



Autumn | 26-27

St Joseph's Catholic Primary School

Allergy Safety Policy (including Anaphylaxis)

Date ratified by Governors:	Autumn 2026
Date of next review of the policy:	Autumn 2027
This policy is reviewed:	Annually

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Aspiration - Compassion - Community - Faith - Respect – Responsibility

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Section 1: Purpose

This is the Allergy Safety Policy of St Joseph's Catholic Primary School, agreed by the governing board. Its purpose is to minimise the risk of any pupil, member of staff or visitor suffering an allergic reaction while at school or taking part in any school activity, and to make sure all staff are prepared to recognise and respond quickly and effectively to allergic reactions, including anaphylaxis. It also sets out how we support pupils with allergies so that they are safe, included and not disadvantaged in any way, and how we promote allergy awareness across our school community.

Since September 2026, all maintained schools must have a dedicated allergy safety policy, separate from their medical conditions policy. This policy follows the DfE's statutory guidance "Allergy safety in schools" (July 2026), sometimes referred to as "Benedict's Law". It should be read alongside our Supporting Pupils with Medical Conditions Policy.

Staff responsible for allergy safety:

Role	Name
Named senior leader responsible for allergy safety	Miss Suzanne Long (Headteacher)
Allergy safety coordinators – day-to-day management, records, training and checking "spare" adrenaline devices	Mrs Ellen O'Regan and Tammy Clark

Section 2: Legislation and Guidance

This policy is based on:

- The DfE's statutory guidance "Allergy safety in schools" (July 2026), issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- The DfE's statutory guidance "Supporting pupils at school with medical conditions" (2015, updated 2017)
- The Human Medicines (Amendment) Regulations 2017, which allow schools to buy "spare" adrenaline auto-injectors without a prescription, and the Department of Health and Social Care (DHSC) guidance "Using emergency adrenaline auto-injectors in schools"
- The Human Medicines Regulations 2012 (as amended in 2014), and the DHSC guidance on emergency asthma inhalers for use in schools
- The Food Information Regulations 2014 (including "Natasha's Law") and the School Food Standards
- The Equality Act 2010, the Health and Safety at Work etc. Act 1974 and Keeping Children Safe in Education (2026)
- The statutory framework for the Early Years Foundation Stage, which applies to our Reception class

The Government intends to make some of these expectations specific legal duties through future regulations, including stocking spare adrenaline devices and training all staff. We already meet these expectations.

Section 3: Allergy and Anaphylaxis

An allergy is a reaction of the body's immune system to substances that are usually harmless, such as a food, an insect sting, latex, or an airborne allergen such as pollen. Allergy covers a range of conditions, including food allergy, asthma, eczema and hay fever, which often occur together. Most allergic reactions are mild, but some pupils are at risk of **anaphylaxis** – a serious, potentially life-threatening reaction affecting the **Airway, Breathing and/or Circulation** (the "ABC" symptoms).

Anaphylaxis to food usually begins within 30 minutes of eating the food, but can occasionally happen several

hours later. Once it starts, it can progress very quickly. Giving adrenaline immediately and calling 999 can save a life. Around one in five children with allergy have their first allergic reaction at school, so staff must be ready to respond to anaphylaxis in any child, not only those with a known allergy.

While any food can cause an allergic reaction, around 90% of food-allergic reactions are caused by peanuts, tree nuts, cow's milk, egg, wheat, fish/seafood and sesame. Other common causes of serious reactions include insect stings (bee, wasp), some medicines and latex. Pupils with both food allergy and asthma are at higher risk.

Coeliac disease and food intolerances (such as lactose intolerance) are not allergies and cannot cause anaphylaxis. Pupils with these conditions are supported through our Supporting Pupils with Medical Conditions Policy.

