Ursuline Catholic Primary School

Following in Jesus's footsteps, we love, learn and grow together.

ALLERGY SAFETY POLICY

	Name of School	Ursuline Catholic Primary
	Policy Review Date	September 2026
	Date of Next Annual Review (Mandatory Statutory Requirement)	September 2027

	Who reviewed this policy?	Headteacher and Governors
	Designated Allergy Lead	Mrs N Robinson (or delegated staff member) & Allergy Champion Mrs J Schaer

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1. Catholic Mission Statement & Policy Intent

Following in Jesus's footsteps, we love, learn and grow together.
At Ursuline Catholic Primary School, our Catholic ethos centres on the care, dignity, and safety of every child as a unique gift from God. In accordance with our statutory duty of care, the Children's Wellbeing and Schools Act ("Benedict's Law"), and Department for Education (DfE) guidance, we are committed to providing a safe, inclusive, and welcoming environment for all pupils, including those living with severe food allergies and anaphylaxis.
This policy sets out our mandatory whole-school procedures to eliminate unnecessary risk, ensure rapid emergency response, and support children with medical conditions to fully participate in school life without stigma or isolation.

2. Statutory & Regulatory Context

This policy complies with all relevant legal requirements and guidance in England and Sefton Local Authority, including:

- **Children's Wellbeing and Schools Act** (incorporating Benedict's Law statutory duties for allergy management in schools).
- **Section 100 of the Children and Families Act 2014** (Duty to support pupils with medical conditions).
- **Human Medicines (Amendment) Regulations 2017** (Allowing schools to hold spare, unassigned Adrenaline Auto-Injectors (AAIs)).
- **DfE Guidance:** *Supporting Pupils at School with Medical Conditions* and *Allergy Safety in Schools Guidance*.

3. Roles and Responsibilities

Role / Stakeholder	Mandatory Responsibilities
Governing Body	• Ensure this standalone policy is reviewed annually, published on the school website, and fulfilled. • Ensure adequate funding and resources for staff training and emergency medical supplies.
Headteacher & Senior Leadership (SLT)	• Oversee whole-school compliance and appoint a Designated School Allergy Lead. • Ensure all staff receive mandatory annual allergy and anaphylaxis training. • Oversee emergency procedures and investigate any allergic reaction incidents on site.
Designated School Allergy Lead Mrs N Robinson (or delegated staff member) & Allergy Champion Mrs J Schaer	• Maintain the school Allergy Register and coordinate Individual Healthcare Plans (IHPs). • Conduct monthly checks on all personal and spare emergency Adrenaline Auto-Injectors (AAIs) for expiry dates and physical condition. • Liaise with parents, GPs, school nurses, and Sefton public health teams. • Engage with new joiners with known allergies (setting out school policy and support)
Teaching & Classroom Support Staff	• Complete mandatory annual allergy and AAI administration training. • Know which pupils in their class have allergies and be familiar with their IHPs and BSACI Action Plans. • Ensure classrooms remain food-safe (e.g. allergen-safe play-dough,

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Role / Stakeholder	Mandatory Responsibilities
	craft supplies, and party food rules). ● Provide reassurance and support to children with identified allergies. ● Communicate with children about allergies to ensure awareness
Catering Staff & Lunchtime Supervisors	● Strictly adhere to allergen transparency laws (14 major allergens) and food preparation cross-contamination standards. ● Verify pupil dietary requirements at the serving point against up-to-date photo medical charts. ● Monitor dining areas to prevent food swapping among pupils.
Parents / Carers	● Inform the school immediately upon enrolment or diagnosis of any food, insect, or latex allergy. ● Provide the school with up-to-date medical documentation, signed IHPs, and two in-date AAIs (plus oral antihistamines if prescribed). ● Replace expiring or used medication promptly upon notification.

4. Individual Healthcare Plans (IHPs) & BSACI Action Plans

Every pupil diagnosed with a severe allergy or prescribed an AAI must have an active **Individual Healthcare Plan (IHP)** and an accompanying **BSACI (British Society for Allergy & Clinical Immunology) Allergy Action Plan**.

- **IHP Creation & Review:** IHPs are drafted in partnership between parents, school medical staff, and healthcare professionals (e.g. Alder Hey allergy clinic or school nurse). They are formally reviewed annually or immediately following any change in condition.
- **Accessibility:** Copies of IHPs and BSACI plans are securely held in:
    - The Main School Office / Medical Room
    - The Pupil's Classroom (individual medication bags)
    - The Catering Kitchen

5. Emergency Adrenaline Auto-Injectors (AAIs) & Storage

In accordance with Human Medicines Regulations, Ursuline Catholic Primary School maintains both individual pupil-prescribed AAIs and brand-approved spare emergency AAIs.

5.1 Storage Locations

Emergency medical kits must NEVER be locked away or kept in restricted rooms. At Ursuline Catholic Primary School, AAIs are stored in clear, labelled, heat-controlled, unlocked containers in the following locations:

Primary AAI Storage Location: Pupil classroom
Secondary AAI Storage Location: Main school office medical cabinet

5.2 School Spare Emergency AAIs

The school holds 4 spare unassigned AAIs (2 x 0.15mg for EYFS/KS1, 2 x 0.30mg for KS2). These spare AAIs may be administered by trained school staff to any pupil experiencing anaphylaxis if:

1. The pupil's own prescribed AAI is defective, missing, or out of date; OR
2. The pupil has written parental and medical consent on their IHP to use the school spare unit; OR
3. In a severe emergency, under explicit direction from emergency 999 ambulance call handlers.

