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Allergy Safety Policy

BISHOP CHALLONER CATHOLIC SCHOOL

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APPROVED BY THE LOCAL GOVERNING BODY ON:.....22/09/2026.....

CHAIR OF GOVERNOR'S SIGNATURE:... David R Evans. **.....**

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Allergy Safety Policy

*This document outlines what should be included in an allergy safety policy, in line with *statutory guidance*.*

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy. This document constitutes the formal, legally compliant policy for Cardinal Pole Catholic School.

A named member of the senior leadership team in each school, college or early years setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy. At Bishop Challoner Catholic School, the designated SLT Lead with overall responsibility for allergy safety is Miss Jeanette Etienne (Lead Inclusion SLT). Miss Etienne is responsible for driving the policy implementation, coordinating training, and leading the annual review in partnership with medical and safeguarding staff.

Allergy safety policies should be reviewed at least annually. Policies can be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergies at risk.

Governing bodies should ensure that allergy safety policies are readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

Culture

Awareness training

All members of staff are **trained** in allergy awareness and emergency response annually using the National College resources.

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, temporary staff, support staff, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Every September or at starting point staff receive allergy awareness training. At Bishop Challoner Catholic School, all teaching and support staff, including catering staff, completed their mandatory training in September 2026, and annual refreshers are scheduled.

Allergy awareness training should ensure all staff:

- Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage them;

- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on **allergy triggers**;
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can recognise **anaphylaxis**;
- Know how to respond in an **emergency**, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack);
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's **Allergy Safety Policy**;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Wellbeing

The **wellbeing** of children and young people with allergies will be promoted in line with the school's Wellbeing Policy, aligned with the Children's Wellbeing and Schools Act 2026, Keeping Children Safe in Education (KCSIE) 2026, the Children Act 1989 / 2004, Equality Act 2010, and SEND Code of Practice 2015, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety or a barrier to learning.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to a Year Leader (YL), Deputy Year Leader (DYL), Designated Safeguarding Lead (DSL) or Special Educational Needs and Disabilities Coordinator (SENDCo). They will record this on CPOMS under the category of 'Cause for Concern'. If there is a fear that the student is in danger of immediate harm, then standard safeguarding procedures should be followed with an immediate referral to the DSL or the Headteacher. If the student presents a medical emergency, the usual procedures for medical emergencies should be followed, including alerting a first aider and a DSL.

Individual safety plans

There will be a number of different sources of school-based support, including pastoral staff, behaviour and learning support, school counsellors etc.

Individual safety plans for students causing concern will be drawn up through an individual plan in collaboration with the pupil, the parents/carers and relevant health professionals.

This can include:

- details of the student's needs;
- special requirements and precautions;
- medication and any side effects;
- what to do, and who to contact in an emergency;
- the role the school can play and the role parents/carers can play; and
- risk assessment based on the student's daily activities.

Minimising risk

Bishop Challoner Catholic School has established the following measures to minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens:

- **Measures to manage the risks of exposure to a food allergen through food provided by the school**: Catering services are managed in partnership with our on-site Catering Manager, ensuring complete compliance with statutory school food standards. Detailed allergen grids are kept for all ingredients. Cross-contamination controls, separate preparation surfaces, and thoroughly washed utensils are mandated in the kitchen. Catering staff receive specific allergen identification profiles for pupils during school food service.

- **Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff):** Bishop Challoner Catholic School operates as a strict "nut-aware"; school. Bringing whole nuts, peanuts, peanut butter, or products containing nuts onto school premises is strictly prohibited. The sharing or trading of food among students is completely banned across all year groups. Lunchtime supervisors actively monitor the dining hall to enforce these safety boundaries.

- **Where children and young people have known allergies to airborne or contact allergens,** the school will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens in the following ways: for severe contact or airborne allergies, the school implements classroom modifications such as dust-minimisation cleaning schedules, restriction of latex-based supplies, and the avoidance of high-risk materials. High-efficiency particulate air (HEPA) filters may be introduced based on individual clinical recommendations, when requested.

- **An expectation that staff planning any activity should consider the risk of exposure to allergens**, for example in craft, science, musical or cooking activities, or where activities involve animals, staff must conduct curricular risk assessments before lessons or trips. Alternative, non-allergenic ingredients must be utilised in science experiments, food technology lessons, and art classes where a pupil with a corresponding allergy is enrolled. Direct exposure to animals (e.g., during science demonstrations or school visits) must be risk-assessed and pre-approved by the EVC and Head of School.

