EMMAUS CATHOLIC ACADEMY TRUST

Pupil Allergy Policy

September 2026

POLICY DOCUMENT	Pupil Allergy Policy
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EMMAUS CATHOLIC ACADEMY TRUST

The Diocese of Salford provides Catholic Academy Trusts, schools, and colleges for the following reasons:

1. **To assist in the mission of making Christ known to all people;**
2. **To assist parents and carers, who are the prime educators of their children, in the education and religious formation of their children;**
3. **To be of service to the local Church – the Diocese – the Parish and the Christian home;**
4. **To be of service to society.**

Emmaus Catholic Academy Trust Vision:

To provide great Catholic education across Greater Manchester.

Journey with Emmaus CAT…

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1. Policy Statement

Our core purpose is to create a healthy Catholic community serving the pupils in our Catholic schools, families, and parishes across Greater Manchester. We are aligned in our mission to work collegially to ensure that we have great schools, strong in faith, serving society. Schools where every pupil has an equal opportunity to thrive and receive the very best Catholic education and formation. Our guiding principles and this Pupil Allergy Policy exist to ensure that each Emmaus CAT school has a clear and compelling vision for all of its pupils, focused on creating an inclusive environment, tailored to the needs and abilities of each and every pupil. At Emmaus CAT we will succeed with our philosophy of aligned agency, the belief that talent is key and the sharing of curriculum knowledge and academic rigor.

2. Aim of Emmaus CAT Policies

The aim of this, and all Emmaus CAT policies is to support the seven major themes of Catholic Social Teaching, which include;

- The dignity of work and the rights of the worker;
- Solidarity with all people;
- A preferential option for the poor;
- Stewardship and care for creation;
- The call to community and participation;
- The sacredness of life and the dignity of the human person;
- Human rights and the responsibility to protect them;

as well as ensuring that national legislation and guidance are implemented across all our schools. Our policies should not be viewed in isolation, but along with our guiding principles, as integral to all aspects of school improvement. With our policies we aim to create an effective partnership with parents and carers, the prime educators of their children, to ensure that all children reach their potential whist setting high expectations and aspirations, in a positive and supportive environment. All Emmaus CAT policies will clearly define and communicate the core principles which underpin our Catholic culture, mission and vision.

3. Aims of the policy

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

4. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on Allergy guidance for schools - GOV.UK and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:
The Food Information Regulations 2014
The Food Information (Amendment) (England) Regulations 2019
Children's Wellbeing and Schools Act 2026 - Parliamentary Bills - UK Parliament

5. Roles and responsibilities

We take a whole-school approach to allergy awareness.

5.1 Allergy lead

The nominated allergy lead is Miss Wildgoose (SLT/SENDCo)

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer/the school nurse /administrative staff)

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with significant allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies, especially knowing and understanding where allergy medication is kept and how to administer it
- Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)

5.2 School nurse/medical officer

The school nurse/medical officer is responsible for assisting schools with:

- Co-ordinating the paperwork and information from families and assisting the school lead in deciding which children require an allergy action plan
- Co-ordinating medication with families
- Participating in a termly meeting to discuss pupils with allergies

5.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of the allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate annual mandatory allergy training as directed by the Allergy Lead
- Being aware of specific pupils with allergies in their care and their action plan
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Be confident in administering allergy medication when required
- Seeking support and guidance when required
- Recording any concerns on the school's CPOMS system and making relevant staff aware
- Ensuring correct medication is taken and pupil action plans are followed on off-site trips and visits

5.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition
- Working with school leaders to ensure their child has an appropriate action plan in place

5.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector

5.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Reporting any concerns regarding pupil's with allergies to staff

6. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Cake sales or pop up tuck shops

Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

7. Managing risk

All pupils with an allergy that requires an Epi-Pen or medication or have a diagnosed allergy/intolerance to food (without medication kept in school) have an Individual Healthcare Plan (IHP) which is reviewed annually by parents and when needed (as directed by GP). These are displayed in their classrooms, with kitchen staff and in our staff shared area.

7.1 Hygiene procedures

Set out what measures you'll take to prevent contamination in your school, such as:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

7.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate annual training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- Where school catering services is outsourced to an external provider, schools should ensure they are clear on the allergy management policies and procedures of the provider and ensure regular communication is in place

7.3 Food restrictions

Set out your school's procedure on allowing food being brought in. It's almost impossible to ban all allergens (for example, milk and egg), so think carefully about whether you want to put restrictions in place.

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

When raising money through the use of selling food, the school will send out reminders of allergy risks and will create a risk assessment for the activity.

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

7.4 Insect bites/stings

Insert procedures for preventing and dealing with insect bites/sting. For example:

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

7.5 Animals

Insert hygiene procedures for managing allergies to animals such as dogs, if relevant for your school context. For example:

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

All stakeholders will adhere to individual animal risk assessments

7.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Consider what procedures you can put in place to support their mental

health and wellbeing, in line with your school's behaviour policy and any other measures you have in place to prevent bullying.

