

St Anne Line Catholic Infant School

part of the wider Christus Trust, Multi Academy Trust

Allergy Management Policy



Love Learn Pray

Aims of the Allergy Management Policy

The school is committed to ensuring the safety, health, and well-being of all students and staff with allergies. This policy aims to:

Ensure the safety and well-being of students and staff with allergies

Minimise the risk of allergic reactions by creating a safe, inclusive, and supportive school environment where allergy risks are identified, managed, and regularly reviewed.

Promote awareness and understanding of allergies

Educate staff, students, and the wider school community about the seriousness of allergies, including food allergies and anaphylaxis, and ensure that everyone understands their role in reducing risks and responding appropriately to allergic reactions.

Establish clear procedures for prevention and response

Implement consistent procedures for identifying allergens, preventing exposure, and managing allergic reactions effectively, including clear emergency response arrangements and access to prescribed medication.

Support students with allergies in accessing the full curriculum

Ensure that students with allergies are fully included in all aspects of school life, including educational visits, extracurricular activities, enrichment opportunities, and school events, without being disadvantaged because of their medical condition.

Comply with legal and medical guidance

Meet all relevant statutory requirements, including duties under the Equality Act 2010, Supporting Pupils with Medical Conditions guidance, healthcare professional recommendations, and the principles of Benedict's Law, which seeks to improve allergy awareness, preparedness, and protection for children and young people with severe allergies.

Encourage effective partnership working

Develop and maintain open communication between the school, parents/carers, healthcare professionals, catering providers, and other relevant agencies to ensure accurate and up-to-date medical information is shared and followed.

Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

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 rhythm. 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. Students who have a skin reaction need monitoring for at least an hour.

St Anne Line Catholic Infant School and Nursery has a whole school awareness approach, because it ensures all staff and students 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 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 Anne Line Catholic Infant School and Nursery 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 Response Procedures

The school maintains clear procedures for responding to allergic reactions and anaphylaxis.

Emergency Information

Emergency procedures are clearly displayed in key locations, including:

- Dining area
- School Office
- Classrooms/Nursery rooms - yellow medical folders

Step-by-step guidance for responding to anaphylaxis is displayed in all yellow medical folders for easy access.

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

These symptoms are treated with antihistamines.

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. AAls 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 a second adrenaline device.

If no signs of life commence CPR.

Call parent/carers 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 Model school 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.

The 14 Legally Recognised Allergens

Food law requires the declaration of the following 14 allergens when they are used as ingredients in food products:

- Celery
- Cereals containing gluten (including wheat, rye, barley and oats)
- Crustaceans (such as prawns, crab and lobster)
- Eggs
- Fish
- Lupin
- Milk
- Molluscs (such as mussels, oysters and squid)
- Mustard
- Peanuts
- Sesame
- Soybeans
- Sulphur dioxide and sulphites (at prescribed concentrations)
- Tree nuts (including almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts)

St Anne Line Catholic Infant School and Nursery is allergy aware ensuring that the staff and students 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 Anne Line Catholic Infant School and Nursery 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 adaptations 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, students, 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 adaptations 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 students have worked with the therapy dog.
- ☐ St Anne Line Catholic Infant School and Nursery 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 Anne Line Catholic Infant School and Nursery will ensure that the risk of exposure is minimised by our additional control measures as detailed below.

- All school staff allergy training every year
- Educating students 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 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 students' allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

Food Provision and Catering

St Anne Line Catholic Infant School and Nursery will manage the risk of food allergy and provide clear information on allergens in food provided by:

The school works closely with catering staff to embed allergy safety within all food provision.

Measures include:

- Identification and management of allergens within menus
- Allergen-safe food preparation areas where appropriate
- Clear communication between catering staff and school staff
- Procedures to prevent cross-contamination
- Regular review of menus and ingredients
- Communication with parents regarding menu changes where necessary

All staff involved in food provision understand the importance of allergen management and their role in protecting students with allergies.

Food Provision, Allergen Information and Legal Compliance

The school and its catering provider will comply with all relevant food safety and allergen legislation and guidance, including requirements relating to the provision of allergen information and the safe management of food allergens.

