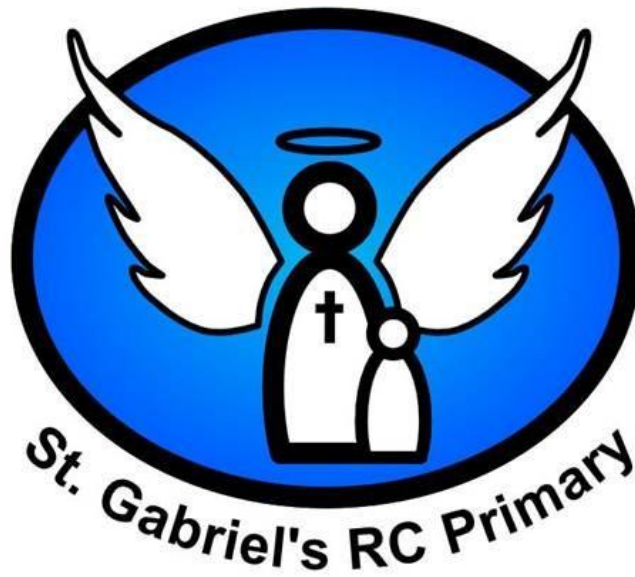




# **St Gabriel's RC Primary School Allergy Safety and Anaphylaxis Policy**

Reviewed: October 2026  
Next Review: September 2027  
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**In God's Love: We Welcome**



**We Learn**

**We Grow**

**TOGETHER**

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## Statement of intent

The policy applies to staff, pupils, parents/carers, volunteers and visitors as appropriate. The school does not guarantee an allergen-free environment; it takes reasonable and proportionate measures to reduce risk, supports age-appropriate independence and maintains clear emergency arrangements. Parents/carers must provide accurate, up-to-date medical information, medication and healthcare documentation and notify the school promptly of changes.

St Gabriel's RC Primary School is committed to the safety, wellbeing, inclusion and dignity of all members of the school community. This policy sets out how the school reduces the risk of exposure to known allergens and responds to allergic reactions and anaphylaxis.

## 1. Legal framework

The policy operates alongside the Supporting Pupils with Medical Conditions, First Aid, Health & Safety, Educational Visits, Safeguarding, Behaviour and Anti-Bullying policies, the Privacy Notices for pupils, families and staff, Individual Healthcare Plans (IHPs), healthcare-professional Allergy Action Plans, the Allergen and Anaphylaxis Risk Assessment and the Register and Record of AAI's on Medical Tracker.

This policy has regard to:

DfE (2026), 'School food standards: allergy guide'

DfE (2026), 'Allergy safety in schools' statutory guidance

DfE (2017), 'Supporting pupils at school with medical conditions'

The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law) and Food Information Regulations 2014

The Human Medicines (Amendment) Regulations 2017

Children's Wellbeing and Schools Act 2026, including section 34

Children and Families Act 2014

## 2. Governance, leadership and responsibilities

### Parents/carers and pupils

Parents/carers must provide accurate information, medication and healthcare documentation, complete the annual allergy/medical information process, consent to spare AAI use where appropriate, keep medication in date and work with the school on IHPs. Pupils will follow age-appropriate safety advice, not share food or drink, seek adult help promptly and report allergy-related bullying or exclusion.

### Fresh Kitchen

Fresh Kitchen will comply with relevant food allergen legislation and the school's allergy arrangements. Catering staff will have accurate dietary/allergy information where needed and will check allergen information, ingredient changes and labelling.

### Staff

All staff must follow this policy and relevant healthcare plans and Allergy Action Plans, know where to find allergy information and emergency medication, take reasonable steps to prevent exposure, respond immediately to suspected allergic reactions, report incidents and near misses, and maintain confidentiality.

### Headteacher and named SLT allergy safety lead

Richard Golding, Senior Leadership Team, leads the implementation, monitoring and annual review of this policy; ensures allergy information, IHPs, Allergy Action Plans and risk assessments are current; ensures appropriate staff training; and oversees learning from serious incidents and near misses. The Headteacher provides overall operational oversight and ensures appropriate action is taken following significant incidents.

### Governing Body

The governing body will ensure that the school has an allergy safety policy, reviewed at least annually, and that arrangements minimise risk and meet individual pupils' needs. The governor lead is Ashleigh Williams.