- **Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips**: trip leaders are required to draft specific medical risk assessments which must be attached to electronic Evolve trip submissions at least 4 weeks prior to day visits and 3 months prior to residential stays, for final authorisation by the EVC and Head of School. The right medical supplies are carried by the trip lead and all relevant contact details required for any emergencies.

Food allergy

The management of food allergy risks is fully integrated with our school food standards. Detailed ingredient sheets are made available by the catering team. In addition, to prevent severe and rapid allergic reactions in enclosed spaces, food consumption is strictly prohibited on site (including on coaches, minibuses, and taxis) during home-to-school travel or educational journeys. This operational rule is communicated clearly to all staff and transport escorts.

Individual children and young people

Identification

Arrangements for identifying individuals with allergies (not just children and young people but also members of staff and visitors), their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices): all pupils with medical needs are identified at enrolment using the school's medical questionnaire. The Student Services Manager compiles this data into a secure medical profile. Staff members are required to notify HR of any clinical allergy diagnoses. Regular visitors with severe allergies are signed in and matched with a designated first aider upon arrival.

Set out how a record will be kept of all individuals with allergies, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plan: the Student Services Manager maintain the central database on Bromcom/CPOMS/OneDrive, which houses digital copies of each pupil's Individual Healthcare Plan (IHP) and clinically issued Allergy Action Plan. Standardised emergency protocols are stored physically with medication boxes in the Medical Room.

Set out arrangements for gathering information about known allergies, for example from the child or young person, their parents and their previous setting: transition folders are exchanged with primary schools in Year 6. For mid-term admissions, the Student Welfare Officer conducts a direct intake interview with parents and pupils, which triggers the development of an IHP within 14 days of arrival.

Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations. **School Nurse, Susan Onyeyiri (allocated school nurse/qualified healthcare professional and Safeguarding Nurse**), leads on drafting and writing the physical IHP in collaboration with parents, the pupil, and school staff.

From enrolment, children and young people with allergies who require specific support arrangements will have them documented through an **Individual Healthcare Plan**. This includes children and young people whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation). Where children and young people have an **Allergy Action Plan** and/or **Asthma Action Plan** issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed adrenaline

At Bishop Challoner trained staff ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices **at all times**, via the school's student service reception. Staff are all trained and aware that, in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips. At Bishop Challoner, pupils assessed as clinically competent carry their primary AAI device on their person at all times. A second, identical back-up device is stored in a clearly marked, unlocked container in the Medical room, which is fully accessible to staff.

Arrangements for children, young people and parents to take individually prescribed adrenaline devices home (for example at the end of the day for the journey home) and for checking that they remain in date:

- Pupils who carry their devices carry them home daily. For pupils who store their devices in Student Services, parents are responsible for retrieving them at the end of term or as required. The medical logs are updated accordingly. The Student Services Manager checks the expiration dates of all stored devices monthly and contacts parents in writing at least one month in advance of any expiry to request a replacement.

How records will be kept of which children and young people have been provided with prescribed adrenaline devices (and an Allergy Action Plan):

- The Student Services Manager maintains an up-to-date physical and digital register of all pupils carrying or possessing prescribed AAIs, containing their photographs, specific allergen triggers, and the locations of their back-up devices. This is distributed to first aid leads and catering staff.

School-wide policies

"Spare" adrenaline devices

- **How and when "spare" adrenaline devices should be used**: school-held, non-student-specific 'spare' adrenaline devices (and emergency salbutamol inhalers) are stored and maintained to administer in life-threatening emergencies. These are only used for pupils who have been prescribed an AAI and have signed parental consent on file, or in extreme, life-threatening emergencies where emergency services provide direct verbal authorisation.
- **Where "spare" adrenaline devices will be located:** to ensure no child or young person is more than five minutes from adrenaline devices, Bishop Challoner Catholic School maintains three pairs of 'spare' adrenaline devices (and emergency salbutamol inhalers) at key high-traffic, high-risk locations: Central Dining Area (adjacent to the kitchen).
- **How "spare" adrenaline devices and salbutamol inhalers will be stored** (and confirmed that they are in date): Mrs Avril Munday and Miss Tara Willie (Appointed Persons) conducts termly physical audits of all spare devices and inhalers, recording

checking dates, serial numbers, and expiry dates. The Health and Safety Coordinator oversees this and reviews the checks.

