about allergies when a pupil joins the school and whenever information changes. Relevant information is shared with staff who need it so that pupils can be supported safely.

Where appropriate, staff will have access to the pupil's photograph, known allergens, signs and symptoms, required medication and emergency action. Health information will be shared lawfully and proportionately.

5. INDIVIDUAL HEALTHCARE PLANS AND ALLERGY ACTION PLANS

A pupil with a significant allergy should have an appropriate Individual Healthcare Plan (IHP). The pupil's Allergy Action Plan should be attached to or form part of the IHP. Plans are developed with parents or carers, the pupil where appropriate, and healthcare advice.

- Plans should identify the pupil, allergens, likely symptoms and the impact of the allergy.
- They should state the medication required, where it is stored and whether the pupil can self-manage.
- They should set out reasonable adjustments, food and mealtime arrangements, emergency procedures, educational visit arrangements and information-sharing needs.
- Plans are reviewed at least annually and sooner following new medical advice, a medication change, a serious allergic reaction, a near miss or another significant change.

6. RED MEDICAL BAGS, CARE PLANS AND MEDICATION

A red medical bag is located in each classroom. Each bag contains copies of the relevant pupils' Individual Healthcare Plans and Allergy Action Plans, together with their individually prescribed EpiPens/adrenaline auto-injectors and any other medication required to be kept in the classroom. Red medical bags must be stored in a clearly identified, unlocked and readily accessible location. All relevant staff must know where the bags are kept and be able to access them immediately in an emergency.

Class teachers are responsible for ensuring that classroom red medical bags remain readily accessible and that any missing, damaged or expired medication is reported immediately to the school office and Designated Allergy Lead.

Formal checks of classroom red medical bags will be completed at least once every half term and recorded using the Classroom Red Medical Bag Checklist (Appendix 2). These checks will confirm that care plans are current, prescribed medication is present and in date, and emergency medication is stored appropriately.

The school office will maintain oversight of medication expiry dates and liaise with parents or carers regarding replacements.

The Designated Allergy Lead, Amy Smith (Deputy Headteacher), will oversee these arrangements and ensure that any identified concerns are addressed promptly.

Additional checks will be carried out following changes to medication or care plans and before educational visits or off-site activities.

7. PRESCRIBED ADRENALINE AUTO-INJECTORS

Pupils prescribed adrenaline should have rapid access to both of their prescribed adrenaline auto-injectors. Where a pupil is able and it is appropriate, the school will support increasing independence and self-management.

Where prescribed devices are not carried by the pupil, they must be kept in an unlocked, readily accessible location and be capable of being brought to the pupil quickly. An Allergy Action Plan should be kept with the medication where practical.

8. SCHOOL SPARE EPIPENS

Our Lady of Grace RC Primary School keeps spare EpiPens/adrenaline auto-injectors (AAIs) for emergency use. The school's **SPARE EPIPENS ARE LOCATED IN THE SCHOOL OFFICE** in a clearly marked emergency anaphylaxis kit. These are separate from children's individually prescribed EpiPens, which are kept with their care plans in the relevant classroom red medical bags.

The emergency kit must remain unlocked and readily accessible whenever pupils are on site. Adrenaline must be stored in accordance with the manufacturer's instructions, protected from direct sunlight and must not be refrigerated. Arrangements must allow a spare device to be brought to a pupil experiencing anaphylaxis within five minutes.

The school will maintain an appropriate pair of 150 microgram devices for younger pupils and a pair of 300 microgram devices for older pupils, in line with statutory guidance. Spare devices will be clearly distinguished from individually prescribed medication and checked regularly for expiry, damage and availability.

When spare EpiPens may be used

Spare EpiPens may be administered to a pupil experiencing suspected anaphylaxis when their own prescribed device is unavailable, cannot be administered, is faulty or has misfired, provided the pupil meets the applicable requirements for use of the spare device.

In a life-threatening emergency, where a pupil has not previously been diagnosed with an allergy, staff should act promptly in accordance with their training, the emergency protocol and current statutory guidance. Emergency treatment must not be delayed while waiting for parental consent.

Who can administer spare EpiPens

Staff who have received appropriate training in recognising anaphylaxis and administering adrenaline auto-injectors should administer the spare EpiPen wherever possible.

In an emergency, any member of staff may administer adrenaline where permitted by law and necessary to save a life. Staff must not delay emergency treatment while waiting for a specifically trained colleague if this would place the pupil at further risk.

Emergency procedures

If anaphylaxis is suspected, staff must administer adrenaline without delay, call 999 and clearly state "ANAPHYLAXIS". The pupil must not be left alone or required to walk to collect medication.

A second dose of adrenaline should be administered using another device after five minutes if symptoms have not improved, in accordance with emergency guidance.

Parents or carers must be informed as soon as possible after emergency treatment has begun. All incidents involving the administration of adrenaline must be recorded and reviewed by the senior leadership team.

