

ST OSBURG'S CATHOLIC PRIMARY SCHOOL

ALLERGY SAFETY POLICY



Policy Lead: Headteacher

Responsible Person: Nicola Rynott, Headteacher

Date Approved: 15.9.26

Review Date: Sept 2027

Governor Responsible: Maggie Green

1. Introduction

St Osburg's Catholic Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors. We recognise that allergies can have a significant impact on a child's health, wellbeing and ability to participate fully in school life.

As a Catholic school, we are guided by the dignity of every person and are committed to ensuring that pupils with allergies are able to access the full curriculum and all opportunities provided by the school safely and confidently.

This policy sets out the procedures and responsibilities that support the prevention of allergic reactions, minimise risk and ensure an effective response to emergencies, including anaphylaxis.

This policy has been developed in accordance with the Department for Education Allergy Safety in Schools guidance (2026) and reflects the principles underpinning Benedict's Law. The school will review the policy in response to future statutory guidance and legislative changes.

2. Aims

The aims of this policy are to:

- Promote awareness and understanding of allergies across the school community.
 - Reduce the risk of exposure to known allergens.
 - Ensure pupils with allergies are safe, included and supported.
 - Ensure all staff understand their responsibilities.
 - Provide clear procedures for responding to allergic reactions and anaphylaxis.
 - Ensure compliance with current legislation and statutory guidance.
 - Support strong communication between home, school and healthcare professionals.
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3. Scope

This policy applies to:

- All pupils.
- All employees.
- Governors.
- Volunteers.
- Contractors.
- Visitors.
- External providers operating on the school site.

St Osburg's Catholic Primary School adopts a whole-school approach to allergy management. Allergy awareness is promoted amongst pupils, staff, governors, volunteers, parents and visitors to help reduce risk and support inclusion.

4. Definition of Allergy

An allergy occurs when the body's immune system reacts to a substance that is normally harmless.

Allergic reactions can range from mild symptoms such as itching and rashes to severe and life-threatening reactions known as anaphylaxis.

Common allergens include:

- Peanuts
- Tree nuts
- Milk
- Egg
- Wheat
- Sesame
- Fish
- Shellfish
- Soya
- Insect venom
- Medication
- Latex
- Animal dander
- Pollen

5. What is Anaphylaxis?

Anaphylaxis is a severe allergic reaction that can be life-threatening.

Symptoms may include:

Airway

- Swelling of the tongue.
- Swelling of the throat.
- Difficulty swallowing.
- Hoarse voice.

Breathing

- Wheezing.
- Persistent cough.
- Difficulty breathing.
- Noisy breathing.

Circulation

- Dizziness.
- Collapse.
- Pale or clammy skin.
- Loss of consciousness.

Anaphylaxis must always be treated as a medical emergency.

6. Responsibilities

Governing Body

The Governing Body will:

- Approve and review this policy annually.
 - Ensure appropriate resources are available.
 - Monitor the school's arrangements for allergy safety.
 - Receive reports following significant incidents.
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Headteacher and Designated Allergy Lead

The Headteacher acts as the school's Designated Allergy Lead and will:

- Oversee implementation of this policy.
- Maintain strategic oversight of allergy management.
- Ensure appropriate systems are in place.

- Ensure staff training is completed.
 - Monitor incidents and near misses.
 - Report to governors where appropriate.
 - Support pupils, parents and staff regarding allergy matters.
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Medical Lead

The Lead First Aider will:

- Maintain allergy records.
 - Monitor medication expiry dates.
 - Maintain Individual Healthcare Plans.
 - Ensure emergency medication remains available.
 - Liaise with parents and healthcare professionals.
 - Coordinate staff training where required.
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Staff

All staff will:

- Read and follow this policy.
 - Attend annual allergy awareness training.
 - Be aware of pupils with allergies within their care.
 - Follow Individual Healthcare Plans.
 - Ensure pupils can access medication when required.
 - Report incidents and concerns promptly.
 - Promote inclusion and wellbeing.
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Parents and Carers

Parents are responsible for ensuring medication supplied to school remains in date and for informing the school immediately of any changes to a child's diagnosis or treatment plan.

Parents and carers will:

- Inform the school of all diagnosed allergies.
- Provide medication and replace it before expiry.
- Provide medical documentation and Allergy Action Plans.
- Inform school of changes to medical needs.
- Work in partnership with the school to support their child.

7. Record Keeping

The school maintains a register of pupils and staff with diagnosed allergies. This register is reviewed regularly and is made available to relevant staff members.

The school maintains:

- A register of pupils with allergies.
- Individual Healthcare Plans.
- Allergy Action Plans where available.
- Medication records.

Incident and near-miss records. (Near misses, including accidental exposures that do not result in a reaction, will also be recorded, reviewed and used to improve procedures.)

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All information will be handled in accordance with data protection requirements.

8. Individual Healthcare Plans

Every pupil requiring active allergy management will have an Individual Healthcare Plan.

Plans may include:

- Identified allergens.
- Symptoms of reaction.
- Medical history.
- Medication requirements.
- Emergency contacts.
- Educational visit arrangements.
- Control measures to reduce risk.

