



The Blessed Peter Snow
Catholic Academy Trust



Allergy Safety Policy

POLICY DOCUMENT	Trust Allergy Safety Policy
Legislation/Category: Academy Schools	Required
Lead Member of Staff:	Chief Operating Officer
Approved by:	Trust Board
Date Approved:	September 2026
Review Frequency:	Annually
Next Review:	Autumn 2027

Version Control

Date	Amendment	Version
September 2026	New Policy - Produced in response to: The Children's Wellbeing and Schools Act 2026 and the DFE's Statutory Guidance – Allergy Safety in Schools	1.0

The Blessed Peter Snow Catholic Academy Trust Mission Statement:

The five strands in our mission help us journey closer to Jesus. Through scripture and the sacraments, we are guided in our mission to provide opportunities for each person to have life and have it to the full.

Our pupils, staff and communities:

- Are encouraged to discover more about who they are within a supportive Catholic environment, so that by making our journeys together all may catch a glimpse of God
- Show respect and acceptance of each other, so that all feel welcomed and are thus prepared to take their place in a just and caring society
- Have the freedom and safety to find, recognise and celebrate all the gifts and talents, opportunities that lead to happiness
- Through knowing and celebrating success in all its forms during their time with us, lay the foundations for a successful life outside our Academies
- Thrive and grow in their work and learning, inspired to show curiosity and independence of thought

“God’s glory is seen in a human being who is fully alive; and that life is truly full when the person catches a glimpse of God”
St Irenaeus (c.130 – 200)

Contents

Policy Statement	4
The aims of this Policy.....	4
Scope and Legal Framework	4
Roles and Responsibilities.....	5
Identification and Information Sharing.....	7
Individual Healthcare Plans and Action Plans.....	7
Risk Assessments and Minimising Exposure	8
Food and Catering Controls	8
Wellbeing and Inclusion	9
Allergy Awareness Training.....	9
Adrenaline Devices and Emergency Medication	9
Anaphylaxis and Emergency Response	10
Visits and Trips	11
Transition Between Settings and Phases	12
Publication and Awareness of the Policy	12
Complaints	12
Policy Review	12
Related Legislation and Policies	12
Appendices.....	14

Policy Statement

The Trust is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors with allergies. This policy promotes best practice in the prevention, recognition and management of allergic reactions, including anaphylaxis, and sets out how every school within the Trust will meet the statutory requirements relating to allergy safety. The aim of this policy is to ensure that children and young people with allergies are effectively supported to have full and safe access to school life, including lessons, PE, dining, wraparound provision, visits, trips and extracurricular activities.

The Trust recognises that severe allergic reactions are medical emergencies and that all staff have a duty to respond quickly and appropriately to safeguard children.

This Allergy Safety Policy is a dedicated policy and sits alongside the Trust Administration of Medicines Policy and the arrangements for Supporting Pupils with Medical Conditions at School. General arrangements for the administration, storage and recording of medicines are contained in those separate documents; this policy addresses allergy-specific prevention, support and emergency response.

The aims of this Policy

- Provide a whole-school approach to allergy safety across all Trust schools.
- Protect pupils with diagnosed and suspected allergies and reduce the risk of avoidable exposure to allergens.
- Ensure that pupils with allergies are included safely in all aspects of school life, including lessons, PE, lunch arrangements, wraparound care, visits and trips.
- Clarify responsibilities for the Trust Board, Headteachers, the named senior leader responsible for allergy safety, staff, parents/carers, pupils and relevant contractors.
- Ensure that Individual Healthcare Plans and Allergy Action Plans and/or Asthma Action Plans are in place where required and are reviewed regularly.
- Ensure staff receive appropriate allergy awareness and emergency response training.
- Ensure prescribed adrenaline devices, spare adrenaline auto-injectors and other allergy medication are stored, checked, accessed and used safely.
- Support prompt recognition of allergic reactions and anaphylaxis and a clear emergency response.
- Record, report, review and learn from allergy-related serious incidents and near misses.
- Promote the wellbeing, dignity and inclusion of pupils with allergy and address allergy-related bullying or stigma.
- Ensure compliance with statutory guidance, safeguarding responsibilities and relevant equality duties.

