Corpus Christi Catholic Primary School

Allergy Safety and Anaphylaxis Policy

Chair of Governors	Ben McMullen
Headteacher	Greg Hale
Date adopted: October 2026	Review Date: October 2027

'Guided by the light of Christ we grow, learn and shine together.'

Allergy Safety Policy

Corpus Christi Catholic Primary School is committed to reducing allergy risks and ensuring that staff can recognise and respond promptly to allergic reactions. This policy applies across the school, including Nursery, clubs, trips and school events.

Policy responsibility	Headteacher Greg Hale and allergy lead Kate Bagdonavicius
Allergy lead	Kate Bagdonavicius (SENCO)
Link governor	Mrs J. Monks (also oversees Health and Safety)
Review frequency	Annually and following an incident or near miss
Date adopted	October 2026
Next review	October 2027
Related policies	Safeguarding; Behaviour; Anti bullying; Health and Safety; Supporting Pupils with Medical Conditions; Attendance

Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Anaphylaxis can progress rapidly and always requires an emergency response. Give adrenaline immediately when anaphylaxis is suspected and call 999. Do not wait for symptoms to worsen or delay treatment while contacting parents or checking consent.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving. The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, most anaphylactic reactions follow ingestion of the food, although less severe reactions can occur through skin or other contact. Anaphylaxis due to skin contact is very rare. Any pupil experiencing an allergic reaction must remain supervised and be monitored for at least 60 minutes, with immediate escalation if symptoms worsen.

Corpus Christi Catholic Primary School has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and other allergic conditions can occur together. Allergy-related triggers and precautions are covered by this policy. Treatment and ongoing support are also addressed through the Supporting Pupils with Medical Conditions policy and the pupil's Individual Healthcare Plan (IHP), including their asthma action plan where applicable. Relevant staff must know these arrangements and receive appropriate training.

Severe allergies can meet the definition of disability under the Equality Act 2010 where they have a substantial and long-term adverse effect on normal day-to-day activities. The school will consider each pupil's needs and make reasonable adjustments. Seasonal rhinitis (hay fever) is excluded from the definition unless it aggravates another condition.

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
- mild throat tightness
- sudden change in behaviour

Follow the pupil's IHP and clinical allergy action plan, including any authorised antihistamine and its dose. Stay with the pupil and monitor them for at least 60 minutes after an allergic reaction. Antihistamines do not treat anaphylaxis and must not delay adrenaline. If airway, breathing or circulation symptoms occur, or anaphylaxis is suspected, give adrenaline immediately and call 999.

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

The term for this more serious 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.

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

Action

- Keep the individual where they are, call for help and do not leave them unattended.
- LIE THE INDIVIDUAL FLAT WITH LEGS RAISED. If breathing is difficult, allow a supported position with legs outstretched; do not allow them to stand or walk. If unconscious but breathing normally, place them in the recovery position.
- USE ADRENALINE WITHOUT DELAY and note the time. Administer an adrenaline auto-injector (AAI) into the outer thigh, or a prescribed nasal adrenaline device into the nostril, following the device instructions and the individual's clinical action plan. Bring the medication to the individual.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If there is no improvement after 5 minutes, administer a second adrenaline device, following the individual action plan and device instructions. Update the 999 call handler.
- If the individual is unresponsive and not breathing normally, commence CPR and follow the 999 call handler's instructions.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual 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 individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Corpus Christi Catholic Primary School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the pupil with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Corpus Christi Catholic Primary School is allergy aware ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Corpus Christi Catholic Primary School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group not just the pupil who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens

- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog

Corpus Christi Catholic Primary School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Corpus Christi Catholic Primary School will ensure that the risk of exposure is minimised by

- All school staff allergy training every year
- Educating pupils through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the pupil's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