## **3. Allergy awareness and training**

New staff will receive allergy safety information and emergency arrangements during induction. Supply and temporary staff will receive relevant allergy information and emergency arrangements before working with pupils.

Individual allergy information is available through Allergy Action Plans in classrooms and the staffroom, alongside electronic records.

Funda Club is responsible for ensuring its staff receive appropriate allergy awareness and emergency response training and follow its own operational arrangements. The school will seek appropriate assurance that the provider's staff training and emergency arrangements are in place.

All staff who may be present while pupils are on site will receive allergy awareness and emergency response training at least annually. This includes pupil-facing staff and, where applicable, catering staff, regular volunteers and staff involved in breakfast provision. Training covers allergy and its risks; food allergy, acute asthma, eczema and hay fever; the distinction between food allergy, coeliac disease and food intolerance; symptoms and anaphylaxis; locating and administering prescribed and spare adrenaline; use of allergy records, IHPs and Allergy Action Plans; reducing exposure; wellbeing; emergency response; incident and near-miss reporting; and this policy.

## **4. Wellbeing, inclusion and bullying**

Allergy-related bullying, teasing, harassment or exclusion will be addressed through the Anti-Bullying and Behaviour policies. Age-appropriate allergy awareness may be included in PSHE, health education or assemblies; any awareness relating to an individual pupil will respect their privacy and be discussed with the pupil and parents/carers.

The school recognises that allergy can cause anxiety and will support pupils to participate fully in learning, play, visits and clubs wherever reasonably possible, avoiding unnecessary restrictions. Staff will promote age-appropriate confidence and independence while providing individual support where needed.

## **5. Minimising the risk of allergen exposure**

Known airborne and contact allergens will be managed through reasonable measures identified in the pupil's IHP and risk assessment, including adjustments to activities, cleaning, materials, positioning or access where required.

Pupils will be encouraged to wash hands before and after eating and after relevant outdoor/animal activities. Food preparation and eating surfaces will be cleaned appropriately, and equipment/utensils managed to reduce cross-contact.

Curriculum and enrichment activities, including science, design and technology, cooking/food technology, art and craft, will be assessed for allergen exposure and adapted where necessary while maintaining inclusion.

Food provided by the school or brought in by parents/carers, pupils or staff will be managed with known allergies in mind. Pupils must not share food, drink, utensils or food containers. Food for events and activities will be considered in allergy risk assessments.

The school will take reasonable and proportionate measures, informed by healthcare information and risk assessment, to reduce exposure for children, staff and visitors with known allergies.

## **6. Identification, records and information sharing**

Allergy information is sensitive health information and will be shared only with those who need it to keep pupils safe, in accordance with the school's Privacy Notices and applicable data protection requirements. Medical Tracker and Arbor maintain the school's allergy records, including relevant medication arrangements. Allergy Action Plans are kept in classrooms and the staffroom, with electronic access for relevant staff. Information about staff or visitors will be recorded or considered where necessary for health and safety.

Allergy information is gathered from parents/carers and, where appropriate, healthcare professionals and previous settings. Parents/carers complete the annual medical/allergy information process through Microsoft Forms and must notify the school of changes.

## **7. Individual Healthcare Plans and Allergy Action Plans**

IHPs will be developed in collaboration with the pupil, parents/carers and, where appropriate, relevant healthcare professionals.

Where a healthcare professional has issued a Healthcare Plan, the Allergy Action Plans will refer to or attach it and will be reviewed when an updated plan is received. Relevant allergy information and emergency arrangements will be communicated to staff, including those providing cover.

A pupil will have an IHP where their allergy has a functional impact in school, places them at risk of harm and requires arrangements additional to or different from the school's general arrangements. The IHP will record relevant medication, emergency arrangements, reasonable adjustments and arrangements for activities, lunch, playtimes and visits.

## **8. Food allergies and catering arrangements**

Food preparation and kitchen controls will include appropriate cleaning, designated equipment where required, safe storage, accurate allergen information and prompt action where labelling or practice is unsafe.

Breakfast club is managed by school staff who receive annual allergy training and follow this policy and relevant IHPs. Funda Club provides the after-school club under its own arrangements; the school will share relevant information and cooperate with the provider to support safe provision.

Clear, accurate and accessible allergen information will be available for food provided by the school or caterer.

Dairy-free and gluten-free options will be available where appropriate to individual needs.