9. ALLERGY AWARENESS AND STAFF TRAINING

All staff who have contact with pupils should receive whole-school allergy awareness training at least annually. This includes permanent and temporary staff, supply and agency staff, peripatetic staff, regular volunteers, catering staff and wraparound staff as appropriate. New staff should receive relevant information as part of induction.

- Training should cover allergy and anaphylaxis awareness, signs and symptoms, including airway, breathing and circulation symptoms.
- Staff should know how to use the school's emergency medication and how to follow individual Allergy Action Plans.
- Staff should understand that anaphylaxis can occur without a skin rash.
- Staff should know when and how to call 999 and that emergency adrenaline should not be delayed.
- Training should include risk reduction, food and allergen awareness, pupil wellbeing and incident or near-miss reporting.
- General first-aid training alone is not sufficient to meet the school's allergy-awareness training needs.

10. REDUCING THE RISK OF ALLERGIC REACTIONS

The school will take reasonable, allergen-specific steps to reduce avoidable exposure while supporting pupils to participate fully in school life.

- Pupils should be discouraged from sharing or trading food.
- Cooking, science, art, craft, celebrations and other activities involving food or potential allergens should be considered in advance.
- Staff should check ingredient and allergen information and consider cross-contamination risks.
- Parents should be engaged where brought-in food, treats or special events may present a risk.
- The school will use an allergy-aware approach rather than claiming to be completely allergen-free or nut-free unless such a claim can genuinely be guaranteed.

- Pupils with allergies should not be unnecessarily segregated from peers at mealtimes or during activities.

11. FOOD AND CATERING

The school will work with catering staff, pupils and parents or carers to manage food allergies safely. Clear allergen information, reliable pupil identification and measures to reduce cross-contamination must be in place. Catering arrangements should reflect the individual pupil's plan and reasonable adjustments.

Any concern about ingredients, allergen information or the suitability of food should be resolved before the pupil is served the food.

12. RECOGNISING AN ALLERGIC REACTION

Mild or moderate allergic reactions should be managed in accordance with the pupil's Allergy Action Plan. Parents or carers should be informed and the pupil should be observed carefully because symptoms can progress.

Anaphylaxis is a serious, potentially life-threatening allergic reaction. Warning signs may involve the airway, breathing or circulation and can occur with or without a rash. Staff should treat suspected anaphylaxis as a medical emergency.

13. EMERGENCY RESPONSE TO SUSPECTED ANAPHYLAXIS

- If in doubt, give adrenaline. Do not delay treatment.
- Bring the adrenaline device to the pupil. Do not send the pupil to the office to collect medication.
- Lay the pupil flat with legs raised. If breathing is difficult, they may sit up. Do not allow them to stand or walk.
- Administer the pupil's prescribed adrenaline device immediately if available. Use the school spare device when appropriate.
- Call 999 and state clearly: ANAPHYLAXIS.
- Stay with the pupil and follow the emergency operator's instructions.
- Contact parents or carers after emergency treatment has begun and 999 has been called.
- If there is no improvement after five minutes, give a second dose of adrenaline using another device.
- If there are no signs of life, begin CPR and follow emergency-service instructions.
- If the pupil is wheezing and has asthma, a reliever inhaler may be given after adrenaline and in accordance with the pupil's plan. It must never replace adrenaline when anaphylaxis is suspected.

14. ASTHMA AND ALLERGY

Asthma can increase the risk associated with food allergy. Pupils with asthma and allergy must have rapid access to their reliever inhaler as well as their allergy medication. Their Asthma Action Plan and Allergy Action Plan should be available to relevant staff.

15. EDUCATIONAL VISITS, TRIPS, SPORT AND OFF-SITE ACTIVITIES

Pupils with allergies should be fully included in educational visits, sport and extracurricular activities wherever reasonably possible. Risk assessments should consider known allergens, food arrangements, access to medication, access to medical care and the availability of appropriately trained staff.

The relevant class RED MEDICAL BAG MUST BE TAKEN on all educational visits, trips and off-site activities. Before departure, the visit leader must check that it contains the relevant children's current care plans and their individual prescribed EpiPens/adrenaline auto-injectors, together with any other required medication. The bag must remain with the responsible staff member or otherwise immediately accessible throughout travel and the visit.

A pupil's prescribed adrenaline devices must accompany them. The school may also take spare adrenaline devices where appropriate, while ensuring that suitable emergency provision remains available for pupils who remain on the school site.

16. CLUBS AND WRAPAROUND PROVISION

Relevant allergy information, care plans and emergency arrangements apply to school-run clubs and wraparound provision. Staff leading these activities must know which pupils have allergies, where medication is located and how to respond in an emergency.

17. PUPIL WELLBEING AND BULLYING

The school will support pupils with allergies to participate confidently in school life. Unnecessary restriction, isolation or segregation should be avoided. Allergy-related bullying, deliberate exposure to an allergen, teasing or exclusion will be addressed through the school's behaviour and safeguarding procedures.

18. SERIOUS INCIDENTS AND NEAR MISSES

All serious allergic reactions and significant near misses must be recorded and reported to the appropriate senior leader. Parents or carers must be informed. Reports should include reactions that become apparent after the pupil has left school where the school is subsequently informed.