Food business operators in the retail and catering sector are legally required to provide allergen information to consumers and to manage food allergens effectively during food preparation and service. The school expects all catering staff, food handlers, and relevant personnel to adhere to these requirements at all times.

The school will ensure that accurate allergen information is available for both prepacked and non-prepacked foods provided on site.

Parents, carers, students, and staff will be able to access information regarding ingredients and allergens contained within school meals and other food provided by the school. We ensure school caterers provide information on food allergens to parents/carers and have this available for the students to check independently.

We provide student's allergen information to the caterers in a timely manner to ensure that students can eat safely.

Where food is supplied by external providers, the school will seek assurance that allergen information is accurate, up to date, and compliant with current legislation from the Food Standards Authority allergen management regulations.

The school recognises that individuals may also be allergic or intolerant to substances outside the 14 legally recognised allergens and will work with parents/carers and healthcare professionals to manage these risks where identified.

Reference: <https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

To further ensure our managing allergy provision is of the highest standard, we:

- ☐ Enable parents/carers to liaise with the catering company or school chef
- ☐ Identify students with allergies at point of entry to the school. All staff are aware of these children by their photo IDs cards. Photos are also displayed in the kitchen. (Please see our lunchtime arrangements).
- ☐ 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 as that from the school kitchen.
- ☐ Teach students not to food share, trade food or share utensils or food containers with the reasons why.
- ☐ When staff provide food for the students, 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 brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies.
- ☐ These procedures apply to school-led breakfast and after school provision. Where this is provided by a third party, we ensure that this policy is shared and the third-party provider meets the same procedures.
- ☐ Ensure that PTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTA members who are serving food have a basic awareness of allergen management (signpost to free FSA training)
- ☐ Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. We will work with parents/carers to determine the best way of ensuring that students receive their meal.

Current Allergy Management Arrangements

The school has established the following measures to support students with allergies and minimise the risk of exposure to allergens.

Lunchtime Arrangements

- Students with significant food allergies may be seated at a designated allergy-aware table where appropriate.
- Each student's meal is individually plated and provided directly to them.
- Designated adults are assigned to supervise and monitor the allergy-aware table.
- Staff actively monitor and discourage food sharing or swapping (taught generally in R/N and specifically in the curriculum in KS1).
- Strict handwashing procedures are followed before and after meals.
- Enhanced cleaning protocols are implemented within dining areas.
- Allergen-safe preparation and serving zones are maintained within kitchen and dining areas.

Identification of Students with Allergies

Students with severe allergies may wear allergy awareness badges displaying:

- Name
- Class
- Known allergens
- Whether an adrenaline auto-injector is prescribed
- Photograph of the child

This information supports staff in identifying and responding quickly to medical needs.

Medication Storage

- Adrenaline auto-injectors and other prescribed emergency medication are stored in clearly labelled first aid cupboards within classrooms or other agreed locations.
- As a legal requirement under Benedict's Law, the school stocks in-date spare Adrenaline Auto-Injectors (AAls) for emergency use.
- Medication is readily accessible and never locked away.
- Medication storage locations are known to all relevant staff. For supply teachers, or teachers who are new to a class, current teacher or Allergy Lead will inform staff of medical procedures.

Adrenaline auto-injectors

Each child with prescribed adrenaline auto-injectors should have 2 in school – kept in the child's classroom, which is stored in the classroom medical cupboard. An emergency adrenaline auto-injector is kept in the After-School Club medical cupboard and office medical cupboard.

Should a child need their adrenaline auto-injectors if they are not in the classroom but they are on the school premises, one member of staff will stay with the child, while one member of staff retrieves the adrenaline auto-injector from the school office or classroom. Each adrenaline auto-injector should be clearly labelled. The office staff regularly check expiry dates and update parents/carers accordingly if a new adrenaline auto-injector needs to be brought into school.

All members of staff have allergy and anaphylaxis and adrenaline auto-injector training. These include senior leaders, first aiders and the staff working with children who currently have an adrenaline auto-injector. All adrenaline auto-injectors should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. An emergency adrenaline auto-injector can be used if the child's prescribed adrenaline auto-injector is not available (for example, because it is broken, or empty).

Anyone can administer an adrenaline auto-injector in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training, have to do this then the emergency services must be informed at the same time as the adrenaline auto-injector is administered.