Plans will be reviewed annually or sooner if needs change.

9. Managing Risk

Allergy considerations will form part of the school's wider risk assessment arrangements.

Risk assessments will include:

- Classroom activities.
- Food-based learning activities.
- Educational visits.
- Sporting events.
- After-school clubs.

- Wraparound provision.
- Special events and celebrations.

The school will make reasonable adjustments to support pupils with allergies without unnecessarily excluding them.

10. Food Management

St Osburg's Catholic Primary School is an **Allergen Aware School**.

The school will:

- Work closely with catering providers.
- Maintain accurate allergy information.
- Ensure allergen information is available.
- Implement systems to identify pupils with allergies.
- Promote good handwashing routines.
- Discourage food sharing.
- Ensure food used in lessons is appropriately labelled.
- Consider allergy needs when planning events.

Food brought into school for celebrations should be agreed with staff in advance.

11. Educational Visits and Sporting Events

Pupils with allergies will be fully included wherever possible.

The school will:

- Complete appropriate risk assessments.
 - Ensure emergency medication accompanies pupils.
 - Ensure accompanying staff understand emergency procedures.
 - Communicate dietary needs when appropriate.
 - Make reasonable adjustments to support participation.
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12. Animals

Where animals are brought on site:

- Risk assessments will be completed.
 - Known allergies will be considered.
 - Hygiene procedures will be followed.
 - Areas will be cleaned appropriately afterwards.
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13. Insect Stings

The school will take reasonable steps to minimise risks associated with bees and wasps.

Pupils with insect venom allergies will be supported through their Individual Healthcare Plans.

Any nests identified on school grounds will be reported and dealt with appropriately.

14. Hay Fever and Seasonal Allergies

The school recognises that seasonal allergies can affect learning and wellbeing.

Where appropriate:

- Parents should supply medication.
 - Staff will support pupils experiencing symptoms.
 - Reasonable adjustments may be made during periods of high pollen.
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15. Inclusion and Wellbeing

Pupils with allergies should feel safe, valued and included.

The school will:

- Promote allergy awareness.
- Challenge prejudice and bullying.
- Support pupils who experience anxiety.
- Ensure rewards, activities and celebrations are inclusive.
- Encourage pupils to speak to trusted adults if worried.

Allergy-related teasing, bullying or discrimination will be treated seriously and managed in accordance with the Behaviour and Anti-Bullying Policies.

16. Adrenaline Auto-Injectors

Pupils prescribed adrenaline auto-injectors should have access to two in-date devices at all times.

The school will maintain spare emergency devices in accordance with national guidance.

Emergency medication will:

- Be clearly labelled.
- Be accessible at all times.
- Be checked regularly.
- Be taken on visits when appropriate.

Spare AAI's are kept in the main office.

17. Responding to an Allergic Reaction

When an allergic reaction is suspected:

- Stay with the pupil.
 - Send for assistance.
 - Locate medication.
 - Follow the pupil's healthcare plan.
 - Monitor closely.
 - Contact parents where appropriate.
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18. Responding to Anaphylaxis

If anaphylaxis is suspected:

1. Administer adrenaline immediately.
2. Call 999 and state "ANAPHYLAXIS".
3. Keep the pupil lying flat with legs raised where possible.
4. Do not leave the pupil unattended.
5. Administer a second dose after five minutes if symptoms persist.
6. Contact parents as soon as possible.
7. Ensure the pupil is taken to hospital, even if symptoms improve.

Anyone receiving adrenaline for suspected anaphylaxis must receive medical assessment.

19. Staff Training

All staff will receive annual allergy awareness and emergency response training.

Training will include:

- Understanding allergies.
- Recognising symptoms.
- Recognising anaphylaxis.
- Adrenaline auto-injector use.
- School procedures.
- Reporting incidents.
- Supporting inclusion and wellbeing.

The school will undertake and formally record at least one anaphylaxis emergency drill each academic year.

Temporary staff, volunteers, agency staff and supply teachers will receive appropriate allergy information and emergency procedures before working with pupils.

20. Incident Reporting

Allergy incidents, near misses and emergency responses will be recorded on CPOMS and monitored by the Designated Allergy Lead.

Information recorded will include:

- Who was involved.
 - What happened.
 - Location.
 - Actions taken.
 - Outcome.
 - Lessons learned.
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21. Safeguarding

The school recognises that repeated failure to provide medication, disclose significant medical information or respond appropriately to a child's medical needs may constitute a safeguarding concern.

Such concerns will be managed in accordance with the school's safeguarding procedures.

22. Monitoring and Review

This policy will be reviewed annually by the Governing Body or sooner following:

- Significant incidents.
- Changes in legislation.
- Updated national guidance.
- Changes to school procedures.

Allergy safety will form part of the school's annual safeguarding and health and safety review cycle and governors will receive updates regarding implementation and incidents.

Appendix 1.

1. 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.

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.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe 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.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD 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 AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI's should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carers as soon as possible.

Whilst you are waiting for the ambulance, keep the child 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can re-occur after treatment.