Allergy Safety Policy

2026 - 2027

St John Plessington Catholic College

Holy Family Catholic Multi Academy Trust

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Contents

1. Purpose and statutory framework

2. Principles and scope

3. Leadership, governance and responsibilities

4. Identifying allergy and sharing information

5. Individual Healthcare Plans and Action Plans

6. Training and allergy-aware culture

7. Minimising exposure to allergens

8. Food provision and catering

9. Prescribed and spare emergency medication

10. Visits, trips and off-site activities

11. Emergency response

12. Incidents, near misses and learning

13. Monitoring, publication and review

Appendix A – Immediate anaphylaxis response

Appendix B – Local implementation schedule

Appendix C – Incident and near-miss record

1. Purpose and statutory framework

St John Plessington Catholic College (the College) is committed to ensuring that students with allergies are safe, included and able to participate fully in College life. This policy explains how the College identifies allergy-related needs, reduces foreseeable risks, provides rapid access to emergency treatment and learns from incidents and near misses.

This is a dedicated allergy safety policy. It should be read alongside the College or HFCMAT policies on supporting students with medical conditions, first aid, medicines, safeguarding, educational visits, health and safety, data protection, catering, behaviour and anti-bullying.

The governing body and the academy proprietor must have regard to the Department for Education's Allergy safety in schools statutory guidance (published 6 July 2026). The guidance was 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.

Relevant law and guidance also include:

- Children and Families Act 2014, section 100, and the statutory guidance supporting pupils at school with medical conditions.
- Children's Wellbeing and Schools Act 2026, section 34.
- Human Medicines Regulations 2012, as amended, including the Human Medicines (Amendment) Regulations 2017 concerning spare adrenaline auto-injectors.
- Equality Act 2010, including the duty to make reasonable adjustments where applicable.
- Health and Safety at Work etc. Act 1974 and the common-law duty of care.
- Food Information Regulations 2014 and requirements applying to allergen information and prepacked food for direct sale.

DRAFT

- UK GDPR and the Data Protection Act 2018 for health information, which is special category personal data.

Terminology: In this policy “adrenaline device” (AD) includes an adrenaline auto-injector (AAI) and any licensed non-injectable prescribed adrenaline device. “Parent” includes a person with parental responsibility or a carer.

2. Principles and scope

This policy applies during the College day and to College-arranged activities, including breakfast or after-school provision, clubs, sports, work experience, visits and residential trips. It covers known allergies and the possibility of a first reaction in a person without a previous diagnosis.

The College will:

- take reasonable steps to identify and reduce exposure to known food, airborne and contact allergens;
- ensure students who need individual arrangements have an appropriate Individual Healthcare Plan (IHP);
- train all staff who are present when students are scheduled to be on site at least annually in allergy awareness and emergency response;
- ensure rapid access to prescribed adrenaline and maintain suitable pairs of spare AAIs;
- include students with allergy in College life and make reasonable adjustments where required;
- promote wellbeing and address allergy-related bullying, teasing, threats or deliberate allergen exposure under safeguarding and behaviour procedures;
- Record, report, review and learn from serious incidents and near misses in a no-blame learning culture.

Allergy is different from food intolerance. Coeliac disease is an autoimmune condition, not an allergy, and cannot cause anaphylaxis; it is normally managed through the wider medical conditions and catering arrangements. Students with coeliac disease or food intolerance will nevertheless receive appropriate support and protection from cross-contamination.

The College cannot guarantee an allergen-free environment. It will use an allergy-aware, risk-assessed approach and will not describe the site or food provision as “nut free” or “allergen free” unless such a claim can be reliably assured.

3. Leadership, governance and responsibilities

3.1 Local Governing Body and HFCMAT

- ensure the statutory duty is met and appropriate resources are available;
- approve the policy through the applicable scheme of delegation and assure itself that it is implemented;
- receive reports on serious incidents and near misses and monitor improvement actions;
- Ensure that the policy is published, readily accessible and reviewed at least annually.

3.2 Headteacher

- has overall operational responsibility;
- appoints a named member of SLT to lead allergy safety;
- ensures suitable staffing, training, systems, medication arrangements and risk controls;

DRAFT

- Ensure that contractors and providers with pupil-facing responsibilities receive the information necessary to keep students safe.