- Pupils with allergies will have additional support through:
- Pastoral care
- Regular check-ins with their trusted adult in school

- Sign posting to support through websites such as Kooth and Young Minds
- Enhanced support through the school's own mental health support services and school's mental health support services

7.7 Events and school trips

For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part. The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training

The Visit Leader will take responsibility for sharing information regarding pupils with allergies with all staff members and liaise with parents around appropriate support and risk assessments and record evidence of meetings. IHPs will be taken on trips and all medication.

Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

8. Procedures for handling an allergic reaction

8.1 Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- The register is kept [in an easily accessible location / in every classroom] and in a shared area on the school's online system and can be checked quickly by any member of staff as part of initiating an emergency response
- Where possible pupils will keep their own AAI on them or with an adult who is with them at all times in school

8.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one

- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

Treating anaphylaxis

If you think somebody is experiencing symptoms of anaphylaxis, you should use an adrenaline injector if one is available. Dial 999 immediately afterwards. Call 999 straight away if an adrenaline injector is not available.

If you can see a potential trigger, such as a wasp or bee sting stuck in their skin, carefully remove it.

Adrenaline injections

Adrenaline causes the blood vessels to become narrower, which raises your blood pressure and reduces swelling. It also causes the airways to open, relieving breathing difficulties. An adrenaline injection should be given as soon as a serious reaction is suspected.

The signs of suspected anaphylaxis are:

- problems breathing
- feeling faint or dizzy
- loss of consciousness

The injection can be administered by the person with anaphylaxis, but sometimes – if it's a young child or someone who is unconscious, for example – another person may need to do it.

Before attempting the injection, make sure you know what to do. You should read all of the instructions carefully when you, or the person you are responsible for, are first prescribed the injector.

After injecting, the syringe should be held in place for 5 to 10 seconds. Injections can be given through clothing.

After injecting the adrenaline, you should immediately dial 999 for an ambulance, even if the person is starting to feel better.

Most people should experience a rapid improvement in symptoms once the adrenaline has been used.

If there's no improvement after 5 to 10 minutes, you should inject a second dose of adrenaline, if one is available. This should be injected into the opposite thigh.

Read Medicines and Healthcare products Regulatory Agency (MHRA) 2014 guidelines on how to use an adrenaline auto-injector (PDF, 188kb).

Positioning and resuscitation

In most cases, the person should lie flat, with their legs raised on a chair or a low table, to help maintain blood flow to the head and heart. Pregnant women should lie down on their left side to avoid putting too much pressure on the large vein that leads to the heart.

If the person is conscious but having trouble breathing, they should sit up to make breathing easier. If the person is unconscious, check that their airways are open and clear, and also check their breathing. Then put them in the recovery position to make sure they don't choke on their vomit. Place the person on their side, making sure they are supported by one leg and one arm. Open the airway by tilting the head and lifting the chin. If the person's breathing or heart stops, cardiopulmonary resuscitation (CPR) should be performed.

Admission to hospital

Even if adrenaline is given, the person will need to go to hospital for observation – usually for 6 to 12 hours – as symptoms can occasionally return during this period. While in hospital, an oxygen mask can be used to help breathing, and fluids given by an intravenous drip directly into a vein can help increase blood pressure.

As well as adrenaline, additional medications such as antihistamines and corticosteroids can be used to help relieve symptoms. Blood tests may also be carried out while you're in hospital to confirm anaphylaxis. You should be able to leave hospital when the symptoms are under control and it's thought they will not return quickly. This may be after a few hours, but you may have to stay in hospital for a few days if the symptoms were severe.

You may be asked to take antihistamines and corticosteroid tablets 2 to 3 days after leaving hospital to help stop your symptoms returning. You will probably be asked to attend a follow-up appointment so you can be given advice about how you can avoid further episodes of anaphylaxis. An adrenaline auto-injector may be given to you for emergency use between leaving hospital and attending the follow-up appointment.

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

9. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for AAIs, covering these areas:

9.1 Purchasing of spare AAIs

Schools must ensure that AAIs are stored according to the guidance. Emmaus CAT will coordinate the purchase of anaphylaxis kits for schools if required. For more information contact

debbie.dempsey@emmauscat.com. The company used is Kitt Medical and the service will include an annual subscription and replacement AAIs throughout the year if needed.

More information can be found on:
Anaphylaxis Kits + Adrenaline Pens + CPD Training for UK Schools & Qualifying Businesses

9.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- Not locked away, but accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed (larger schools will require more than one AAI kit, ideally located near the dining area and playground)
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

9.3 Maintenance (of spare AAIs)

[Insert name of 2 staff members] are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near
- Replacement AAIs are ordered through the online Kitt Medical portal if part of the central Emmaus CAT agreement.

9.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions

9.5 Use of AAIs off school premises

Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
The visit lead will ensure there is a spare AAI on a school trip

9.6 Emergency anaphylaxis kit

Under Benedicts Law (part of the Children and School's Welfare Act 2026) it is now mandatory for the school to hold an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information

- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

10. Training

Under Benedict's Law (part of the Children and School's Welfare Act 2026) it is now mandatory for all staff in schools to undertake training in allergy prevention and allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them including before and after school and on trips and visits
- How to administer AAIs
- The wellbeing and inclusion implications of allergies
- Allergy Prevention measures
- Key staff responsible for allergy management

Training should be carried out via National College annually.

11. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Safeguarding and Child Protection Policy