- **Processes for replacing "spare" adrenaline devices when they are used or go out of date** (including safe disposal of adrenaline autoinjectors as they contain a needle): used or expired AAIs are immediately disposed of in the school's medical yellow sharps boxes in the Medical Room. Mrs Avril Munday and Miss Tara Willie immediately contacts our medical supplier to order replacement kits to ensure emergency kits are constantly stocked in pairs. Bishop Challoner Catholic School complies with this standard fully by maintaining three distinct emergency pairs. All "spare" adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. The school has 3 clearly marked "emergency anaphylaxis kit" containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

Visits and trips

At Bishop Challoner Catholic School, trip leaders must submit detailed trip plans electronically via Evolve. A minimum of 4 weeks' notice is required for day trips, and 3 months' notice for residential or overseas travel. This is to ensure children and young people with allergies are able to participate in **visits and trips**, and do so safely (including access to adrenaline where required).

Children and young people at risk of anaphylaxis should have their own adrenaline device with them, and there should be staff trained to administer adrenaline in an emergency. The trip leader is responsible for:

- Ensuring that pupils at risk of anaphylaxis carry their primary and secondary prescribed AAI devices at all times during the trip.
- Ensuring that at least one member of staff accompanying the trip has active, up-to-date training in allergen safety and emergency adrenaline administration.
- Prohibiting any eating or food consumption on all vehicles during transit to prevent rapid reaction risks in enclosed transport.
- Liaising with the Educational Visits Coordinator (EVC) to verify that all medical safety checks are complete.

Pupils with food allergies will give written consent that their child is allowed to attend the trip without the constant supervision of a member of staff.

Serious incidents and "near misses"

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child or young person is back at home. It is therefore important that the child or young person, their parents or others (for example healthcare professionals) can report that there has been an incident.

The reporting and responding to serious incidents or "near misses" involving allergy safety is clearly outlined in both the First Aid Policy and Supporting students with Medical needs Policy.

Immediate Emergency Response: If anaphylaxis occurs, staff will call 999 immediately before initiating internal policy actions. Adrenaline is administered. First aid leads and SLT are informed.

Logging on CPOMS: All allergic reactions and near misses must be recorded on CPOMS under the category of "Cause for Concern"; by the observing staff member within 24 hours.

Official Accident Reporting: The Lead First Aider logs the incident on the London Borough of Tower Hamlets online system (AIR) to ensure external local authority visibility.

RIDDOR Notification: Mrs Avril Munday, Tara Willies and Mr Mohammed Ahmed (Appointed Persons) evaluates the incident and reports serious occurrences, hospitalisations, or fatalities to the HSE under RIDDOR 2013.

Incident Investigation: The Health and Safety Coordinator leads an investigation of the near miss or incident, following Chapter 4 of the H&S manual, to identify and implement corrective actions.

Secure Retention of Records: In accordance with IRMS guidelines, pupil incident records are securely stored with restricted access until the pupil reaches the age of majority (25 years).

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child or young person is back at home. It is therefore important that the child or young person, their parents or others (for example healthcare professionals) can report that there has been an incident. Parents should report these immediately to the Pupil Year Leader (YL), which will trigger the standard investigation process.

Information sharing

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

At Bishop Challoner Catholic School:

- Pupils' medical and allergy profiles are shared with teaching staff electronically via secure Bromcom and CPOMS systems.
- Lunchtime supervisors, first aid leads, and catering staff are provided with physical 'medical/allergy identification cards' displaying pupil photographs, specific triggers, and emergency protocols, which are stored discretely in food service areas. Copies are also in the main office.
- Where applicable, comprehensive allergy transport needs are shared with the Local Authority Passenger Transport Team and transport escorts prior to any home-to-school travel to ensure travel risk is minimised.

Awareness of the allergy safety policy

Through PHSE and Form time activities, awareness of allergy safety will be raised among children and young people. Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. This is agreed on a case-to-case basis, considered carefully and discussed with the child or young person and their parents, and should not replace staff emergency response arrangements.

At Bishop Challoner Catholic School this is facilitated through:

- Integration in PSHE/RSE Curriculum: high-quality, age-appropriate lessons are delivered to pupils on managing allergies, recognising symptoms of severe reactions, and promoting a supportive peer culture and stigma reduction.
- Emergency Action Plan for Friends: in consultation with parents, the close friends of pupils prescribed AAIs are trained on where the emergency spare kits are stored, how to recognise an emergency, and how to summon an adult or emergency services immediately.
- Anti-Bullying Integration: any taunting, mocking, or deliberate exposure to allergen triggers is classed as severe harassment and dealt with strictly under the school's Anti-Bullying Policy, potentially resulting in suspension.