The school operates an allergy-aware environment and does not knowingly serve foods containing nuts. Pupils, staff and families are asked not to bring foods containing nuts onto the school premises.

The school recognises that precautionary allergen labelling such as "may contain nuts" cannot always be eliminated and that a nut-aware approach does not guarantee a nut-free environment.

Parents/carers will provide a written record of foods or other substances that may cause a reaction, together with symptoms, severity, medication and control measures. Relevant information will be shared with Fresh Kitchen. When menus or products change, the school and caterer will check that individual dietary needs continue to be met, using supplier information, product labels and appropriate allergen matrices.

## **9. Food allergen labelling**

Allergen traceability information will be obtained from suppliers and maintained through the catering arrangements. Changes to ingredients or packaging will be communicated to relevant staff and records updated. The school will comply with current requirements relating to the 14 regulated allergens.

The school will comply with current allergen labelling requirements, including those for pre-packed for direct sale (PPDS) food. PPDS food will display the name of the food and a full ingredients list with regulated allergens emphasised as required by law. Relevant staff will check labels before food is offered and will not describe food as “free from” an allergen unless the relevant requirements are met.

## **10. Animal, seasonal, airborne and contact allergies**

Where a pupil with a known severe allergy is stung or bitten, their IHP will be followed and medical attention sought as appropriate. Airborne and contact allergens will be managed through reasonable measures identified in the IHP and risk assessment.

Seasonal allergies, including hay fever and insect stings, will be considered in outdoor activities. The school will take reasonable steps to reduce exposure where required by an IHP and risk assessment; pupils will be encouraged to wash hands after outdoor play; and concerns about wasp, bee or ant nests will be reported to the site manager.

Known animal allergies will be considered when animals are brought onto or kept on site, with restrictions or adjustments recorded in the IHP where required. Appropriate handwashing will be encouraged after animal contact.

## **11. Prescribed adrenaline devices (including AAI)s**

Parents/carers are responsible for keeping prescribed adrenaline devices (including AAI)s in date and replacing them promptly. The school will monitor expiry information through its medical arrangements and contact parents/carers when replacement is required. Prescribed AAI)s are not routinely taken home at the end of each school day unless the pupil’s individual healthcare arrangements require this.

Pupils prescribed an adrenaline device must have rapid access to their prescribed devices whenever they are on the school site or taking part in school activities. In anaphylaxis, adrenaline should be administered as soon as possible and within five minutes. At St Gabriel’s, prescribed devices are kept in an agreed, clearly identified and immediately accessible location within the pupil’s classroom, unless the pupil’s IHP provides for the pupil to carry them. Devices must not be locked away where this would delay access. During lunch, playtimes, sports and other activities away from the classroom, the prescribed devices must remain immediately accessible in accordance with the IHP. Prescribed devices accompany the pupil on visits.

Arrangements for prescribed devices to be taken home at the end of the school day, and returned to school at the start of the next school day, will be agreed with parents/carers and recorded in the pupil’s IHP where appropriate.

## **12. Spare AAI)s**

The school holds spare AAI)s for emergency use where an individual experiencing anaphylaxis does not have access to an appropriate prescribed device, or where the prescribed device is unavailable, cannot be used correctly or is insufficient. Advance parental consent will be sought as good practice, but treatment will not be delayed in an emergency while consent is checked.

The school will maintain spare AAI)s in pairs at the appropriate dosage(s) for its current pupil population and review dosage requirements as pupil needs change.

Spare AAI)s will be checked when prompted by Medical Tracker alerts and replaced when used or approaching expiry. Used or expired devices will be disposed of through pharmacy/sharps disposal arrangements.

The Medical Tracker Register of Need will identify pupils known to be at risk of anaphylaxis and record relevant information, including dosage, medical authorisation and parental consent where available.

Consent will be reviewed annually and when circumstances change.

Richard Golding and Joanne Lindley-Cross maintain the spare AAI arrangements.

The emergency AAI location is the school office, which has been confirmed as being within five minutes of all regular pupil-use areas. This will be reviewed annually and whenever the site layout or use changes. Spare AAIs will be readily accessible, not locked away, stored correctly, clearly labelled and kept separate from named pupils' devices, with instructions and relevant emergency information.