3.3 Named senior lead for allergy safety

An SLT nominee confirmed by the Headteacher, will lead implementation. The final approved version must identify the postholder unambiguously. The role will not sit solely with the catering manager.

- maintain oversight of the allergy register and IHP process;
- coordinate training, induction and assurance for supply, temporary, agency and relevant volunteer staff;
- coordinate with first aid, SEND, safeguarding, pastoral, premises, catering and educational visits leads;
- ensure prescribed and spare medication arrangements are checked and tested;
- review incident and near-miss records and report themes and actions to SLT and governors;
- Lead the annual policy review and implementation plan.

3.4 All staff and relevant volunteers

- complete required training and understand this policy;
- know how to identify relevant allergy information for students in their care;
- reduce foreseeable exposure risks when planning lessons and activities;
- recognise allergic reactions and anaphylaxis, summon help and act immediately;
- know how to locate and use prescribed and spare emergency medication;
- Report every reaction, medication administration, serious incident and near miss promptly.

3.5 Parents and students

Parents should provide accurate, current information; prescribed medication in the original labelled container; current clinical or Action Plans; and prompt notice of changes. Students should, according to age and capacity, understand their triggers, not share food or medication, carry prescribed devices where agreed, report symptoms immediately and contribute to their IHP. A lack of information or medication from home will be followed up promptly and managed through an individual risk assessment; it will not be used to exclude a student automatically.

4. Identifying allergy and sharing information

Information will be collected at admission, transition, annual data checks and whenever a new diagnosis or change is reported. Relevant information should also be sought from the previous setting, the student, parents and healthcare professionals where appropriate.

The College will maintain a secure allergy register recording, as relevant:

- student name, photograph and year/tutor group;
- known allergen(s), typical symptoms and relevant history;
- whether an IHP, Allergy Action Plan or Asthma Action Plan is in place and its review date;
- prescribed medication, dose, storage/carrying arrangements and expiry dates;
- Reasonable adjustments, food arrangements and emergency contacts.

Information necessary for safety will be available to teaching, cover, catering, first-aid, pastoral, and trip and activity staff on a need-to-know basis. Supply and temporary staff will receive a practical briefing before assuming responsibility. Displays containing health information will be restricted to suitable staff-only locations and handled respectfully.

DRAFT

The College has a lawful basis to process health information where necessary, but will minimise access, keep records secure, maintain accuracy and follow the HFCMAT data protection policy and retention schedule. Information may be shared without delay where necessary to protect life or respond to an emergency.

The College will also provide a proportionate route for staff and visitors to identify a serious allergy or emergency medication need, especially for extended visits or regular work on site.

5. Individual Healthcare Plans and Action Plans

A student should have an IHP when their allergy has a functional impact in education, places them at risk of harm, and requires arrangements additional to or different from those made generally. This includes students needing emergency or routine medication, risk-specific adjustments or flexibility. The Headteacher decides whether an IHP is required after discussion with the student, parents and relevant healthcare professionals.

An IHP is an operational education plan, not a clinical document. It will be developed collaboratively and will include, where relevant:

- allergens, symptoms, risks and the effect on learning, attendance, participation and wellbeing;
- daily risk controls, dietary arrangements and reasonable adjustments;
- prescribed medication, who prescribed it, consent, storage, self-carry and expiry arrangements;
- what staff must do in an emergency, named responsibilities and contact details;
- arrangements for lessons, unstructured times, PE, examinations, clubs, work experience and trips;
- training or competency needed for any individual healthcare support;
- an attached current Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional;
- Review arrangements and contingency planning.

IHPs will be reviewed at least annually and whenever needs, medication, professional advice or College arrangements change; after a serious incident or near miss; and at transition. The new setting must draw up its own IHP, although the existing plan should be shared lawfully to support continuity.

6. Training and an allergy-aware culture

All permanent, temporary, supply, peripatetic and agency staff, regular volunteers and all catering or club staff who may be present when students are scheduled to be on site will receive allergy awareness and emergency response training at least annually. New staff will receive training at induction; cover and supply arrangements will ensure training or an effective briefing before pupil-facing deployment. Contractors with no pupil-facing role are not included in this whole-staff training requirement, but must follow relevant site controls.

