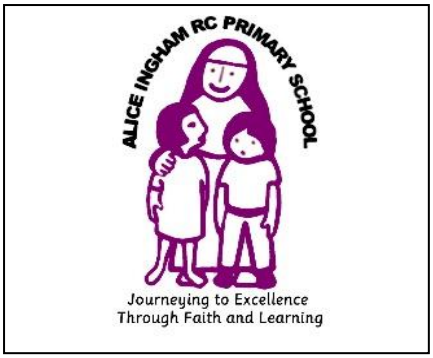


ST TERESA of CALCUTTA
Catholic Academy Trust

# SCHOOL ALLERGEN MANAGEMENT POLICY

## Policy Control Sheet

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|---|---|---|---|
| 1 | **Policy Title** | School Allergen Management Policy | |
| 2 | **Reference No.** | HS18 | |
| 3 | **Version number** | 1.0 | |
| 4 | **Policy Author** | Trust Health and Safety Manager / Head of Catering | |
| 5 | **Accountable SLG member** | CFOO | |
| 6 | **Approving Body** | CFOO | |
| 7 | **Date of Approval** | 22/06/2026 | |
| 8 | **Date of next formal review** | Term 2, 27/28 | |
| 9 | **Policy Level** | School | |
| 10 | **Personalisation required?** | ☒ Y ☐ N | |
| 11 | **Published on** | Trust Website<br>School Website<br>Shared Policy Area | ☐ Y ☒ N<br>☒ Y ☐ N<br>☒ Y ☐ N |
| 12 | **Related documents (if applicable)** | Health and Safety Policy | |
| 13 | **Dependencies** | | |
| 14 | **Applies to** | ☒ All Staff<br>☐ Support Staff<br>☐ Teaching Staff | |
| 15 | **Consulted on with relevant stakeholders (Union, legal, staff)** | ☐ Y ☒ N | |

## Summary of Changes

| Date | Version | Action | Summary of Changes |
|---|---|---|---|
| June 2026 | 1.0 | New Policy | |

# Contents Page

## 1.0 Statement of Intent

1.1 Alice Ingham understands its responsibility to assess, prevent and control any risks from allergens and to implement suitable precautions to ensure the health and safety of staff and pupils with allergies. To meet this duty, this policy has been established to identify the associated risks and outline how those risks will be managed accordingly to keep the school community safe.

1.2 The school has a duty under the Health and Safety at Work Act 1974 and The Management of Health and Safety at Work Regulations 1999 to ensure, as far as is reasonably practicable, the health, safety and welfare of employees and pupils.

## 2.0 Aim and Scope

2.1 The intent of this policy is to minimise the risk of any pupil or member of staff suffering allergy-related illness or allergy-induced anaphylaxis whilst at school. The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the pupil, staff, parent and visitor exposure to known allergens.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.
- The appointment of an allergy lead to oversee school management of allergens and emergency response
- The supply, provision and safe deployment of an adequate number of EpiPen devices both in school and on outside school activities

2.2 This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community.

2.3 This policy applies to all members of the school community including:

- School staff
- Parents/Guardians
- Volunteers
- Supply staff
- Pupils

2.4 This policy encompasses all allergens that may cause a strong allergic reaction including (but not limited to) the following:

- Food
- Insect bites/stings
- Chemicals/substances
- Animals

## 3.0 Legislation and Guidance

3.1 This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- The Health and Safety at Work etc Act 1974.
- The Management of Health and Safety at Work Regulations 1999
- Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school
- Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools
- The Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019

## 4.0 Key Definitions

**Allergy** – A condition in which the body has an exaggerated response to a substance (e.g. food, drug, insect sting etc) also known as hypersensitivity.

**Allergen** – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

**Anaphylaxis** – Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines etc.

**Minimised Risk Environment** – An environment where risk management practices (e.g. risk assessment forms) have minimised the risk of (allergen) exposure.

**Individual Health Care Plan** – a detailed document outlining an individual student's condition, treatment, and action plan for location of EpiPen.