Section 4: Roles and Responsibilities

The Governing Board

- Makes sure the school has, publishes and reviews this policy at least annually, and after any serious incident or near miss
- Makes sure allergy-related risks are included on the school's risk register and actively managed
- Receives regular reports on allergic reactions, serious incidents and near misses, and uses them to challenge and improve practice

The Named Senior Leader (Headteacher)

- Leads the implementation and review of this policy, and makes sure all staff are trained and aware of it
- Makes sure "spare" adrenaline auto-injectors and emergency asthma inhalers are bought, stored and replaced, and signs the request to the pharmacy
- Makes sure Individual Healthcare Plans are in place for pupils who need them, and reviews every serious incident or near miss

The Allergy Safety Coordinators

- Keep the medical booklet – the record of all pupils (and staff) with allergies – up to date, and make sure the copies in each area and the kitchen dinner list are replaced whenever it changes
- Coordinate Individual Healthcare Plans and Allergy Action Plans with parents/carers and health professionals
- Check pupils' own adrenaline devices each term and the "spare" devices each month, and remind parents/carers when devices are due to expire
- Keep a register of pupils prescribed adrenaline devices, a record of consent for the use of spare devices, and a record of any use of adrenaline and emergency treatment given
- Coordinate allergy training, and keep training records

All Staff

- Complete allergy awareness and emergency response training every year
- Know which pupils in their care (including in cover lessons) have allergies, and where their medicines and the spare devices are kept. An allergic reaction can happen at any time, not only at mealtimes
- Take reasonable steps to reduce the risk of pupils coming into contact with their allergens, including when planning activities involving food, crafts, science or animals
- Respond immediately to an allergic reaction, and record and report any reaction or near miss

Catering Staff

- Follow food allergen laws and provide clear allergen information for all food served, meet with parents/carers to discuss safe meals, and use at least two ways of identifying pupils with food allergies at every mealtime (see Section 12)

Parents and Carers

- Tell the school about any allergy when their child joins the school (through the admissions form and by speaking to the office and class teacher), including previous serious reactions, any history of anaphylaxis and all prescribed medicines
- Provide a copy of their child's Allergy Action Plan, completed by a healthcare professional (the British Society for Allergy and Clinical Immunology – BSACI – plans are preferred). If their child does not yet have one, they should arrange this as soon as possible with their GP, school nurse or allergy specialist
- Provide two in-date prescribed adrenaline devices (and any other medicines on the Allergy Action Plan), and replace them before they expire. Parents can sign up to manufacturer expiry alerts
- Help to develop and review their child's Individual Healthcare Plan, and tell the school about any changes
- Label their child's lunchbox and drinks clearly, and tell the school about any reaction that happens after their child has been at school

Pupils

- Are encouraged, in line with their age and understanding, to know their allergens and symptoms, to tell an adult straight away if they think they are having a reaction, and not to share food
- Where they are able to, carry their own adrenaline devices, as agreed with their parents/carers and set out in their IHP

Section 5: Identifying Pupils, Staff and Visitors with Allergy

- We ask about allergies on our admissions forms, when pupils join mid-year, and when they transfer from another school, and we ask for copies of any previous Individual Healthcare Plan and Allergy Action Plan
- Arrangements will be in place for the start of term for new pupils, and within two weeks for pupils who join mid-year or are newly diagnosed
- Our medical booklet records every pupil with an allergy or medical condition, with their name, an up-to-date photograph, their condition and allergens, whether they carry adrenaline devices, and whether they have an IHP and Allergy Action Plan
- A copy of the medical booklet is kept in the staff room, the kitchen, every classroom, the school office and the Headteacher's office, so that it is always to hand. Copies are kept in a folder or drawer where staff can reach them quickly, but not on open display to pupils or visitors, to protect confidentiality
- The kitchen is also given a list of the pupils having school dinners, with their allergies and medical conditions
- Staff are asked to tell the school about any allergy when they start work, so that arrangements can be put in place. Visitors are asked about allergies in advance where possible, especially if they will be offered food

Section 6: Individual Healthcare Plans and Allergy Action Plans

- Every pupil whose allergy affects them at school, puts them at risk, or needs arrangements different from or additional to those made for everyone, will have an Individual Healthcare Plan (IHP). A formal diagnosis is not needed – we will put support in place for a suspected allergy while investigations are under way
- The IHP is written by the school with the pupil and their parents/carers, taking account of advice from health professionals. It sets out the pupil's allergens, how the risk of exposure will be reduced (including at mealtimes), arrangements for trips, the emergency response and where their medicines and the spare devices are kept
- The pupil's Allergy Action Plan (and any Asthma Action Plan) is issued by a healthcare professional and attached to the IHP. It includes medical and parental consent for staff to give emergency medicines, including a "spare" adrenaline auto-injector