Scope and Legal Framework

This policy applies to all Trust schools and academies, employees, governors, volunteers, pupil-facing contractors, pupils, parents/carers and visitors. Where a Trust school provides

for children within the Early Years Foundation Stage, the EYFS statutory framework also applies to those children.

The statutory basis for this policy is section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. The Trust and its academies must have regard to the Department for Education statutory guidance Allergy safety in schools (July 2026).

Relevant duties also arise under the Equality Act 2010, the Health and Safety at Work etc. Act 1974, safeguarding legislation and guidance, the common law duty of care and, where applicable, the EYFS statutory framework.

Roles and Responsibilities

Trust Board

The Trust Board will:

- Ensure compliance with statutory allergy guidance.
- Monitor implementation across all schools.
- Ensure allergy-related risks are reflected in appropriate Trust and school risk registers and are subject to active governance oversight.
- Receive periodic reports on serious allergy incidents and near misses and ensure learning informs review of policy and practice.
- Ensure the policy is published and kept under review.

Headteachers

Headteachers are responsible for:

- Implementing this policy within their school.
- Ensuring annual policy review.
- Allocate appropriate resources for training and emergency equipment.
- Maintaining appropriate emergency allergy medication and spare adrenaline auto-injectors.
- Ensuring all staff complete allergy awareness training.
- Appointing a named member of the senior leadership team to lead allergy safety.
- Ensuring the policy is communicated and published locally.

Named Senior Leader for Allergy Safety

Each school will nominate a named member of the senior leadership team as Allergy Lead, responsible for:

- Implementing this allergy safety policy within the school.
- Maintaining an up-to-date allergy register and ensuring relevant allergy information is readily available to staff who need it.
- Ensuring pupils who require support with allergies have an up-to-date Individual Healthcare Plan and, where appropriate, an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional.
- Coordinating allergy awareness training, practical adrenaline-device familiarisation and refresher briefings for staff.

- Ensuring relevant staff understand when an allergy risk assessment is required and how control measures will be communicated.
- Developing and reviewing arrangements for the safe storage, rapid access, checking and disposal of prescribed adrenaline devices, spare AAls and other allergy medication.
- Monitoring that spare and prescribed emergency medication held by the school is present, in date, clearly labelled and accessible in an emergency.
- Liaising with parents/carers, pupils, healthcare professionals, catering providers and school staff to support safe inclusion.
- Ensuring serious incidents and near misses are recorded, reported, reviewed and shared appropriately so that lessons are learned.
- Recommending updates to healthcare plans, allergy risk assessments, staff briefings, training or the policy following any incident, near miss or significant change.

Staff

All staff must:

- Complete mandatory allergy awareness training annually and any required induction or refresher training.
- Understand and follow the school's allergy safety policy, emergency procedures and relevant risk assessments.
- Be aware of pupils with allergies in their care and familiarise themselves with relevant Individual Healthcare Plans and Allergy and/or Asthma Action Plans.
- Recognise signs of allergic reactions and anaphylaxis and respond without delay.
- Reduce the risk of pupils with known allergies coming into contact with known allergens.
- Promote inclusion and avoid unnecessary isolation or exclusion of pupils with allergies.
- Record and report all allergy-related incidents, allergic reactions, anaphylaxis and near misses to the Allergy Lead.