**Adrenaline Auto-Injectors (AAIs)** – Adrenaline delivery system which includes EpiPens

**EpiPen** – Brand name for syringe style device containing the drug adrenaline, which is ready for immediate intramuscular administration.

## 5.0 Procedures – General

5.1 General

- Both parents and staff should be involved in establishing Individual Health Care Plans (IHCP).
- Effective communication regarding a child's IHCP should be established and involve all relevant staff.
- Annual staff training in allergens, anaphylaxis management, including awareness of triggers and first aid procedures (including EpiPen training), is to be followed in the event of an emergency.
- Age-appropriate education of children with severe allergies should be established by parents and school.

5.2 Medical Information

- Parents/guardians must report any change in a child's medical condition during the year to the school.
- For pupils with an allergic condition, the school requires parents/guardians to provide this information to the school.
- The school will ensure that a meal plan is established and updated for each child with a known allergy.

- Teachers and teaching assistants of those pupils and key staff, including catering staff, are required to review and familiarise themselves with the medical information.
- Action Plans with a recent photograph for any students with allergies will be posted in the kitchen, with parental permission.
- Where pupils with known allergies are participating in school excursions a risk assessment must include this information.
- The wearing of a medic-alert bracelet is allowed.

5.3 Pupil EpiPens/AAIs

- Where EpiPens (adrenaline) are required in the Health Care Plan:
  - Parents/guardians are responsible for the provision and timely replacement of the EpiPens.
- EpiPens are to be located securely in a central, accessible location.

## 6.0 Roles and Responsibilities

6.1 Headteacher

- Ensuring that a nominated senior leader acts as allergy lead for the school.
- Ensuring that this policy is implemented and adhered to.

6.2 Nominated Allergy Lead

All schools must have a designated allergy lead, who must be a named member of school senior leadership team and will be responsible for the following:

- Overseeing whole-school allergy management safety.
- Ensuring consistent emergency procedures.
- Updating school policies.
- Promoting and maintaining allergy awareness across our school community.
- Recording and collating allergy and special dietary information for all relevant pupils. (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer / the school nurse / administrative staff)

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff.
- All pupils with allergies have an allergy action plan completed by a medical professional.
- All staff receive an appropriate level of allergy training.
- All staff are aware of the school's policy and procedures regarding allergies.
- Relevant staff are aware of what activities need an allergy risk assessment.
- Keeping stock of the school's EpiPens/adrenaline auto-injectors (AAIs).
- Regularly reviewing and updating the allergy policy.

6.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils.
- Maintaining awareness of our allergy policy and procedures.
- Being able to recognise the signs of severe allergic reactions and anaphylaxis.
- Attending all appropriate allergy training as required.
- Being aware of specific pupils with allergies in their care.
- Carefully considering the use of food or other potential allergens in lesson and activity planning.
- Ensuring the wellbeing and inclusion of pupils with allergies.

6.4 Parents/Guardians

Will be responsible for:

- Being aware of our school's allergy policy.
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- If required, providing their child with 2 in-date EpiPens/AAIs adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included.
- Following the school's guidance on food brought in to be shared.
- Updating the school on any changes to their child's condition.

6.5 Pupils with allergies

In line with what is age-appropriate and suitable:

- Being aware of their allergens and the risks they pose.
- Understanding how and when to use their adrenaline auto-injector.
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose.

6.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers.

## 7.0 Risk Assessment

7.1 The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology.
- Science experiments involving food/other allergens.
- Crafts using food packaging.
- Off-site events/school trips.
- Any other activities e.g. animal handling, baking etc involving food, animals or other allergens.

## 8.0 Managing Risk – School Procedures

8.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating.
- Sharing of food is not allowed.
- Pupils have their own named water bottles.