### **13. School trips and educational visits**

Educational visits will follow the Educational Visits Policy and include specific consideration of pupils with allergies. Where a pupil is at risk of anaphylaxis, the visit risk assessment will address their individual needs. The pupil's prescribed adrenaline devices will accompany them and remain accessible throughout any visit (including residential).

Where appropriate, two prescribed devices will be available in accordance with the pupil's healthcare arrangements, and spare AAIs may be taken where this does not reduce the school's emergency provision. The pupil's prescribed medication will accompany them and remain accessible throughout the visit; a trained adult will attend where a pupil is prescribed an AAI.

Food arrangements will be checked in advance and suitable alternatives or packed lunches provided where necessary.

Pupils will be included wherever reasonably possible, with adjustments where required.

### **14. Medical attention and required support**

Medical support and medication administration will follow the Supporting Pupils with Medical Conditions Policy and First Aid Policy. Medication must be clearly labelled and essential life-saving medication must be available where required by the pupil's IHP. Staff supporting a pupil with allergy will know where to find their medication and healthcare information and what action to take.

### **15. Mild to moderate allergic reactions**

A mild to moderate allergic reaction is one that does not involve the Airway, Breathing or Circulation (ABC). Symptoms may include swollen lips, face or eyes; an itchy or tingling mouth; mild throat tightness; hives or an itchy skin rash; abdominal pain or vomiting; or a sudden change in behaviour.

In these circumstances, the nearest adult will stay with the pupil, seek appropriate assistance and follow the pupil's Allergy Action Plan. Where authorised by the pupil's Allergy Action Plan or medication arrangements, appropriate treatment such as an oral antihistamine will be given. Parents/carers will be contacted promptly. The pupil will be monitored in a safe place for at least 60 minutes following the reaction, as mild reactions can develop into anaphylaxis.

If any signs of anaphylaxis develop, or if there is uncertainty about the severity of the reaction, staff will treat it as anaphylaxis and follow Section 16.

### **16. Managing anaphylaxis**

Anaphylaxis is a sudden, severe and potentially life-threatening allergic reaction. Signs may include persistent cough; hoarse or altered voice; difficulty swallowing or a swollen tongue; difficult or noisy breathing; persistent dizziness; pale or floppy appearance; or sudden sleepiness, unconsciousness or collapse.

#### Emergency response

1. Stay with the pupil and raise the alarm.
2. Call 999 and state that the pupil is experiencing anaphylaxis.
3. Administer the prescribed adrenaline device immediately where available. Do not delay adrenaline while waiting for a designated member of staff.
4. If the prescribed adrenaline device is unavailable, cannot be used correctly or is insufficient, administer a spare AAI. Do not delay life-saving treatment while checking whether prior parental consent has been provided.

5. Keep the pupil lying flat and as still as possible. If weak, dizzy, pale and sweating, raise their legs. Do not allow them to stand or walk unless necessary for immediate safety.
6. Stay with the pupil until emergency services arrive and move other pupils away where necessary.
7. If there is no improvement after five minutes, a second dose of adrenaline may be given using another AAI if available and appropriate.
8. If the pupil stops breathing, a suitably trained member of staff will begin CPR.
9. Contact parents/carers as soon as practicable.
10. Give emergency services information about known allergens, the possible cause and the time(s) adrenaline was given.
11. Hand used AAI to paramedics where appropriate.
12. A member of staff will accompany the pupil to hospital if parents/carers are not present, in accordance with school procedures.

## **17. Serious incidents and near misses**

Following an incident or near miss, the school will review whether changes are needed to the pupil's IHP, risk assessment, training, food arrangements, medication arrangements or this policy. Learning will be used to improve allergy safety. Parents/carers may report an incident that becomes apparent after the pupil has gone home through the school office by telephone or email.

The school will record and review serious allergic reactions, anaphylaxis and allergy-related near misses. A near miss is an event in which exposure to a known allergen could have occurred or an allergy safety control could have failed, even if no symptoms developed.

Incidents and near misses will be reported to the named allergy safety lead. The person who first dealt with the situation will make the initial CPOMS record as soon as practicable, providing a factual first-hand account. Any witnesses will provide their own account of what they saw or heard, which will be recorded or attached to CPOMS. The Deputy Headteacher or Headteacher will oversee the process, ensuring that accounts are considered, appropriate parents/carers or medical professionals are informed, and any required action is taken.