Parents and Carers

Parents/carers are expected to:

- Inform the school of any allergy before admission or immediately following diagnosis.
- Provide accurate and up-to-date information about the pupil's allergy, symptoms, triggers, medication and emergency arrangements.
- Provide the school with medical information, Allergy Action Plans and/or Asthma Action Plans and consent forms where required.
- Where prescribed, ensure the pupil has two in-date adrenaline devices available in accordance with the pupil's treatment plan, together with any other prescribed allergy medication.
- Replace medication before expiry and promptly when used, damaged or requested by the school.
- Update the school on any change to the pupil's condition, medication, treatment plan or emergency contact details.

- Participate in the development and review of Individual Healthcare Plans and allergy risk assessments.
- Follow the school's guidance on food brought into school, shared food, celebrations, trips and events.

The child's or young person's voice

The Blessed Peter Snow Catholic Academy Trust believes it is important that the child or young person, subject to their understanding, should be involved in discussions regarding the management of their allergy and medication in school. Staff should take account of the pupil's age, maturity, communication needs and ability to recognise symptoms, seek help and self-manage safely.

Identification and Information Sharing

Schools will identify pupils with allergy through admission arrangements, information provided by parents/carers, healthcare documentation and updates received during the pupil's time at school. Allergy information must be reviewed when circumstances change and at appropriate transition points.

The Allergy Lead will maintain an up-to-date allergy register. Relevant information will be shared with staff who need it to keep the pupil safe, including class staff, lunchtime and wraparound staff, trip leaders, supply staff and catering teams, while respecting data-protection and confidentiality requirements.

Schools will also have arrangements for staff and visitors to make relevant allergies known where this is necessary for their safety, particularly in relation to food allergy, asthma and emergency response.

Individual Healthcare Plans and Action Plans

Schools will complete an Individual Healthcare Plan with parents/carers, the pupil wherever possible, relevant school staff and, where required, supporting information from a healthcare professional. Any pupil whose allergy requires the school to put supportive arrangements in place should have those arrangements captured through an Individual Healthcare Plan.

Pupils with a known allergy that may require emergency treatment should have an up-to-date Allergy Action Plan issued by a healthcare professional. Pupils with asthma should have an Asthma Action Plan where provided. Allergy and/or Asthma Action Plans should be attached to, and read alongside, the school's Individual Healthcare Plan.

The Headteacher or Allergy Lead will seek advice from appropriate healthcare professionals where clinical information, delegated healthcare tasks or staff training needs require professional input.

The Individual Healthcare Plan should include:

- Details of the pupil's allergy and known or suspected allergens.
- Typical symptoms and signs of an allergic reaction or anaphylaxis for that pupil.
- Medication required, including location, dose, expiry date and who may administer it.

- Preventative measures and reasonable adjustments required during the school day.
- Food, catering, curriculum, trip, transport or activity controls required.
- What constitutes an emergency and the specific emergency response to follow.
- What not to do in an emergency.
- Who to contact in an emergency and what information should be provided to emergency services.
- The role staff can play in supporting the pupil's safety, dignity and inclusion.
- Any impact on learning, attendance, emotional wellbeing or SEND and the support required.
- Arrangements for transition between classes, phases or settings where relevant.

Individual Healthcare Plans will be reviewed at least annually and sooner if the pupil's condition, treatment plan, support needs or Action Plan changes, or following a relevant serious incident or near miss.

Risk Assessments and Minimising Exposure

Schools will ensure that allergy-specific risk assessments are completed, reviewed and kept up to date for school activities where pupils may be exposed to allergens. Risk assessments must consider the pupil's Individual Healthcare Plan, Allergy Action Plan, known allergens, medication arrangements, supervision, communication with staff, inclusion and emergency response. Allergy risks must be considered in classrooms, dining areas, playgrounds, curriculum activities including food technology and science, PE, wraparound care, visitors, contractors, school events, transport, visits and trips. Staff should be consulted, informed of the control measures relevant to their role, and provided with training where required.

Schools will take reasonable and proportionate steps to minimise exposure to known allergens. No school environment can be guaranteed to be completely allergen-free. An allergy-aware approach should therefore be used rather than relying solely on blanket bans, unless an individual or activity-specific risk assessment identifies a proportionate restriction.