Training will cover:

- types of allergy and the differences between allergy, coeliac disease and intolerance;
- how reactions occur, known triggers and exposure-risk reduction;
- the range of symptoms, recognition of anaphylaxis and the relationship between asthma and severe allergy;
- the College policy, register, IHPs and Action Plans;

DRAFT

- calling 999, contacting parents, correct positioning and continuous monitoring;
- locating and administering prescribed and spare adrenaline devices and accessing emergency asthma inhalers;
- wellbeing, inclusion, stigma and allergy-related bullying;
- Reporting reactions, serious incidents and near misses.

Training records will show the content, date, trainer or source, attendees and any follow-up. Practical trainer devices will be used. Training will be refreshed sooner when arrangements or needs change, learning follows an incident, or competence is uncertain. Any healthcare task requiring clinical delegation or competency assessment will be governed separately and is not replaced by general allergy training.

Student awareness will be age-appropriate, respectful and agreed with affected students and parents. Peers may be taught how to get help; responsibility for emergency response remains with adults.

7. Minimising exposure to allergens

Risk controls will be proportionate to the individual and activity. Staff planning lessons, events or activities must consider food, latex, animals, pollen, dust, mould and other known triggers, including in food technology, science, art, drama, music, rewards and celebrations.

- Handwashing with soap and water will be promoted before and after eating; alcohol hand gel is not relied upon to remove food allergens.
- Food and utensils must not be shared where this could create risk. Surfaces and equipment will be cleaned using effective methods after food use.
- Parents will be consulted in advance where an activity creates a material exposure risk, and a safe equivalent or adjustment will be provided.
- Food brought onto site for celebrations, events or staff use will be managed under clear local rules and must not be given to a student with an allergy unless it has been confirmed safe under their arrangements.
- Known airborne or contact allergies will be considered in ventilation, cleaning, premises, animals and curriculum decisions.
- Deliberate exposure, threats involving allergens, teasing or exclusion will be treated seriously under behaviour, anti-bullying and safeguarding procedures.

8. Food provision and catering

The College and its catering provider will comply with applicable food-information law and provide accurate allergen information. Responsibilities must be documented in the catering contract or service arrangements and supported by communication between catering, the named senior lead, students and parents.

- Maintain current ingredient, recipe and allergen information and control substitutions.
- Use documented controls to avoid cross-contact in storage, preparation, service, cleaning and equipment use.
- Identify students with agreed dietary arrangements discreetly and reliably at the point of service.
- Ensure catering staff are trained for their role and know the emergency arrangements.
- Escalate any uncertainty: if safety cannot be confirmed, the food must not be served to the affected student.

DRAFT

- Record and investigate errors, including incorrect meals, missing information and cross-contact, even where no reaction occurs.

Packed lunches, vending, hospitality, fundraising, curriculum food and externally supplied food will be included in local risk assessment. The College will not rely solely on a blanket ban; targeted restrictions may be applied when an individual risk assessment shows they are necessary.

9. Prescribed and spare emergency medication

9.1 Prescribed adrenaline devices

Students prescribed adrenaline should have two in-date devices available, in line with clinical advice. Students will be encouraged and supported to carry their devices in their school bag or on their person where appropriate. If this is not suitable, devices will be stored at room temperature in an unlocked, readily accessible central location. They must not be refrigerated, left in direct sunlight or exposed to extreme temperatures.

The IHP will specify self-carry, access during travel, lessons, lunch, social times, PE, sports fields, clubs and trips; arrangements for taking devices home; and how expiry dates and replacement needs are checked. A current Action Plan should be stored with medication where practicable.

9.2 College-held spare AAIs

The College will stock appropriately dosed spare AAIs in pairs. As a large secondary site, the location and number of pairs will be determined by a documented time-to-access assessment so that adrenaline can be brought to any person who needs it and administered within five minutes. The approved locations must be entered in Appendix B and communicated through training and induction.

