All Saints Catholic High School

Allergy Safety Policy

"We will provide a Christian Education for all pupils based on the teachings of Jesus and the Spirit of the Gospels. The whole life of the school will be determined by the Gospel Values of Love and Justice. We will always value and care for all members of the All Saints Community according to their needs, and will affirm and nurture the development of all"

School Mission Statement

Date Reviewed: October 2026

Next Review Date: October 2027

Policy Details

Persons responsible for this policy & its implementation	**Rob Alcock, Business Manager** **Lynne Jackson, Designated Safeguarding Lead**
Review frequency	Annually, or sooner when an incident or 'near miss' is experienced, or in response to updated statutory guidance.
Date approved	**October 2026**
Date of next review	**October 2027**
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage allergic reactions, including anaphylaxis, should they arise.
Links with other policies	Safeguarding, Behaviour, Anti-Bullying, Health and Safety.
Publication	This policy is published openly on the school website and is available in hard copy on request.

The named staff members responsible for the day-to-day upkeep of this policy via the Kitt Medical Portal are:

Lynne Jackson - Designated Safeguarding Lead
Rob Alcock - Business Manager
Amanda Creighton - Office Manager

Definitions and Abbreviations:

Kitt Medical Portal	A secure online management system by Kitt Medical for schools and businesses that are subscribed to the service. Admin users can track staff CPD-training completion, monitor adrenaline auto-injector expiration dates, complete routine checkups, and access allergy resources and incident report forms.
AAI	Adrenaline Auto-Injector (e.g. EpiPen or Jext)
CPR	Cardiopulmonary Resuscitation
PTA	Parent Teacher Associations
FSA	Food Standards Agency
Anaphylaxis Kitt	The wall-mounted kit provided by Kitt Medical, containing the 'spare' adrenaline auto-injectors. It can be opened using one of the keys provided (either on a lanyard or in the 'Emergency Break for Access' box, also all provided by Kitt Medical.
Sharps bin	A rigid, puncture-resistant plastic box with a secure lid. It is used for the safe storage and disposal of sharp medical items - such as needles, syringes, lancets, and scalpels - to prevent accidental cuts, punctures, and the spread of infections.
Adrenaline trainer devices	A reusable, non-active practice tool that simulates a real adrenaline auto-injector. It contains no actual medication or hidden needle.
Allergy Action Plan	A personalised, written medical document created by a healthcare professional. It details a person's specific allergies, outlines how to identify mild-to-moderate versus severe (anaphylaxis) symptoms, and provides step-by-step instructions on emergency medication administration and contact protocols.
HSE	Health and Safety Executive.
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. UK schools must report specific work-related accidents, occupational diseases, and near-miss dangerous occurrences to the Health and Safety Executive.
Individual Healthcare Plan (IHP or IHCP)	A formal written document that outlines a student's specific medical or health conditions and details how school staff should manage their daily care and handle potential emergencies.

IgE food allergy	A rapid, immune system-driven reaction where the body produces immunoglobulin E antibodies specific to a food protein. When the specific food is eaten, these antibodies trigger the release of histamine and other chemicals, causing symptoms within minutes to two hours.
Non-IgE food allergy	A delayed immune reaction to food proteins that usually affects the digestive tract or skin. Symptoms appear hours or days after eating.

Introduction and Core Principles

Under Benedict's Law (Section 34 of the Children's Wellbeing and Schools Act 2026, amending Section 100 of the Children and Families Act 2014) All Saints Catholic High School is required to have, maintain and publish an Allergy Safety Policy.

All Saints is committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors with allergies, and this policy sets out how the school will support pupils with allergies so that they are safe and are not disadvantaged in any way whilst taking part in school life. 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. Staff should also understand the difference between food allergy, coeliac disease and food intolerance.
Anaphylactic reactions usually begin within minutes of contact with the allergen - for example eating a trigger food - though they can occur several hours later. Anaphylaxis involves difficulty breathing and affects the heart rhythm. In extreme cases, there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylactic reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30 minute window of opportunity during which steps can be taken to prevent death — therefore giving emergency adrenaline **immediately** and calling emergency services (999) is crucial. **Anaphylaxis always requires an emergency response.**

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 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); and
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

All Saints has a whole-school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms, how to deal with allergic reactions, and that procedures are in place to minimise the risk of exposure.

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

Eczema, asthma and allergies sometimes occur together - known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. An individual's Asthma Care Plan needs to be included with their Individual Healthcare Plan. These conditions are not within the scope of this Allergy Safety Policy.

School understands that severe allergies are included in the Equality Act 2010. The Act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health 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; and
- a sudden change in behaviour.