Food and Catering Controls

Schools will take reasonable steps to reduce the risk of allergen exposure while recognising that no school environment can be guaranteed to be allergen-free. Schools should use an allergy-aware approach rather than relying solely on blanket bans, unless a specific risk assessment identifies a proportionate restriction.

- Allergen information must be available for school meals and food provided by the school or catering provider.
- Catering providers must be informed of relevant allergies and must have controls for ingredient checks, substitutions, labelling, communication and cross-contamination.
- Food brought from home for sharing, celebrations, fundraising, rewards or curriculum activities must be managed in line with school procedures.
- Staff must consider allergies when planning cooking, food technology, science, art, sensory activities, parties, seasonal events, clubs, breakfast and after-school provision.

- Pupils with allergies must not be unnecessarily segregated or excluded from dining or food-related activities; reasonable adjustments should be made to support safe inclusion.
- Where food is provided on visits or trips, allergy information and emergency arrangements must be confirmed in advance.

Wellbeing and Inclusion

Pupils with allergy must be supported to participate as fully and safely as possible in school life. Reasonable adjustments should be made where required, and pupils should not be unnecessarily isolated, excluded from activities or required to eat separately simply because they have an allergy.

Staff should be alert to the emotional and social impact of allergy, including anxiety, embarrassment, stigma or bullying. Allergy-related teasing, deliberate exposure to allergens or bullying will be addressed through the school's behaviour, anti-bullying and safeguarding procedures. Concerns about wellbeing should be discussed with the pupil and parents/carers and reflected in the Individual Healthcare Plan where appropriate.

Allergy Awareness Training

Schools will provide appropriate allergy safety training to staff. First aid training alone is not sufficient to meet this requirement.

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary and supply staff, agency staff, regular volunteers, catering staff and adults supervising breakfast, lunchtime or after-school provision. Induction and cover arrangements must ensure that new and temporary staff understand the school's allergy procedures before taking responsibility for pupils.

Training will cover common allergy risks; the difference between allergy, coeliac disease and food intolerance; how allergic reactions can occur; signs and symptoms; recognition of anaphylaxis and acute asthma; how to locate and use prescribed and spare emergency medication; calling emergency services; relevant Action Plans; reducing exposure to known allergens; wellbeing and inclusion; and incident/near-miss reporting.

Refresher training or briefing will be provided following a serious incident, near miss, significant policy change, new pupil need or where monitoring identifies a training gap.

Adrenaline Devices and Emergency Medication

People at risk of anaphylaxis may be prescribed adrenaline devices (ADs), which may include adrenaline auto-injectors (AAIs) or non-injectable nasal adrenaline devices. Pupils must have rapid access to both of their prescribed adrenaline devices at all times, including in classrooms, dining areas, playgrounds, sports areas, on visits and trips, and when travelling to and from school where they are responsible for carrying them. Prescribed devices will be administered in accordance with the pupil's Allergy Action Plan, clinical advice and the manufacturer's instructions.

Where a pupil is prescribed adrenaline, the school will work with parents/carers and the pupil to ensure that two in-date prescribed devices are available in accordance with the pupil's clinical plan. Pupils who are able and authorised to carry their own devices should be encouraged to do so. Where devices are held centrally, they must be in an unlocked, safe and readily accessible location and capable of being brought to the pupil within five minutes.

Each school will stock spare AAls of an appropriate dosage for its pupils. In a primary school this will normally include a pair of 150 microgram AAls and a pair of 300 microgram AAls. Where a school operates across more than one site, appropriate spare provision must be available on each site. Spare AAls must be stored in pairs, clearly labelled, readily accessible and not locked away. Under current legislation, schools may purchase AAls as spare emergency devices but cannot purchase non-injectable nasal adrenaline devices as school-held spares.