Serious incidents and significant near misses will be reported to the governing body in accordance with the school's reporting arrangements.

## **18. Monitoring, review, publication and policy awareness**

This policy will be reviewed at least annually and sooner where incidents, near misses, changes in guidance or changes to the school's arrangements indicate that amendments are required. The named SLT allergy safety lead will coordinate the review, with oversight from the governing body and governor allergy lead.

The policy will be published on the school website and made available in hard copy on request. All staff will be made aware of the policy through annual allergy awareness training and induction arrangements. The policy will be publicised to staff, pupils and parents/carers, with significant changes to the policy or allergy arrangements communicated as they arise.

## **Appendix 1 - Allergy Information Request Email**

As part of our ongoing efforts to ensure the health and safety of all children, we are updating our allergy information records that we hold for all pupils. Please note that this record is separate from the school kitchen record and is an important part of keeping all children safe at St Gabriel's.

Please complete this form for your child, if they currently have an allergy/intolerance:

### **Allergy Information Form.**

If your child has more than one allergy, please provide details of all known allergens on this form. If different allergies have different symptoms, severity or emergency arrangements, please describe these separately in the relevant sections or provide additional information where required.

We would like to reassure parents that all school staff have received **Anaphylaxis Awareness and Emergency Response Training**, and the school already maintains a stock of **emergency adrenaline auto-injectors** for use in an emergency.

If your child has an **Allergy Healthcare Plan**, please email a copy to [office@stgabrielsrc.rochdale.sch.uk](mailto:office@stgabrielsrc.rochdale.sch.uk) so that we can ensure our records remain up to date.

## **Appendix 2 Allergy Information Form**

1. Child's Name

2. Date of Birth

3. Parent / Carer Full Name

4. Emergency Contact Telephone Number 1

5. Emergency Contact Telephone Number 2

6. Intolerance can cause physical discomfort and pain but is not dangerous or life threatening (not to be confused with a dislike).

Allergy can cause a life-threatening emergency (anaphylaxis) that requires immediate medical care.

Please provide medical evidence of this intolerance/ allergy (a photo from the NHS app can be provided).

7. Allergy/ intolerance to:

- Food
- Medication
- Environmental (e.g. pollen, animals etc.)
- Other

8. Please provide details of the allergy (allergens)/ intolerance.

9. Has your child ever experienced anaphylaxis? If yes, please provide details.

10. Is your child able to recognise and alert an adult if they are having an allergic reaction or intolerance symptoms, please provide details.

- Yes
- No

11. What symptoms/ reaction has your child experienced?

- Hives/ rash/ itching
- Swelling of lips, face or eyes
- Tingling/ itching in mouth
- Abdominal pain
- Vomiting
- Persistent cough
- Wheezing/ difficulty breathing
- Hoarse voice
- Difficulty swallowing
- Swollen tongue/ throat
- Dizziness

- Pale/ floppy/ sleepy
- Diarrhoea
- Other

12. Please describe known triggers.

13. Please describe any symptoms and impacts (these may be on health, learning or emotional well-being).

14. Does your child have prescribed or authorised medication that needs to be available in school?

- Yes
- No

15. I will provide medication for my child to use in school in case of an allergic reaction.

16. Which medication/device does your child have prescribed or authorised for use in school?

17. Medication instructions (name of medication, dose, timing, storage)

18. Does your child have a medical Individual Healthcare Action Plan? (A copy will need to be provided to school.)

- Yes
- No

19. Are there any control measures (e.g. dietary requirements or food restrictions) relating to your child's allergy/ intolerance which would avoid an adverse reaction?

20. Is there any other information staff should be aware of?

21. I understand that the school holds spare adrenaline auto-injectors (AAIs) for use in an emergency allergic reaction. I consent to the school administering a spare AAI to my child where appropriate in an emergency.

- Yes
- No

22. I understand that, in an emergency, staff may take reasonable action to save my child's life without prior consent if this is necessary to avoid delaying treatment. This may include administering a spare adrenaline auto-injector (AAI).

- I acknowledge this statement

23. I will provide school with updated medical documentation when there is a change to my child's allergy/ intolerance, medication or emergency via the Arbour app, Medical section or via email to the office.

24. Declaration- I confirm that the information provided is accurate and up to date. I consent to this information being shared with relevant school staff to ensure my child's safety. Name of person completing this form.