These symptoms are treated with antihistamines.

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; and
- **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** — they can be propped up if struggling to breathe, but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. Adrenaline auto-injectors (AAI) should be given into the muscle in the outer thigh, or nasal devices into the nostril. Specific instructions vary by brand — always follow the instructions on the device.
- **CALL 999** and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer a second adrenaline device.
- If there are no signs of life, commence CPR.
- Call the parent/carer as soon as possible.

Whilst waiting for the ambulance, keep the individual where they are. Do not stand them up or sit them in a chair, even if they appear to be 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 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, and 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 Food Tech room for the duration of the lesson when a pupil with allergy is cooking.

All Saints is allergy aware, ensuring that 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.

School will complete a school-wide allergy risk assessment annually, 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;
- risks of exposure to allergens for individuals when planning external visits or trips;
- identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff);
- identifying measures to manage 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; and
- identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk.

School will ensure that allergy is included in all risk assessments, to identify risks and plan control measures to minimise the risk of exposure. School will ensure that the risk of exposure is minimised by:

- all school staff completing allergy training every year;
- educating pupils through awareness assemblies and within PSHE;
- communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy, and ensuring they know what to do if the child experiences an anaphylactic reaction;
- working closely with parents/carers and health professionals to understand the pupil's allergy;
- monitoring this policy to ensure that agreed practices are implemented; and
- establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

Allergy Awareness and Nut Bans

All Saints supports the approach advocated by Anaphylaxis UK towards nut bans/nut-free schools. Anaphylaxis UK does not necessarily support a blanket ban on any particular allergen in any establishment, including schools, because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen-free environment for a pupil living with food allergy. Blanket bans, especially on nuts, can create a false sense of security. Instead, Anaphylaxis UK advocates for schools to adopt a culture of allergy awareness and education.

A whole-school awareness of allergies approach is much more effective, ensuring teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding pupils' allergens, the signs and symptoms, how to deal with allergic reactions, and that policies and procedures are in place to minimise the risk of exposure.

Food Provision and Catering

All Saints will manage the risk of food allergy and provide clear information on allergens in food provided by:

- ensuring the contract with the school catering company is compliant with Food Information Regulations 2014 allergen management requirements; **(See Appendix 1 for Knowsley Council School Meals Allergen Policy)**
- ensuring school caterers provide information on food allergens to parents/carers, and that this is available for pupils to check independently;
- providing pupils' allergen information to caterers in a timely manner to ensure 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 by ensuring Arbor is kept up-to-date with children's medical needs and there is a flag to alert catering staff of their allergy.
- ensuring that food is always labelled, as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ('may contain') labelling. This applies to food used within the classroom curriculum (e.g. cooking) as well as food from the school kitchen or canteen; and
- teaching pupils not to share, trade or swap food, utensils or food containers, and why this matters.

When staff provide food for 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.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays), parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.

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

Medication and Adrenaline Devices

Individuals 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; and
- when on visits or trips.

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for, and to carry, their own **two** AAIs on them at all times. For younger pupils or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit kept within five minutes of them, not locked away and **accessible to all staff**.

Serious anaphylaxis is a time-critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes, so if the adrenaline device cannot be with the pupil in the classroom, it should be stored in an appropriate central location that is unlocked and accessible at all times.

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

It is the responsibility of the pupil's parents/carers to ensure the adrenaline pens are up to date and clearly labelled; however, the Assistant Progress Leader attached to their Year Team, will check medication kept at school on a termly basis and send a reminder to parents/carers if medication is approaching expiry. Parents/carers can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to ensure they can obtain replacement devices in good time.

'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.

All Saints holds spare adrenaline devices, provided through its Kitt Medical Anaphylaxis Kitts, for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. Emergency use of a 'spare' device may include a pupil at risk of anaphylaxis whose own devices are not available or not working (for example because they are out of date, or multiple doses are needed before emergency services arrive), or use on someone experiencing anaphylaxis for the first time who does not have their own prescribed AAI. A person's own prescribed AAI should never be used on another person, as this leaves them vulnerable.

Where a 'spare' AAI is used on a person without a known allergy, staff should feel confident to administer it. Under Human Medicines Regulations 2012, Regulation 238, there is a legal exemption to administer a 'spare' or back-up AAI to any pupil or person (including staff and visitors) experiencing an unexpected, life-threatening anaphylactic emergency, even if that individual is not formally known to have a prescription or prior allergy diagnosis.