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. **See Appendix F.**

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

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.

It is recommended that our school holds these AAI brands and doses.

School type	AAI for children under age 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150	AAI for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" devices	n/a
Primary school	One pair of "spare" devices	One pair of "spare" devices

These are located in the School Office and in the After School Club. They are stored and labelled 'Emergency Anaphylaxis Kit'

The school's medical officer is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires

Adrenaline devices that are used will be disposed of in a sharps box, kept in the office or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box the school should register with the Local Authority which will be collected by them.

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 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.

Staff Training and Awareness

The school recognises that effective allergy management depends upon knowledgeable and confident staff.

Training

All staff receive regular training on:

- 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 (see below for more guidance)
- Understand their responsibilities in risk reduction to ensure that students 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
- 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

Training records are maintained and reviewed regularly.

Awareness

The school promotes allergy awareness throughout the school community and ensures that staff involved in food preparation, supervision, educational visits, clubs, and enrichment activities understand the specific needs of students with allergies. Staff are informed of changes to the policy and reminded of procedures at the start of the academic year and as appropriate and necessary throughout. New members of staff are informed of all procedures and are aware of the needs of all children with allergies who are in their care.

Roles and Responsibilities:

Allergy lead and governing body:

The governing body, and Academy Trust 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 monitor this policy with it being a standing agenda item at meetings. St Anne Line Catholic Infant School and Nursery have a named governor (Chair) who works closely with the allergy lead and reports to the meetings.

St Anne Line Catholic Infant School and Nursery includes the risks pertaining to students and staff with allergy on the school's risk register.

St Anne Line Catholic Infant School and Nursery has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the 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 students 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 students at mealtimes

Communication about:

- ☐ the policy
- ☐ the students 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 students 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
 - ☐ Students 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.

The allergy lead is supported by a medical officer/lead first aider who work together to ensure this guidance is adhered to.

All Staff:

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 students IHP
- implementing the students 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:

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 students' allergy and its management.
- Ensuring that the student always has in date medication with them at school
- Identification of Individuals with Allergies

Admissions Data Collection: St Anne Line Catholic Infant School and Nursery school 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 student'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.

Transition: Allergy information and existing care plans are shared as part of a student's transition. St Anne Line Catholic Infant School and Nursery will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement.

St Anne Line Catholic Infant School and Nursery work with parents/carers and the student if appropriate to write a new IHP Staff will provide information about students for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

Emergency Preparedness and Practice Drills

To ensure staff are confident and prepared to respond effectively to an allergic emergency, the school will periodically carry out a simulated anaphylaxis incident. These practice scenarios provide staff with the opportunity to rehearse the school's emergency procedures, including recognising the signs and symptoms of anaphylaxis, summoning emergency assistance, administering an adrenaline auto-injector where appropriate, and communicating effectively with colleagues, parents/carers and emergency services.

Following each practice exercise, a debrief will be undertaken to identify strengths, areas for improvement and any additional training needs. The outcomes of these exercises will be used to inform future staff training, update procedures where necessary and ensure the school maintains a high level of preparedness to respond to anaphylactic emergencies.

All relevant staff will receive regular allergy and anaphylaxis awareness training, with refresher training provided in line with the school's training programme, following changes in guidance, or where practice drills identify a need for additional support or development.

Student 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 student's allergy and medication. These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices. These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non- IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

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 student 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 students.

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.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

St Anne Line Catholic Infant School and Nursery will ensure that:

students with an allergy action plan and/or an asthma plan have an individual healthcare plan
students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
individual healthcare plans are created whilst students are waiting for a diagnosis.

Our medical officer, alongside SLT/Learning Mentor, Class teachers, Parents and Healthcare Professions (as necessary) will develop Individual Healthcare Plans which are personalised medical and allergy action plans for any pupil diagnosed with a severe allergy. These are kept in the office and also in each child's classroom. **See Appendix G.**

Educational Visits, Trips and Off-Site Activities

The school is committed to ensuring that students with allergies can participate safely in educational visits and off-site activities.