6. Allergy Awareness & Risk Reduction Protocols

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Ursuline Catholic Primary School operates a proactive, whole-school allergen management strategy:

6.1 Nut Awareness Environment

- The school operates a strict **Nut-Aware Policy**. Packed lunches, snacks, birthday treats, and fundraising baking must not contain peanuts or tree nuts.
- Products labelled "may contain nuts" are assessed on a case-by-case basis, but explicit nut ingredients are banned on site.

6.2 Classroom & Curriculum Safety

- **Crafts & Play:** Staff must ensure sensory play materials (e.g., play-dough, pasta sorting, egg cartons, milk containers) are safe for children with wheat, gluten, egg, or dairy allergies. Commercial play-dough contain wheat; safe homemade alternatives must be used where necessary.
- **Birthdays & Celebrations:** School will not handle or serve any food items where a full ingredients list is not visible.
- **Handwashing:** Hand washing is encouraged before and after eating. (Note: Hand sanitizer rub does NOT remove food allergens).

6.3 Catering & Dining Hall Management

- School meals are managed in strict compliance with food allergen labelling legislation.
- Catering staff maintain a visual allergen board with pupil photographs and dietary restrictions at the serving counter.
- Tables are cleaned between lunch sittings to avoid cross-contact.

6.4 School Trips & Off-Site Activities

- A named staff member acts as the designated Medical Lead for every school trip.
- Trained staff will accompany and administer adrenaline in an emergency.
- Risk assessments must explicitly detail food allergy precautions and proximity to emergency medical services.
- Pupil personal AAIs, BSACI plans MUST be carried by the group leader at all times (relevant child(ren) to be in this adult's group).

7. Emergency Anaphylaxis Response Protocol

If a child shows signs of a severe allergic reaction (Anaphylaxis), staff must act immediately following the **A-B-C Emergency Protocol**:

Step	Action Required
1. RECOGNIZE SIGNS	**AIRWAY/BREATHING/CONSCIOUSNESS:** Swelling of tongue/throat, difficulty breathing/wheezing, persistent cough, hoarse voice, dizziness, pale/floppy, collapse. *(Mild signs: hives, swollen lips/face, stomach pain/vomiting).*
2. POSITION & CALL FOR HELP	**DO NOT STAND THE CHILD UP OR MOVE THEM.** Lay the child flat on their back. (If breathing is difficult, allow them to sit upright on the floor with legs extended, but DO NOT stand them up). Send a runner to call the school first aider and fetch the child's AAI kit + spare kit.
3. ADMINISTER AAI	Administer the child's prescribed Adrenaline Auto-Injector into the outer mid-thigh (through clothing if necessary) immediately. **Note the time of injection.**
4. DIAL 999 IMMEDIATELY	Dial 999 and ask for an **AMBULANCE**. State clearly: **"ANAPHYLAXIS"**.

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Step	Action Required
	Provide school location: *Ursuline Catholic Primary School, Nicholas Road, L23 6TT*.
5. SECOND AAI (IF NO IMPROVEMENT)	If there is no improvement or symptoms worsen after **5 minutes**, administer a second AAI in the opposite thigh.
6. INFORM PARENTS & INCIDENT REVIEW	Contact parents/carers. Hand all used AAIs to the paramedic team. Complete a formal school 'Allergy incident and near miss report' form following the event.

8. Staff Training & Policy Review

- **Training Standard:** All teaching, office, catering, and support staff undergo mandatory annual training on allergy awareness, recognition of anaphylaxis, and practical AAI demonstration.
- **Designated First Aiders:** Designated first-aid personnel undergo advanced paediatric medical response training.
- **Policy Review:** This policy is formally reviewed annually by the Designated Lead and Governing Body or immediately following any significant national statutory updates or on-site incident.

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Appendix 1 – BSACI Allergy Action Plan

BSACI ALLERGY ACTION PLAN

Improving Allergy Care through education, training and research

RCPCH Royal College of Paediatrics and Child Health — Leading the way in Children's Health

anaphylaxis UK

AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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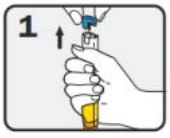
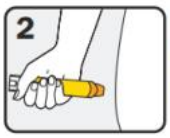
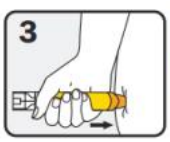
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Appendix 2

Allergy incident and near miss report

This form should be completed as soon as possible following any allergy-related incident or near miss. Near misses must be recorded even where no harm has occurred, as they may identify gaps in procedures, communication, supervision, or training and help prevent future incidents. Parents/carers and, where appropriate, the individual affected should be involved in reviewing the incident and identifying any lessons learned. The named allergy senior leader and governor should also review incidents to ensure that school policies, risk assessments, and Individual Healthcare Plans were appropriate, followed correctly, and updated where needed.

Date	____/____/____	**Time**	____:____
Incident location	_____	**Child affected**	_____
Staff member present	_____	**Emergency services (999) called?**	[ ] Yes [ ] No

What happened/allergen involved (if known)?

Why the incident happened? (as far as is known)

How staff and pupils responded?

What support was provided to the individual including any medication administered?

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What immediate actions were taken afterwards?

Any lessons learned and recommended changes to any policies, procedures, training and supervision?

Reviewed by:

School allergy governor: _____

Signed: _____ **Date:** ____/____/____

School allergy lead: _____

Signed: _____ **Date:** ____/____/____

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