Food Provision and Catering

Corpus Christi Catholic Primary School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring that the school catering contract meets applicable food allergen legislation and Food Standards Agency guidance.
- Ensuring that caterers provide clear allergen information to parents/carers and staff. Pupils will be supported to develop age-appropriate awareness; adults remain responsible for checking that meals are safe.
- Provide pupil's allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identifying pupils with allergies at the point of service using their current photograph and allergy record. Catering staff and a supervising member of school staff will check the pupil's identity, dietary requirements and intended meal before it is served.
- Ensuring that ingredient and allergen information is available and checked before food is offered, including food used in lessons. Prepacked and prepacked for direct sale food must meet applicable labelling requirements. Do not serve food to a pupil with an allergy if its suitability is uncertain; "may contain" statements must be considered in line with the pupil's IHP and clinical advice.
- Teach pupils not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

For food brought into school as treats or for celebrations, staff will check ingredients and suitability in advance and seek parent/carer agreement for pupils with allergies. Permission alone does not replace allergen checks. Provide a safe, inclusive alternative where necessary.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, Corpus Christi Catholic Primary School, ensures that this policy is shared and the third-party provider meets the same procedures.

PTA events will follow applicable food safety and allergen requirements and Food Standards Agency guidance. Organisers will make allergen information available, using ingredient lists or allergen matrices as appropriate. Those handling or serving food will receive basic allergen awareness information and be signposted to free FSA training.

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

Adrenaline must be given immediately when anaphylaxis is suspected. Two prescribed devices must be readily accessible and able to be brought to the pupil and administered within five minutes, including during lessons, playtimes and wraparound care. Storage must be unlocked, safe and known to relevant staff. The IHP will identify where medication is held and who brings it to the pupil; five minutes is an access limit, not a waiting period.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

The school will maintain spare AAIs for emergency use, alongside pupils' own prescribed devices. Spare devices do not replace a pupil's two prescribed devices. Current guidance permits schools to purchase AAIs as spare stock; nasal adrenaline devices may be prescribed to individuals but cannot currently be stocked as school spares.

Spare AAI stock: 2 x EpiPen® Jnr (Adrenaline) Auto-injector 0.15 mg. The allergy lead will ensure suitable doses are available, stored in pairs, taking account of the school's Nursery and primary age range and current guidance.

Spare AAI storage locations: In the staffroom on top of the medicine fridge. Devices must remain unlocked and accessible throughout the school day and wraparound care.

Spare AAIs will be held in clearly identifiable containers labelled "Emergency Anaphylaxis Kit", separate from medication prescribed to named pupils. Kate Bagdonavicius will arrange and record monthly checks of expiry dates, device condition and solution appearance where visible. Replacements will be secured before expiry and used or faulty devices replaced promptly.

Used AAIs will be handed to attending paramedics where possible or disposed of through an approved sharps disposal arrangement. Expired or degraded devices will be returned to a pharmacy for safe disposal. The allergy lead will document the school's disposal arrangements and ensure staff understand them.

In the event of anaphylactic reaction

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.
- If the child or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school to obtain advance consent from parents or the pupil for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Pupil self-management

Pupils will be supported to develop age-appropriate understanding of their allergy and medication. Whether a pupil carries their own two devices will depend on their competence, clinical advice and the arrangements agreed with parents/carers in the IHP. Medication will be held in an identifiable container labelled with the pupil's name; the IHP will record its location and the adults responsible for access.

Nursery and younger pupils will rely on trained adults to manage and administer emergency medication. Older primary pupils may take increasing responsibility where this is appropriate, but staff remain ready to assist and administer medication whenever the pupil cannot do so.

Staff Training and Emergency Response

All staff complete annual allergy awareness and emergency response training through The National College. Where appropriate, staff also receive hands-on training from the school nurse, for example in EpiPen administration. Training covers the devices prescribed to pupils and the school's spare AAIs. Kate Bagdonavicius maintains training records and arranges updates when pupil needs or devices change. Teaching, support, catering and wraparound staff must understand their responsibilities. Supply, cover, coaching and peripatetic staff must receive appropriate allergy training and a briefing on relevant pupils, emergency plans and medication locations before supervising them.