- Spare AAIs will be clearly labelled and stored at room temperature, unlocked and readily accessible.
- Each kit will contain two compatible-dose devices and instructions; an emergency salbutamol inhaler and spacers may be co-located but remain subject to their separate legal rules.
- A named role will check devices at least monthly and after every use, recording dose, batch where used locally, expiry, condition and replacement action.
- Used AAIs will be handed to paramedics where possible or disposed of through an approved pharmacy or sharps route. Expired devices will be disposed of safely.
- Advance consent for use of a spare device will be sought as good practice. In a life-threatening emergency, treatment must not be delayed while consent is checked.
- A person's own prescribed device should be used first. A spare may be used if there is no prescribed device, it is unavailable, it misfires, or a second dose is required.

Site-specific action required: Before approval, the College must record the precise spare-AAI locations, responsible checking role, checking log and replacement route in Appendix B and test that every occupied area is within the five-minute response standard.

10. Visits, trips and off-site activities

All students with allergy will be enabled to participate unless a documented individual assessment shows that an activity cannot be made safe through reasonable adjustments. Allergy needs will be

DRAFT

considered early in educational-visit planning and recorded in the visit risk assessment and, where relevant, the student's IHP.

- Confirm allergens, food arrangements, travel, accommodation, language or remoteness risks and emergency access.
- Ensure the student's two prescribed devices accompany them and remain rapidly accessible; do not place emergency medication in inaccessible luggage.
- Identify staff who have current allergy emergency training and brief all adults with relevant responsibility.
- Carry the current IHP/Action Plan, emergency contacts and any additional medication securely.
- Agree contingency arrangements for delayed journeys, lost or used medication and emergency medical care.
- Check arrangements for third-party providers and venues rather than assuming they can meet dietary needs.

11. Emergency response

ANAPHYLAXIS IS A MEDICAL EMERGENCY - If there are Airway, Breathing or Circulation symptoms—or anaphylaxis is suspected—give adrenaline immediately. If in doubt, give adrenaline. Do not delay treatment to contact parents, find paperwork or wait for symptoms to worsen.

Staff will follow the individual's current Action Plan where available and the steps in Appendix A. Core actions are:

1. Place the person flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. If unconscious, use the recovery position. Do not allow them to stand or walk.
2. Bring the person's prescribed devices and the nearest spare kit to them; do not move the person to the medication.
3. Administer adrenaline as soon as possible and within five minutes. Use the prescribed device first where available.
4. Call 999 immediately and state "anaphylaxis"; follow ambulance-service instructions.
5. If symptoms do not improve after five minutes, or return, give a second dose using a second device.
6. Keep the person still, warm and continuously observed. Arrange for staff to meet and direct the ambulance.
7. Contact parents as soon as practicable, but never before essential emergency action.
8. Anyone given adrenaline must be conveyed to hospital by ambulance for medical assessment, even if they improve.

For a mild-to-moderate reaction without ABC symptoms, follow the Action Plan and IHP, give medication authorised for that person, monitor continuously in an appropriate location for at least 60 minutes, and escalate immediately if symptoms progress. A person with an allergic reaction must not be left alone.

The responder will record symptoms, suspected exposure, the time and type of medication given, staff involved, 999 call, ambulance arrival, parent contact and handover. The used device, Action Plan and relevant information will be provided to paramedics.

DRAFT

12. Incidents, near misses and learning

A serious incident is an allergy-related event in which a student, staff member or visitor is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency-service attendance is required. A near miss is an error, omission or system failure that caused no harm but clearly could have done so.

Every reaction, medication administration, serious incident and near miss must be reported promptly through the College's approved system. Reports may also be received later from students, parents or healthcare professionals when the effect was not apparent on site.

The named senior lead will coordinate a proportionate, no-blame review that:

- secures immediate safety and replacement medication;
- informs parents and the Headteacher and reports serious incidents and near misses to the Local Governing Body through the agreed route;
- considers statutory or external reporting, including HSE/RIDDOR, safeguarding, food-safety and insurer/Trust requirements where applicable;
- obtains and preserves relevant records and hears from the student, parents and staff;
- identifies root causes, actions, owners and deadlines;
- reviews the IHP, risk assessments, training, catering, communication and this policy;
- Provides appropriate wellbeing support to the affected person and staff.