Risk Assessments

All educational visit risk assessments must:

- Identify students with allergies participating in the visit
- Record each student's specific allergens and medical needs
- Detail required control measures and emergency procedures
- Identify the location and accessibility of medication
- Be shared with all group leaders and supervising staff prior to the visit

Visit Planning

Trip leaders must:

- Liaise with parents/carers before the visit where necessary
- Ensure prescribed medication accompanies the student
- Confirm that supervising adults understand emergency procedures
- Consider allergen risks associated with venues, activities, travel arrangements, and food provision

Visitors

As part of our commitment to providing a safe environment for all pupils, staff and visitors, all visitors will be asked on arrival whether they have any allergies or medical conditions that the school should be aware of while they are on site.

Where a visitor discloses a severe allergy, including the risk of anaphylaxis, reasonable adjustments will be made to support their safety during their visit. This may include informing relevant staff, ensuring emergency medication (such as an adrenaline auto-injector) is readily available to the visitor, and taking appropriate steps to minimise exposure to known allergens where reasonably practicable.

Visitors are responsible for carrying their own prescribed emergency medication and informing the school of any specific actions that may be required in the event of an allergic reaction.

Where visitors are attending school events, educational visits or activities involving food, they will be encouraged to notify the school of any significant allergies in advance so that appropriate risk assessments and arrangements can be made where necessary.

Communication with Parents, and Healthcare Professionals

The school values strong partnerships with parents/carers and healthcare professionals.

The school will:

- Review healthcare plans at least annually
- Communicate menu changes where relevant
- Inform parents of any allergic reactions or near misses
- Encourage parents to notify the school promptly of any new allergies, diagnoses, or changes to medical needs
- Seek advice from healthcare professionals where required

Record Keeping

The school maintains accurate records relating to allergy management, including:

- Individual healthcare plans
- Allergy and medical information
- Records of allergic reactions and near misses & lessons learned (Appendix H)
- Staff training records
- Medication records where applicable
- Reviews of healthcare plans and risk assessments
- Educational visit risk assessments relating to allergy management

These records support ongoing monitoring, review, and continuous improvement of allergy management practices across the school.

Serious Incidents and Near Misses:

St Anne Line Catholic Infant School and Nursery approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

St Anne Line Catholic Infant School and Nursery 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 Anne Line Catholic Infant School and Nursery uses Appendix H 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.

St Anne Line Catholic Infant School and Nursery will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Model School will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary. 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 Inclusion

At St Anne Line Catholic Infant School and Nursery, we recognise that living with an allergy can cause worry and anxiety for children and their families. We are committed to creating a safe, inclusive and supportive environment where every child feels valued, confident and able to participate fully in school life.

We work closely with parents and carers to understand each child's individual needs and ensure appropriate support is in place. Staff encourage children to develop age-appropriate awareness of their allergies and, where appropriate, support them to recognise symptoms, speak to a trusted adult if they are worried, and make safe choices as they grow in independence.

Children with allergies are fully included in all aspects of school life, including classroom activities, educational visits, celebrations and enrichment opportunities. Reasonable adjustments will be made where necessary to enable every child to participate safely without unnecessary exclusion.

The emotional wellbeing of children with allergies is regularly considered through our pastoral support, PSHE and RSHE curriculum, Zones of Regulation, and positive relationships with trusted adults. Where concerns about a child's wellbeing are identified, additional support will be provided in partnership with parents and, where appropriate, external agencies.

Preventing Bullying

The school has a zero-tolerance approach to bullying, including bullying related to a child's allergy or medical condition.

Children are taught about kindness, respect, inclusion and empathy through our Catholic values, British Values, Catholic Social Teaching and PSHE curriculum. They are encouraged to understand that everyone has different needs and that these differences should be respected.

Any teasing, intimidation, deliberate exposure to allergens, exclusion or other behaviour relating to a child's allergy will be treated as a serious incident and managed in accordance with the school's Behaviour and Anti-Bullying Policies. Incidents will be investigated promptly, appropriate action will be taken, and parents will be informed.

By promoting understanding, respect and inclusion, we aim to ensure that every child feels safe, supported and able to flourish within our school community.