The Allergy Lead or named AAI monitor will check prescribed emergency medication held by the school and spare AAls at least monthly to ensure they are present, in date, correctly stored and accessible. Replacement devices must be requested before expiry and immediately after use, damage or loss. Records of checks must be retained.

Spare AAls may be used in an emergency to save life, including where a pupil's prescribed device is unavailable or misfires, where a pupil prescribed nasal adrenaline does not have it available, or where an individual presents with suspected anaphylaxis for the first time. A pupil's own prescribed device should be used first where it is immediately available. Although obtaining advance consent for the use of a spare AAI is good practice, prior consent is not legally required where reasonable action is necessary in an emergency to save life; treatment must not be delayed while consent is checked.

Used AAls should be handed to ambulance paramedics where possible or disposed of safely in accordance with manufacturer guidance and the Trust Administration of Medicines Policy. AAls contain needles and must not be placed in general waste.

Schools should also consider emergency asthma reliever inhalers in accordance with the separate statutory guidance and Trust asthma/medical conditions arrangements. Such inhalers may only be used in the circumstances permitted by that guidance and where the required written consent is in place.

Anaphylaxis and Emergency Response

Anaphylaxis is a severe, potentially life-threatening allergic reaction. It typically involves the Airway, Breathing or Circulation (ABC). Symptoms may include swelling of the throat or tongue, difficulty swallowing, wheezing or breathing difficulty, persistent cough, dizziness, confusion, pale or clammy skin, collapse or loss of consciousness. Anaphylaxis may occur with or without a rash or other mild symptoms.

If anaphylaxis is suspected, staff must administer adrenaline immediately. If in doubt, treat for anaphylaxis. Do not wait for a first aider, additional confirmation, parents/carers or emergency services before giving adrenaline.

- Bring the pupil's prescribed adrenaline device, or a spare AAI, to the pupil; do not make the pupil walk to the medication.
- Administer adrenaline as soon as possible and within five minutes.
- Call 999 immediately and state "anaphylaxis".
- Follow the pupil's Allergy Action Plan where available.
- Keep the pupil lying flat with legs raised where possible. If breathing is difficult they may be helped to sit, but they must not stand or walk.
- If there is no improvement after five minutes, or symptoms return, administer a second dose of adrenaline.
- Stay with and monitor the pupil until emergency services arrive.
- Contact parents/carers as soon as possible after emergency action has begun.
- Retain used devices for paramedics where possible.

Where a person has both food allergy and asthma and suddenly develops breathing difficulty following possible allergen exposure, staff should consider anaphylaxis and must not give a reliever inhaler instead of adrenaline for suspected anaphylaxis.

Staff acting reasonably and in good faith to save life will be supported by the Trust.

Visits and Trips

Pupils should not be excluded from visits or trips because of allergy. Reasonable adjustments must be considered so that they can participate safely.

Before all visits:

- Risk assessments must consider allergies and the pupil's Individual Healthcare Plan and Action Plan.
- The pupil's prescribed emergency medication must accompany them and remain rapidly accessible.
- Staff accompanying visits must know the emergency procedures and include staff able to administer adrenaline in an emergency.
- Catering providers and venues must be informed of relevant dietary requirements and allergen controls where applicable.
- The school should consider whether spare AAIs should accompany the visit without leaving inadequate spare provision on the school site.

Serious Incidents and Near Misses

Schools will record and review allergy-related serious incidents and near misses. This includes allergic reactions, anaphylaxis, incorrect food being provided or nearly provided, missing or expired emergency medication, unclear care plans, failures in communication or occasions where harm was avoided by chance rather than by a reliable system.

Serious incidents and near misses must be escalated without delay to the Headteacher and Allergy Lead. Parents/carers must be informed, and serious incidents and significant near misses must be reported to the Trust Board alongside any statutory or external reporting requirements that apply.