Learning and completed actions will be monitored by SLT and reported to governors without unnecessary personal data. Complaints will be handled under the HFCMAT/SJP complaints procedure and will not replace immediate safety action.

13. Monitoring, publication and review

The College will publish this policy on its website, make a hard copy available on request, and ensure staff understand it through annual training. Awareness will be promoted with students and parents in a way that supports inclusion and privacy.

Implementation will be monitored through:

- training completion and confidence checks;
- accuracy and timeliness of the allergy register and IHP reviews;
- monthly medication and expiry checks;
- time-to-access tests for prescribed and spare adrenaline across the site;
- catering audits and allergen-information checks;
- trip-risk-assessment sampling;
- incident and near-miss data, themes, actions and closure;
- Feedback from students with allergy and their parents.

The policy will be reviewed at least annually and sooner after a serious incident or near miss, a significant operational change, new evidence or revised law or guidance. Any decision to depart from DfE statutory guidance must be carefully considered, documented and supported by a clear and justifiable reason.

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Appendix A – Immediate anaphylaxis response

Recognise Suspect anaphylaxis where there is sudden Airway, Breathing or Circulation difficulty, with or without skin symptoms. Examples include throat or tongue swelling, hoarse voice, persistent cough, wheeze, difficult or noisy breathing, collapse, pallor, floppiness, confusion or reduced consciousness.

9. Shout for help and activate the College medical-emergency response.
10. Lay the person flat with legs raised. If breathing is difficult, sit them with legs outstretched. Do not let them stand or walk.
11. Bring their prescribed devices and the nearest spare-AAI pair to them.
12. Give adrenaline immediately and within five minutes. If in doubt, give it.
13. Call 999: say "anaphylaxis", give the precise College location and access point, age, symptoms, suspected allergen and time adrenaline was given.
14. Give a second device after five minutes if symptoms have not improved or if they return.
15. Monitor continuously, keep warm, prepare the IHP/Action Plan and send someone to meet the ambulance.
16. Contact parents without delaying treatment. Transfer to hospital by ambulance and complete the incident record and review.

College address for 999: St John Plessington Catholic College, Old Chester Road, Bebington, Wirral, CH63 7LF.

The exact internal location, gate and ambulance rendezvous point must be stated by the caller and confirmed in the site emergency plan.

Appendix B – Local implementation schedule

Complete and verify these operational details before the policy is submitted for approval. Sensitive personal medical details must remain in controlled records, not in the public policy.

Item	Confirmed College arrangement / owner
Named SLT allergy-safety lead	Strategic Services Leader / SLT nominee: _____
Allergy register system and backup access	_____ _____
Prescribed medication storage / self-carry process	_____ _____
Spare-AAI pair location 1	_____ _____
Spare-AAI pair location 2	_____ _____
Monthly checking role and log location	_____ _____

DRAFT

Item	Confirmed College arrangement / owner
Replacement purchasing and safe-disposal route	_____
Medical-emergency alert method	_____
Ambulance entrance and rendezvous point(s)	_____
Incident / near-miss recording system	_____
Annual training provider, month and records	_____
Catering lead and allergen-management system	_____
Governor reporting route	_____

DRAFT

Appendix C – Incident and near-miss record

Record field	Details
Date, time and precise location	
Person affected / status (student, staff, visitor)	
Known allergy and IHP/Action Plan status	
What happened, including suspected allergen or system failure	
Symptoms and observations	
Medication/device, dose and exact time(s)	
Positioning, 999 call, ambulance and hospital details	
Parent/next-of-kin contact and time	
Immediate controls and replacement medication	
People involved and witnesses	
Classification: reaction / serious incident / near miss	
Review findings and contributory factors	

DRAFT

Record field	Details
Actions, owner and deadline	
Reports made: Headteacher / governor / Trust / external	
IHP, risk assessment, training or policy review required	
Review completed by and date	

Sources

- **Department for Education, Allergy safety in schools: statutory guidance (6 July 2026):** https://www.gov.uk/government/publications/allergy-safety-in-schools
- **Department for Education, Allergy safety policy – template:** https://www.gov.uk/government/publications/allergy-safety-in-schools
- **Department for Education, Supporting pupils at school with medical conditions:** https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- **Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools:** https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

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