- IHPs are reviewed at least annually, whenever a new Allergy Action Plan is issued, and after any reaction or near miss

Section 7: Emergency Response

Recognising an Allergic Reaction

Mild to moderate symptoms include: swollen lips, face or eyes; an itchy or tingling mouth; hives or an itchy rash; stomach pain or vomiting; a sudden change in behaviour.

Anaphylaxis (ABC symptoms) includes:

- **Airway:** swelling of the throat or tongue, a tight throat, hoarse voice or difficulty swallowing
- **Breathing:** sudden wheezing, difficulty breathing, a persistent cough or noisy breathing
- **Circulation:** dizziness, feeling faint, sudden sleepiness or tiredness, confusion, pale clammy skin, or loss of consciousness

Anaphylaxis can happen without a rash or any mild symptoms first. If a pupil with a known food allergy suddenly has difficulty breathing, always treat it as anaphylaxis.

Mild to Moderate Reaction

- Stay with the pupil and follow their Allergy Action Plan, which may include giving an antihistamine
- Contact the parent/carer
- Keep the pupil in a safe place and watch them closely for at least 60 minutes, as mild reactions can develop into anaphylaxis

Anaphylaxis – What To Do

- **Stay with the pupil and call for help.** Never leave them alone. Bring the adrenaline to the pupil – never take the pupil to the adrenaline
- **Lie the pupil flat with their legs raised.** If they are struggling to breathe, they can sit up, but only for as short a time as possible. Do not let them stand or walk
- **Give adrenaline immediately, within five minutes.** Use the pupil's own device if it is available; if not, or if it does not work, use a "spare" adrenaline auto-injector. Auto-injectors are given into the outer thigh (through clothing if necessary). Always follow the instructions on the device, and note the time given
- **Call 999**, ask for an ambulance and say "ANAPHYLAXIS" (ana-fil-ax-is). Do not wait to call 999 before giving adrenaline
- **If there is no improvement after five minutes, give a second dose** of adrenaline
- **If there are no signs of life, start CPR**
- **Contact the parent/carer** as soon as possible
- **Keep the pupil lying down** while waiting for the ambulance, even if they feel better. Standing or sitting up suddenly can cause a dangerous drop in blood pressure
- Every pupil who has had anaphylaxis must go to hospital, even if they seem to have recovered, as symptoms can return

If in doubt, give adrenaline. Delays in giving adrenaline are linked to deaths from anaphylaxis, and giving it is very safe. The law protects anyone who acts in good faith to save a life. Staff are reassured that hesitation or imperfect technique in an emergency is not misconduct – the expectation is simply that they act reasonably, to the best of their ability.

Pupils Without a Known Allergy

If anaphylaxis is suspected in a pupil who has no known allergy, or no prescribed devices, staff will call 999 and give a "spare" adrenaline auto-injector straight away. The law allows spare devices to be used to save a life, including in a pupil having their first reaction, without prior consent. For an adult (for example, a member of staff or visitor), call 999 and follow the advice of the emergency services.

Asthma and Anaphylaxis

If the pupil's Allergy Action Plan says so, a reliever inhaler (salbutamol) can be given after adrenaline if they are still wheezing. A reliever inhaler must never be given instead of adrenaline.

Section 8: Prescribed Adrenaline Devices

- Pupils at risk of anaphylaxis should have **two** prescribed adrenaline devices with them in school at all times, and on their journey to and from school. These may be adrenaline auto-injectors (such as EpiPen or Jext) or a nasal adrenaline spray
- Pupils who are prescribed adrenaline have their medication in **two places**: a clearly labelled anaphylaxis kit kept in their classroom, and medication in their school bag, which they are told to have with them, including on their journey to and from school. The classroom kit is unlocked, accessible to all staff, and goes with the pupil when they leave the classroom (for example, to the hall, playground, PE or on trips)
- Adrenaline must be able to reach a pupil within five minutes wherever they are on the school site
- Each pupil's kit contains: two adrenaline devices; a copy of their Allergy Action Plan; an antihistamine and spoon if on their plan; and their asthma inhaler if on their plan
- The allergy safety coordinators check devices termly and remind parents/carers when they are due to expire. It remains the responsibility of parents/carers to provide in-date devices
- If a pupil has been prescribed a nasal adrenaline spray and it is not available, a "spare" adrenaline auto-injector can be used