Annual online training is supplemented by practical instruction and practice with trainer devices as appropriate. Training includes:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever

- Understand the difference between food allergy, intolerance and coeliac disease
- That a pupil can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
- How to use the specific adrenaline devices prescribed to pupils and the school's spare devices, practising with trainer devices where available.
- How to report an allergic reaction including
- Mild to moderate
- Anaphylaxis
- Near miss/incident
- Understanding responsibilities for reducing the risk of pupils coming into contact with their allergens.
- Understand the impact that allergy can have on a pupil's wellbeing
- Understanding the school's allergy safety policy.
- How to check if a pupil is on the record of those with a known allergy
- How to use an allergy or asthma action plan

Emergency preparedness

Corpus Christi Catholic Primary School will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

The school will communicate risk-reduction messages before festivals, trips and celebrations. Each pupil's IHP and evacuation arrangements will identify the adult responsible for taking their emergency medication during fire drills, evacuation or lockdown, where safe to do so. Medication must never delay evacuation or require anyone to re-enter an unsafe building. If medication becomes inaccessible, staff will maintain supervision, minimise exposure risks and contact the allergy lead and parents/carers to arrange replacement medication and safe collection or onward travel. Call 999 immediately if anaphylaxis is suspected.

Roles and Responsibilities

Allergy lead and governing body

The governing body oversees implementation, resources and review of this policy. Mrs J. Monks is the link governor for allergy safety and also oversees Health and Safety. She works with the allergy lead and reports to governors on implementation, training, risk management and lessons learned from serious incidents and near misses.

Corpus Christi Catholic Primary School includes the risks pertaining to pupils and staff with allergy on the school's risk register.

Kate Bagdonavicius, SENCO, is the designated allergy lead. She coordinates implementation, healthcare plans, staff training, medication checks and policy review, working with Headteacher, the school nurse, families and catering staff. The headteacher retains overall responsibility and will ensure suitable cover for these duties when the lead is absent.

The allergy lead is responsible for:

- Collecting allergy information before admission and ensuring necessary arrangements and information sharing with relevant staff and caterers are in place before the pupil attends or receives food. Changes to allergy information must be communicated promptly.
- holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of pupils at mealtimes
- Communication about:
- the policy
- the pupils who are on the register of those with allergies
- the importance of recording and reporting near misses and incidents
- communication with:
- governors to provide updates about the policy implementation
- Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
- Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
- Caterer; the procedures in the kitchen and the procedures for ensuring that the pupils with allergies are provided with a safe meal
- Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
- Pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- Training
- Ensuring all staff complete annual National College training, with appropriate practical school nurse training, and that allergy safety is included in induction for temporary and permanent staff.
- Arranging opportunities for staff to practise with relevant adrenaline trainer devices at least annually and when devices or pupil needs change.

All Staff

Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the pupil's IHP
- implementing the pupil's IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents

Responsible for:

- Adhering to this policy

- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the pupil's allergy and its management.
- Ensuring that the pupil always has in date medication with them at school

Identification of Individuals with Allergies

Admissions: Parents/carers will be asked for medical and dietary information before admission, including known or suspected allergies, treatment and prescribed medication. The allergy lead will follow up declared allergies, obtain relevant clinical plans and agree an IHP and safe arrangements before attendance. Families must notify the school promptly of changes.

Information sharing: Health information is special category personal data. The school will hold allergy records and IHPs securely and share relevant information with staff and caterers who need it to keep pupils safe, using appropriate lawful bases and confidentiality safeguards. The allergy lead will maintain an up-to-date allergy register and ensure staff, including supply and cover staff, can access essential plans and medication locations promptly. Information must not be displayed where it is accessible to unauthorised visitors.

Transition: The school will request relevant allergy information and clinical plans from the previous school or setting, and work with parents/carers and the pupil, where appropriate, to prepare an updated IHP. Relevant information will be shared securely before transition visits and when a pupil moves to another school.

Staff, visitors and volunteers: Relevant allergy information will be sought through appropriate staff induction or occupational health arrangements and advance discussions with visitors and regular volunteers. Where an allergy is declared, the allergy lead will agree proportionate precautions and an emergency plan, sharing essential information only with those who need it.