Following an incident or near miss, the school must review what happened, involve the pupil and parents/carers where appropriate, identify lessons learned and consider whether changes are needed to the Individual Healthcare Plan, Action Plan, risk assessment, food controls, training, supervision, communication arrangements or this policy. Relevant healthcare professionals should be involved where the incident concerns a clinical plan or healthcare advice.

The Trust Board will receive periodic reports on serious incidents and near misses. Recent incidents and near misses will be considered when this policy is reviewed.

Transition Between Settings and Phases

Allergy arrangements will be reviewed when a pupil starts school, moves class or phase, transfers to another school or experiences another significant transition. Relevant allergy information, Individual Healthcare Plans, Action Plans, risk assessments and medication arrangements should be updated and shared with the receiving staff or setting in sufficient time to support a safe transition, subject to appropriate information-sharing requirements.

Publication and Awareness of the Policy

This policy will be published on the Trust website and made available through each school's website or other clearly signposted school information. Schools will communicate the policy to staff, pupils and parents/carers in an age- and role-appropriate way. New staff, supply staff, volunteers and relevant contractors will be made aware of the arrangements that apply to their role.

Complaints

Concerns or complaints relating to allergy safety, including a serious incident or near miss, a failure to put agreed arrangements in place, or a failure to deliver arrangements set out in an Individual Healthcare Plan, may be raised under the Trust Complaints Policy. Safeguarding concerns will be dealt with under the relevant safeguarding procedures.

Policy Review

This policy will be reviewed at least annually and sooner where there are legislative or statutory guidance changes, a significant incident or near miss, or evidence that the policy or its implementation requires amendment.

Related Legislation and Policies

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Department for Education: Allergy safety in schools - statutory guidance (July 2026)

- Department for Education: Supporting pupils at school with medical conditions - statutory guidance
- Early Years Foundation Stage statutory framework, where applicable

Appendices

Appendix 1: Individual Healthcare Plan for Allergy

SCHOOL NAME - Individual Healthcare Plan for Allergy		
Name of Child		
Date of birth:		Current photo
Year / class:		
Emergency contacts:		
Staff who need to be aware:		
Allergy details and support arrangements		
Known allergy / allergens	Please record the child's known or suspected allergy/allergies, including specific foods, ingredients, medicines, insect stings, latex or other triggers.	
Signs and symptoms	Describe the child's usual symptoms, early warning signs and any signs that indicate anaphylaxis or a more serious reaction.	
Medication required	List all prescribed allergy medication, including dose, expiry date, who may administer it and whether the child carries any medication themselves.	
Where medication is stored	Record where prescribed medication and any spare emergency medication are stored, and how staff can access them quickly.	
Preventative measures / adjustments	Set out reasonable adjustments, supervision, food/catering controls, classroom arrangements, trip arrangements and other measures needed to reduce risk.	
Emergency response	State exactly what staff should do in an emergency, including when to administer adrenaline, when to call 999, who contacts parents/carers and what must not be done.	
Review and signatures		
Parent/carers name and signature	Name/signature:	Date:
School representative name and signature	Name/signature:	Date:
Review date	Record the planned review date and review sooner if the child's condition, medication, emergency plan or school arrangements change.	

Appendix 2: Request for Child/Young Person to Carry Allergy Medication

SCHOOL NAME - Request for Child/Young Person to Carry Allergy Medication	
Name of child/young person	
Date of birth	
Year group / class	
Name of medication	
Dose and frequency	
Reason medication is required	
Where medication will be carried	
Arrangements for safe use and storage	
Parent/carers declaration I request that my child/young person carries the medication named above while in school. I confirm that the medication has been prescribed for them, is in the original labelled container, is in date, and that my child/young person understands how and when it should be used, where appropriate.	
Parent/carers name	
Parent/carers signature	
Date	
School approval The school agrees that the child/young person may carry the medication named above in line with their Individual Healthcare Plan, Allergy Action Plan or agreed medication arrangements.	
Authorised by	
Role	
Signature	
Date	