8.2 All allergies

- Staff are responsible for familiarising themselves with this policy and must adhere to all supporting health and safety arrangements.
- Designated staff are trained in first aid.
- All staff are trained in EpiPen/AAI use, including storage.
- Emergency medication should be easily accessible, especially at times of high risk.
- IHCP's must be in place for all pupils with an allergy resulting in a strong reaction following exposure.
- IHCP's must be maintained, securely stored but easily accessible to staff requiring same.
- All school staff who have an allergy which triggers a strong allergic reaction, must make their manager aware.
- Where the school has been made aware of staff who have an allergy, arrangements must be implemented to manage the risk of exposure/contact with the allergen and to provide an appropriate emergency response.

8.3 Food allergies and food restrictions

- If a child's contact form states that they have an allergy these allergies must be added to the school information system and catering cashless system/pre order system if in place.
- The headteacher will determine if a ban on certain foods is needed after consultation with the parent/guardian and health professionals. If appropriate, this will then be publicised to the whole school community.
- All staff who come into contact with the child will be made aware of any treatment/medication required and where any medication is stored.

Teachers and key support staff will:

- Promote handwashing before and after eating.
- Liaise with parents about snacks and any food-related activities.
- Ensure that children are not permitted to share food unless part of a planned activity that the teacher has risk assessed.
- Ask the parent for a list of food products and food derivatives the child must not come into contact with.

Catering staff will:

- Maintain a list of known allergens in the school meal menus and these can be shared with parents and guardians.
- Provide full ingredient lists and allergen labelling on foods pre-packaged and distributed on the premises, in line with Natasha's Law.
- Ensure that allergen information (in the form of an allergen matrix) will be made available for dishes served.
- The allergen matrix will:
  - Be dated and current to the menu offering for that day/week.
  - Cover all items on the menu offering.
  - Ensure that all dishes are reviewed for allergen contents.
  - Be updated following food packaging label cross-checking (suppliers may substitute ingredients or products that previously didn't have an allergen contained).
  - Record all allergen details.
- Ensure that pre-packaged food clearly displays the following information on its packaging:
  - The food's name.
  - A full list of ingredients, emphasising any allergenic ingredients.
- Provide information regarding whether foods contain any of the listed allergens as an ingredient. Only the top fourteen are required to be declared as allergens by food law in the UK.

8.4 Oversee the kitchen having two methods to identify allergy pupils through meal planning and photos in kitchen.

8.5 Food labelling:

- Labelling will apply to all food made on-site and packaged, such as sandwiches, wraps and cakes. This includes food offered at mealtimes, as break-time snacks and packed lunches (for school trips). This also applies to food the pupils select themselves or that caterers keep behind the counter.
- Consumers may be allergic or have intolerance to other ingredients, but only the 14 allergens are required to be declared as follows:
    - Celery
    - Cereals containing gluten (such as barley and oats)
    - Crustaceans (such as prawns, crabs and lobsters)
    - Eggs
    - Fish
    - Lupin
    - Milk
    - Molluscs (e.g. mussels and oysters)
    - Mustard
    - Peanuts
    - Sesame
    - Soybeans
    - Sulphur dioxide and sulphites (if they are at a concentration of more than ten parts per million)
    - Tree nuts (such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts)
- The school cannot, however, guarantee that foods will not contain traces of nuts or other allergens.

8.6 Insect bite/sting allergies

When outdoors:

- Shoes should always be worn.
- Food and drink should be covered.

8.7 Animal allergies

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.
- Pupils with animal allergies will not interact with animals.

8.8 Chemical/substance allergies

- Any pupils with a known chemical allergy, where relevant, to be communicated to heads of department (e.g. science).
- Arrangements to be made to ensure pupils with an allergy do not come into contact with allergens during curriculum/school activities.

8.9 Events and School Trips

- For events, including ones that take place outside of the school, and school trips, no pupils will be excluded from taking part on the basis of their allergies.

- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training.
- Appropriate measures will be taken in line with the schools EpiPen/AAI protocols for off-site events and school trips.