Pupil Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- Plans include parent/carer contact details and record permission for medication administration where applicable. The school will seek and record advance consent for emergency spare adrenaline where possible, but must not delay life-saving treatment to check consent.
- Clinical treatment instructions are reviewed and updated by the relevant healthcare professional. Parents/carers must provide revised plans promptly when treatment changes. The school will review contact details and update the pupil's photograph at least annually.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non- IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed. Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed. Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

The school will review IHPs at least annually and sooner when needs, medication, staffing or clinical advice change, or an incident or near miss indicates a review is needed. Plans must be brought to the attention of relevant supply and cover staff and shared securely during transition.

Corpus Christi Catholic Primary School will ensure that:

- pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan
- pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- individual healthcare plans are created whilst pupils are waiting for a diagnosis

School Trips and External Visits

Pupils with allergies will be supported to participate fully in trips, sporting events and extracurricular activities. The trip risk assessment will address allergen exposure, food provision, medication, staff competence, transport and access to emergency help. Activities will be adapted where necessary to enable safe participation. Each pupil's two prescribed devices and relevant plans must remain readily accessible throughout the visit.

Trip leaders will check essential medication, expiry dates and relevant plans before departure. If medication is missing, they will immediately contact the allergy lead and parents/carers and seek to obtain it or agree safe alternative arrangements. The headteacher or allergy lead will assess whether safe participation is possible before departure. A pupil must not leave without adequate emergency medication arrangements; staff will work to resolve the issue rather than automatically exclude the pupil.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Corpus Christi Catholic Primary School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Corpus Christi Catholic Primary School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports meal is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

Serious Incidents and "Near Misses"

Corpus Christi Catholic Primary School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

Corpus Christi Catholic Primary School is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Allergic reactions and near misses must be recorded promptly through the school's incident reporting arrangements, including medication given, times, symptoms, actions and notifications. The allergy lead and headteacher must be informed immediately of serious incidents and near misses. Medication administration must also be entered in the relevant medication record. The allergy lead will investigate and prepare a report.

The school will share findings with parents/carers and involve the pupil in an age-appropriate way. The governing body will receive reports on serious incidents and near misses, with appropriate confidentiality. The school will identify lessons learned, update IHPs and risk assessments where necessary, and review this policy and procedures. Unsafe food supplied by the school as a food business must be reported to the local authority environmental health team; other statutory reports will be made where required. Concerns about allergy arrangements or incidents may be raised through the school's complaints procedure.

Wellbeing and Support

At Corpus Christi Catholic Primary School allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Corpus Christi Catholic Primary School:

- regularly communicates with pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes age-appropriate allergy and anaphylaxis awareness in assemblies, class discussions and PSHE
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promotes "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new joiners or anxious pupils
- offers new pupils with allergies an appropriate introduction to catering staff and the dining environment, with safe access arrangements, to reduce anxiety and support reliable identification at mealtimes
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available

Safeguarding

Corpus Christi Catholic Primary School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child's medical condition is not provided to a school, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

Corpus Christi Catholic Primary School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies. Examples of unacceptable practice include (but are not limited to):

- preventing children from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child;
- penalising children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- preventing children from participating or creating unnecessary barriers to them participating in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child.

Policy Review and Publication

This policy will be published on the school website and reviewed at least annually and sooner where serious incidents, near misses or updated guidance indicate changes are needed. At least annually, the school will bring it to the attention of parents/carers, pupils in an age-appropriate way, and everyone working at the school, including volunteers. Governors will oversee review and implementation.

Further reading

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Adapted from Allergy UK's Allergy Safety Model Policy (July 2026) and the Department for Education's Allergy safety in schools statutory guidance (July 2026).

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Department for Education: Allergy safety in schools (July 2026): https://www.gov.uk/government/publications/allergy-safety-in-schools

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 (read alongside the July 2026 DfE guidance).

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law

https://benedictblythe.com/benedicts-law https://www.anaphylaxis.org.uk/education/benedicts-law

Food

Department for Education: School food standards allergy guide: https://www.gov.uk/government/publications/school-food-standards-allergy-guide/school-food-standards-allergy-guide
Food Standards Agency: Allergen guidance for food businesses: https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses

Statutory Duties

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The school's safeguarding duties under section 175 of the Education Act 2002 and the statutory guidance Keeping Children Safe in Education.

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.