Following a serious incident or near miss, the school will review the pupil's IHP and Allergy Action Plan, relevant risk assessments, staff training, catering arrangements, emergency medication provision and this policy as appropriate.

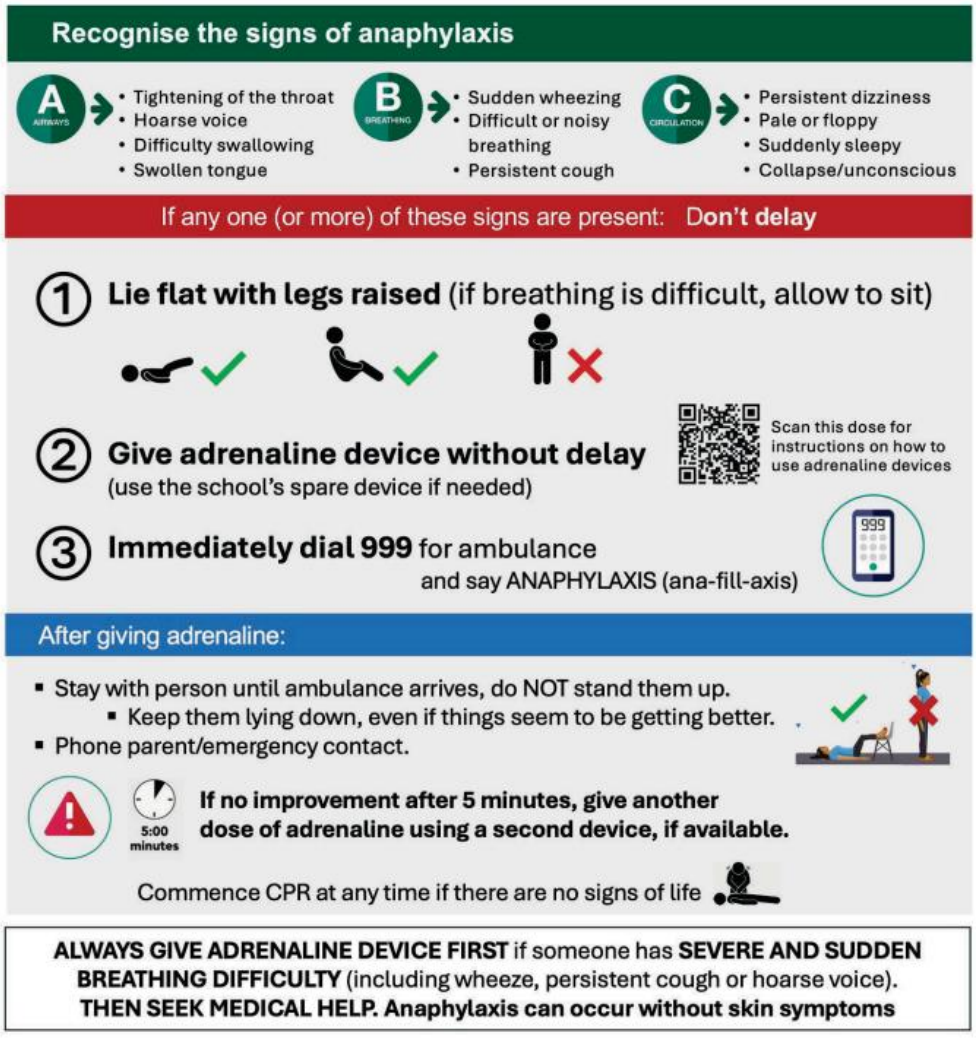
19. MONITORING, PUBLICATION AND REVIEW

This policy will be published on the school website, and a paper copy will be available on request. The school will ensure that the Allergy Safety Policy and its key procedures are brought to the attention of all staff, pupils and parents or carers at least annually. This will be achieved through appropriate staff communications, induction arrangements, parent communications and age-appropriate information for pupils.

The policy will be reviewed at least annually and sooner following a serious allergic reaction, significant near miss, change in statutory guidance or other relevant change. The school will consider appropriate allergy emergency drills and checks to ensure that emergency arrangements remain effective.

APPENDIX 1: EMERGENCY ANAPHYLAXIS QUICK ACTION

- Recognise suspected anaphylaxis: airway, breathing or circulation problems may occur, with or without a rash.
- If in doubt, give adrenaline immediately.
- Do not make the pupil walk to medication. Bring the device to them.
- Call 999 and say ANAPHYLAXIS.
- Keep the pupil flat with legs raised, or sitting if breathing is difficult. Do not allow standing or walking.
- Give a second adrenaline dose after five minutes if there is no improvement.
- School spare EpiPens: SCHOOL OFFICE - clearly marked, unlocked emergency anaphylaxis kit.
- Contact parents or carers after emergency treatment and the 999 call are underway.



APPENDIX 2: CLASSROOM RED MEDICAL BAG CHECK

Class	Care plans current	Medication present/in date	Checked by	Date

Approved FGB October 2026