Section 9: "Spare" Adrenaline Auto-Injectors and Emergency Asthma Inhalers

The school holds "spare" adrenaline auto-injectors (AAIs) for emergency use, for any pupil at risk of anaphylaxis whose own devices are unavailable or not working, and for any pupil having anaphylaxis for the first time. Spare devices are not a replacement for pupils' own devices.

- Spare AAIs are stored **in pairs**, so that a second dose is always to hand. As a primary school, we hold at least one pair of 150 microgram AAIs (for children under 6, e.g. EpiPen Junior or Jext 150) and one pair of 300 microgram AAIs (for those over 6, e.g. EpiPen or Jext 300), in line with DfE guidance
- Spare AAIs are kept, with an emergency salbutamol inhaler and spacers and instructions, in clearly labelled **pink** "Emergency Anaphylaxis Kits". They are unlocked, out of reach of pupils, and known to all staff
- We hold **three pairs** of spare AAIs, in three kits, so that adrenaline can be brought to any pupil within five minutes: one pair of **150 microgram** AAIs in the **Year 1 classroom**, one pair of **300 microgram** AAIs in the **Year 6 classroom**, and one pair of AAIs in the **school office**
- The allergy safety coordinators (Mrs Ellen O'Regan and Tammy Clark) check the spare kits every month to make sure they are present, in date and undamaged, and replace them when used or before they expire
- Spare AAIs are bought from a pharmacy using a request signed by the Headteacher, as permitted by law. Nasal adrenaline sprays cannot currently be bought as spares
- Written parental consent for the use of spare AAIs is included in each pupil's Allergy Action Plan or IHP. However, consent is not needed to use a spare device in an emergency to save a life
- A spare AAI may occasionally be taken on a school trip, but only where this does not leave the school without spare devices

Storage and Disposal

- All adrenaline devices are stored at room temperature, out of direct sunlight and away from extremes of heat. They are never refrigerated or locked away
- Adrenaline auto-injectors are single use only. Used devices are given to the ambulance crew, taken to a pharmacy, or placed in the sharps bin in the school office for collection by our clinical waste contractor. Expired devices are disposed of in the same way

Section 10: Training

- **All staff** who are on site when pupils are present receive allergy awareness and emergency response training at least once a year. This includes teachers, teaching assistants, office staff, catering staff, midday meal supervisors, the premises team, breakfast and after-school club staff, and regular volunteers
- This year, all staff have completed half a day of **face-to-face** allergy and anaphylaxis training, including hands-on practice with trainer adrenaline auto-injectors, together with **online training through The National College**
- New staff complete training as part of their induction before working with pupils, and supply and temporary staff are briefed on pupils with allergies in their care, where the adrenaline is kept and what to do in an emergency
- Training covers: what allergy is and the different allergic conditions; the difference between allergy, coeliac disease and intolerance; recognising allergic reactions and anaphylaxis; how to respond in an emergency, including calling 999 and giving adrenaline (using prescribed and spare devices) and treating an asthma attack; how to use Allergy and Asthma Action Plans and the medical booklet; reducing the risk of exposure to allergens; the impact of allergy on wellbeing; this policy; and how to report a reaction or near miss
- We will hold an anaphylaxis drill at least once a year, in the same way as a fire drill, and use what we learn to improve our procedures
- The allergy safety coordinators keep a record of all staff training