Safeguarding

St Anne Line Catholic Infant School and Nursery recognises that a safeguarding referral may be needed if an incident highlights a 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 Anne Line Catholic Infant School and Nursery 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 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>

Created: September 2026 (In light of guidance regarding Benedict's Law)

Next review: September 2027



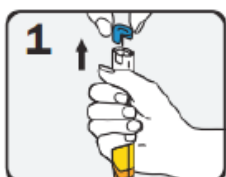
CONSENT FORM FOR USE OF EMERGENCY ADRENALINE AUTO INJECTOR

Child's Name _____

Child showing symptoms of an anaphylaxis shock.

1. I confirm my child has been diagnosed as having severe allergic reactions and has been prescribed an AAI.
2. My child has a working, in date epipen, clearly labelled with their name, which is kept in school.
3. In the event of my child displaying symptoms of a severe allergic reaction and if their AAI is not available or is unusable, I consent for my child to receive adrenaline from an emergency epipen held by the school for such emergencies.
4. I consent for an epipen to be administered following BSACI guidelines below:
- 5.

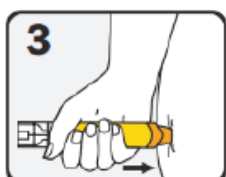
How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen.
Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Parent/Carer Signature

Parent/Carer Name (print) :

Contact Telephone Number:

Appendix G

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	
Visits and trips: <i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

Allergy Safety: Near Misses and Lessons Learned Procedure

Purpose

St Anne Line Catholic Infant School and Nursery is committed to creating a safe environment for all pupils with allergies. We recognise that serious incidents and near misses provide valuable opportunities to improve our practice and reduce the risk of future harm.

What is a Near Miss?

A near miss is an event that could have resulted in an allergic reaction but did not, either because it was identified in time or by chance.

Examples include:

- A pupil is given the wrong meal but it is noticed before they eat it.
- A child is offered food containing an allergen but does not consume it.
- Allergy medication is not immediately available but no reaction occurs.
- An Individual Healthcare Plan is not followed, but no harm results.
- A potential allergen is found in a classroom or activity before a child is exposed.

Reporting

All staff must report:

- Any allergic reaction.
- Any near miss involving allergy safety.
- Any concerns raised by parents, pupils or healthcare professionals about a possible allergy-related incident.

Reports should be recorded as soon as possible using the school's agreed reporting system (see below).

Agreed Allergy Reporting System

All allergy incidents and near misses must be:

1. **Made safe immediately**, following the child's Individual Healthcare Plan (IHCP).
2. **Reported to the Headteacher or designated Allergy Lead** (Mrs Wootton) as soon as possible.
3. **Recorded on MyConcern** (or your school's safeguarding/incident reporting system) if a pupil is involved.
4. **Logged on the school's Allergy Incident and Near Miss Record** to enable monitoring of patterns and lessons learned.
5. **Parents/carers informed** on the same day by office staff or SLT.
6. **Reviewed by the Allergy Lead**, who will identify any actions required, such as:
 - updating the child's IHCP;
 - reviewing risk assessments;
 - providing additional staff training;
 - amending school procedures where necessary.

7. **Reported to governors** anonymously where trends or significant incidents are identified, as part of health and safety monitoring.

Review and Learning

Following every serious incident or near miss, the school will:

- Establish the facts of what happened.
- Identify the factors that contributed to the incident.
- Consider whether existing control measures were effective.
- Review the pupil's Individual Healthcare Plan where appropriate.
- Review the school's Allergy Safety Policy and risk assessments if required.
- Identify actions to reduce the likelihood of recurrence.
- Share key learning with relevant staff while maintaining confidentiality.

Possible Actions

Actions may include:

- Additional staff training.
- Changes to classroom or lunchtime routines.
- Improvements to communication with staff, parents or catering providers.
- Updating risk assessments or Individual Healthcare Plans.
- Purchasing or relocating emergency medication or equipment.
- Reviewing educational visits or curriculum activities.

Monitoring

The Headteacher or designated Allergy Lead will monitor all allergy incidents and near misses to identify patterns or recurring issues. Trends will be reported to governors where appropriate to support continual improvement in allergy safety.

By reviewing incidents and near misses and acting on lessons learned, we aim to continually strengthen our allergy safety arrangements and ensure all pupils can participate safely and fully in school life.

Date	Child	Location	Near Miss / What Happened?	Immediate Action Taken	Possible Cause	How We Will Mitigate / Lessons Learned	Completed By	Reviewed By / Date