## 9.0 Procedures for Handling an Allergic Reaction

9.1 Register of pupils with EpiPens/AAIs

The school maintains a register of pupils who have been prescribed EpiPens/AAIs or where a doctor has provided a written plan recommending EpiPens/AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed EpiPens/AAIs (and if so, what type and dose).
- Where a pupil has been prescribed an EpiPen/AAI, whether parental consent has been given for use of the spare EpiPen/AAI, which may be different to the personal one prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made (this will require parental consent).

Registers are kept in the child's classroom and the Medical Room and can be accessed/checked quickly by any member of staff as part of initiating an emergency response.

We allow all pupils to keep their EpiPens/AAIs with them to reduce delays.

9.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.
- Staff are trained in the administration of EpiPens/AAIs to minimise delays in pupil's receiving adrenaline in an emergency.
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan.
- If an EpiPen/AAI needs to be administered, a member of staff will use the pupil's own device, or if it is not available, a school one.
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures

    - ***Anaphylaxis will always be treated as a medical emergency.***
    - ***An injection of a medicine called adrenaline should be given as soon as possible.***
    - ***It will be injected into their outer thigh muscle and held in place for 5 to 10 seconds. Instructions for how to use these auto-injectors can be found on the side of each device.***
    - ***999 will be called for an ambulance whether adrenaline has been given or not.***
    - ***If after 5 to 10 minutes the person still feels unwell, a second injection will be given in the opposite thigh.***
    - ***A second dose may also be needed if the person improves and then becomes unwell again.***

- ***The person should lie flat, with their legs raised on a chair or a low table. If they are having difficulty breathing, they should sit up to make breathing easier.***
- ***If the person is unconscious, you should move them to the recovery position – on their side, supported by one leg and one arm, with the head tilted back and the chin lifted. If the person's breathing or heart stops, cardiopulmonary resuscitation (CPR) will be performed.***
- ***Further treatment will be carried out in hospital.***

- A school EpiPen/AAI device will be used instead of the pupil's own device if:
  - Medical authorisation and written parental consent have been provided, or
  - The pupil's own prescribed device(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed.

## 10.0 EpiPens / Adrenaline Auto Injectors (AAIs)

10.1 Purchasing of spare devices

The allergy lead is responsible for buying devices and ensuring they are stored according to the guidance.

- Soured from an online pharmacy.
- One of each size devices for smaller and older children.
- The EpiPen brand has been purchased.
- The dosage required (based on Resuscitation Council UK's age-based criteria).

10.2 Storage (of both spare and prescribed EpiPens/AAIs)

The allergy lead will make sure all devices are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Kept in a safe, secure and central location to which all staff have access at all times but is out of the reach and sight of children in a first aid cupboard in the Medical Room
- Not locked away, but accessible and available for use at all times.
- Not located more than 5 minutes away from where they may be needed (larger schools will require more than one kit, ideally located near the dining area and playground.)
- Spare devices will be kept separate from any pupil's own prescribed device and clearly labelled to avoid confusion.

10.3 Maintenance of spare devices

Lesley Firth & Katie Dunne are responsible for checking monthly that:

- The devices are present and in date.
- Replacement devices are obtained when the expiry date is near.

10.4 Disposal of devices

EpiPens/AAIs can only be used once. Once a device has been used, it will be disposed of in line with the manufacturer's instructions (e.g. in a sharps bin for collection by the school waste provider).

10.5 Use of EpiPens/AAIs off school premises

Pupils at risk of anaphylaxis who are able to administer their own devices should carry their own EpiPen/AAI with them on school trips and off-site events.

10.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit that includes:

- Spare AAIs
- Instructions for the use of devices
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the device can be administered
- A record of when AAIs have been administered

## 11.0 Training

11.1 The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where EpiPens/AAIs are kept on the school site, and how to access them
- How to administer AAIs
- Any wellbeing and inclusion implications of allergies
- Include any other relevant training points

Training will be carried out annually by the allergy lead or formally through a training provider.