Section 11: Minimising the Risk of Exposure

- Staff planning any activity will think about the risk of exposure to allergens and choose safe alternatives for the whole group, so that no pupil is excluded. This includes cooking, science, crafts, music and activities involving animals
- Staff will remember that: old food boxes and packaging may contain traces of allergens; some play dough contains wheat flour; some glues contain milk, wheat or soya; and bird feed may contain nuts and sesame
- Pupils are taught not to share or swap food, drinks, utensils or containers
- Food brought in for celebrations or treats must be agreed with the class teacher in advance, so that pupils with allergies can be included safely. Food will not be given to a pupil with food allergy without their parent's agreement
- Pupils wash their hands before and after eating
- Reasonable steps will be taken where pupils have allergies to animals, insect stings, latex or airborne allergens, as set out in their IHP

Section 12: Catering and Mealtimes

- Our caterers follow the Food Information Regulations 2014, including "Natasha's Law", and provide information about the 14 regulated allergens in all food served. The menu, with allergens highlighted, is available on the school website: <https://www.stjosephs.greenwich.sch.uk/>
- The allergy safety coordinators tell the catering manager about every pupil with a food allergy, and make sure the kitchen has an up-to-date copy of the medical booklet and dinner list
- At every mealtime, we use **at least two ways** of identifying pupils with food allergies, so that each pupil receives a safe meal: the medical booklet in the kitchen, with each pupil's photograph and allergies, and the daily list of pupils having school dinners with their allergies and medical conditions, which kitchen staff check as pupils are served
- Pupils with food allergies eat alongside their friends. They are not made to sit at a separate table
- Catering staff are trained in reading allergen labels and preventing cross-contamination – for example, preparing food for pupils with allergies first and cleaning surfaces and utensils carefully. If the menu changes at short notice, allergen information will be checked and changes highlighted
- Parents/carers are welcome to meet the catering manager to discuss safe meals. Reasonable adjustments will be made so that pupils entitled to free school meals can safely receive them

- New pupils with food allergies may be offered a visit to the kitchen and dining hall to meet the staff and reduce any worries

Section 13: Allergy Aware, Not “Nut Free”

In line with DfE guidance and Anaphylaxis UK, St Joseph’s is an **allergy-aware** school rather than a “nut-free” school. Nuts are only one of many allergens, and no school can guarantee an allergen-free environment; a “nut-free” label can create a false sense of security. Instead, we make sure everyone understands allergies, takes steps to reduce the risk of exposure, and knows how to respond.

Section 14: School Trips and External Visits

- Pupils with allergies will be supported to take part in all trips, residentials and sporting events. Parents/carers will not be required to accompany their child
- A risk assessment is carried out for any trip involving a pupil at risk of anaphylaxis, including food, activities, the journey and access to emergency medical care
- Pupils must have their own two adrenaline devices, their Allergy Action Plan and any other medicines with them. The trip leader checks this before leaving. If a pupil’s devices are not available, the trip leader will contact parents/carers straight away to resolve this, and a spare device may be taken where appropriate, so that the pupil can still take part
- At least one member of staff trained to give adrenaline will be with the pupil at all times
- For residential trips, the trip leader will meet the parents/carers beforehand, and the venue will be told in advance about the pupil’s allergy and dietary needs
- For sports fixtures and visits to other schools, the host school will be told about the pupil’s allergy. If they cannot provide safe food, the pupil will take their own

Section 15: Wellbeing, Inclusion and Bullying

- We recognise that living with allergy can cause anxiety for pupils and their families. We will reassure pupils about the steps we take to keep them safe, and involve them in decisions about their care
- Allergy awareness is taught through our curriculum and assemblies, in an age-appropriate way, so that all pupils understand allergies and know how to get help
- Bullying related to allergy – such as excluding a pupil, making fun of their allergy, or threatening them with an allergen – will be treated very seriously under our Relationships and Positive Behaviour Policy and anti-bullying procedures
- Where appropriate, and with the agreement of the pupil and their parents/carers, a pupil’s friends may be told how to get help in an emergency
- We will involve pupils, parents/carers and staff with allergies when reviewing this policy

Section 16: Unacceptable Practice

The following are not acceptable at St Joseph’s:

- Preventing pupils from easily accessing their adrenaline devices or other medicines
- Ignoring the views of pupils or their parents/carers, or ignoring medical evidence or advice
- Assuming every pupil with an allergy needs the same support, or that older pupils do not need support
- Assuming a pupil does not have an allergy because they do not yet have a diagnosis
- Sending pupils home frequently, or preventing them from staying for normal activities (including lunch), because of their allergy
- Sending a pupil who is unwell to the office or medical room without suitable supervision. In an allergic emergency, help must always come to the pupil
- Penalising pupils for absence related to their allergy, including excluding them from attendance rewards

- Requiring parents/carers to come into school to give medicine, or to accompany their child on trips
- Creating unnecessary barriers to pupils taking part in any part of school life

Section 17: Serious Incidents and Near Misses

- Every allergic reaction, use of adrenaline, and near miss (for example, a pupil given the wrong meal, or devices found missing or out of date) will be recorded on CPOMS on the same day, using the headings in Appendix 2, and reported to the Headteacher and the pupil's parents/carers
- Parents/carers, pupils and health professionals are encouraged to tell us about any reaction that may be linked to school, including reactions that happen after the pupil has gone home
- The Headteacher will review every serious incident and near miss, to learn lessons and update the pupil's IHP, our procedures and this policy where needed
- Serious incidents and near misses will be reported to the governing board, and any statutory reporting will be completed – for example, to the Health and Safety Executive, or, where unsafe food may have affected others, to the local authority environmental health team

Section 18: Information Sharing and Awareness of this Policy

- Information about allergies is special category data. It is shared only with staff who need it to keep pupils safe, in line with data protection law, and with the involvement of pupils and parents/carers
- This policy is published on the school website, and a paper copy is available from the school office
- All staff are made aware of this policy through annual training, and parents/carers are reminded of it when their child joins the school and at the start of each year

Section 19: Useful Links

- DfE: Allergy safety in schools (statutory guidance, July 2026) – www.gov.uk
- DHSC: Using emergency adrenaline auto-injectors in schools, and Emergency asthma inhalers for use in schools – www.gov.uk
- Spare adrenaline in schools (BSACI) – www.spareadrenalineinschools.uk
- BSACI Allergy Action Plans – www.bsaci.org
- Anaphylaxis UK, including the Safer Schools Programme and AllergyWise – www.anaphylaxis.org.uk
- Allergy UK – www.allergyuk.org
- The Benedict Blythe Foundation
- Food Standards Agency allergen guidance – www.food.gov.uk
- Asthma + Lung UK – www.asthmaandlung.org.uk

Section 20: Review

This policy will be reviewed at least annually by the Headteacher (as the named senior leader for allergy safety) and the allergy safety coordinators, and after any serious incident or near miss, and approved by the governing board.

Appendix 1: Anaphylaxis – Emergency Steps

Display next to every spare kit and in every classroom and the kitchen.

Step	Action
1	STAY with the pupil and CALL FOR HELP. Bring the adrenaline to the pupil
2	LIE the pupil FLAT with legs raised (sit up only if struggling to breathe). Do NOT let them stand or walk
3	GIVE ADRENALINE straight away – own device first; if not available or not working, use a SPARE (pink kit). Note the time
4	CALL 999 – say “ANAPHYLAXIS”
5	If no improvement after 5 MINUTES, give a SECOND dose
6	If no signs of life, start CPR
7	CALL the parent/carer. Keep the pupil lying down until the ambulance arrives, even if they feel better
8	Pupil MUST go to hospital. Give used devices to the ambulance crew. Record the incident on CPOMS

If in doubt, give adrenaline.

Spare kits (one pair of AAls in each) are kept in: the Year 1 classroom (150 microgram), the Year 6 classroom (300 microgram) and the school office.

Appendix 2: Allergic Reaction and Near Miss Record

To be completed on CPOMS on the same day as any allergic reaction, use of adrenaline or near miss.

Detail	Record
Name of pupil (or adult) and class	
Date, time and location	
Reaction or near miss? Brief description	
Known allergen / suspected cause	
Symptoms observed	
Action taken (medicine given, device used, time given, 999 called)	
Staff involved	
Parent/carer informed (time and by whom)	
Outcome (e.g. hospital)	
Lessons learned and actions (IHP, procedures, policy)	
Reviewed by Headteacher (signature and date)	