'Spare' device pairs are stored in the school's Anaphylaxis Kitts, which are clearly labelled 'Emergency Allergy Medication'. These are kept safely, not locked away, and are **accessible and known to all staff**. The school holds several orange Kitt Medical keys with which they can access the medication and also holds a spare key in an 'Emergency Break to Access' box in case immediate access is required in an emergency. All accessories are provided by Kitt Medical. These are located in an Anaphylaxis Kitts in the following areas:

- ➔ **Reception**
- ➔ **Sixth Form**

Amanda Creighton, Office Manager, is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis - this check must be logged as completed on the Kitt Medical Portal. Kitt Medical will track the expiry dates on the pens and send replenishments ahead of the expiration date at the end of the month. The receipt of the new adrenaline pens must be recorded promptly on the Kitt Medical Portal for compliance to the provided service, and to allow for the continuous tracking of the expiry dates on the adrenaline devices.

Adrenaline devices that are used will be disposed of in a sharps box, kept next to the Anaphylaxis Kitts, or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded, will be taken to a pharmacy to be disposed of.

In the Event of an 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 individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed devices or 'spare' devices).
- If the individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the individual **does not have prescribed adrenaline devices**, 'spare' adrenaline devices can be used. The correct dose must be selected and used. This is clearly labelled inside the Anaphylaxis Kitt.
- If the individual's **prescribed adrenaline devices are not available, out of date, or misfire**, 'spare' adrenaline devices can be used.
- If the individual has both a serious allergy and asthma, and there is any doubt whether they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 does not require consent to have been obtained for 'spare' adrenaline devices to be used. It is good practice for the school to obtain advance consent from parents/carers or the young person 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.

Staff Training and Emergency Response

All staff, including teaching staff, support staff and catering staff will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, and peripatetic staff have received allergy awareness training. Lynne Jackson, Designated Safeguarding Lead, is the named staff member responsible for coordinating training via the Kitt Medical Portal, where online training is available at any time. There is no limit on the number of staff who complete it, nor the number of times they complete it. The training will be completed annually by all staff members.

The content of the training provided by Kitt Medical includes the following:

- allergy awareness, the risks it poses, how allergic reactions occur and how to manage them;
- that allergy includes multiple coexisting conditions: asthma, eczema, hay fever;
- understanding the difference between food allergy, intolerance and coeliac disease;
- that an individual can be allergic to any food, not just the 'top 14' allergens;
- knowing the symptoms of allergic reactions and how to treat them;
- knowing the symptoms of anaphylaxis and how to treat it;
- how to locate and administer adrenaline or an asthma inhaler;
- practising with all types of adrenaline device held in school, as an individual pupil's own device may differ from the 'spare' devices;
- how to report an allergic reaction, whether mild to moderate, anaphylaxis, or a near miss/incident;
- understanding their responsibilities in risk reduction, to prevent pupils coming into contact with their allergens;
- understanding the impact allergy can have on a pupil's wellbeing;

Emergency Preparedness

All Saints will annually hold a practice response to anaphylaxis, review how the practice went, and update policy and procedures accordingly.

Eileen Byrne, Educational Visits Coordinator, will communicate key messages to staff regarding risk reduction when preparing for and leading up to trips and end-of-term celebrations.
During fire drills and lockdown practices, Year Teams will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during the evacuation.

Roles and Responsibilities

Governing Body

The governors are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The governors monitor this policy and All Saints has a named governor, John Ashcroft, who works closely with the Allergy Lead and reports to those meetings.

Allergy Leads

All Saints has two named members of the Senior Leadership Team who are responsible for allergy safety, which includes driving the implementation of this policy and contributing to its review. They are Rob Alcock, Business Manager, and Lynne Jackson, Designated Safeguarding Lead.

The Allergy Leads are responsible for:

- systems to collect allergy information during the enrolment process, ensuring this information is shared with catering; outside of the normal admission point, ensuring information is shared with staff and catering teams as soon as possible but within two weeks of the pupil starting;
- holding a register of pupils and staff with allergies, including whether they hold adrenaline and whether they have an Allergy Action Plan, together with a record of any use of AAI(s) and the emergency treatment given;
- ensuring that systems are robust for the identification of pupils at mealtimes;
- communication about the policy, the pupils on the register of those with allergies, and the importance of recording and reporting near misses and incidents;
- communication with governors to provide updates about policy implementation;
- communication with the Office Manager and Designated Safeguarding Lead, to keep allergy safety part of their roles;
- communication with outside agencies such as the Health and Safety Executive (HSE), if a report under RIDDOR is needed;
- communication with the caterer regarding kitchen procedures and ensuring pupils with allergies are provided with a safe meal;
- communication with parents/carers, to enable them to input into Individual Healthcare Plans and to request Allergy Action Plans when appropriate;
- communication with pupils, to develop an understanding of allergy through information assemblies and opportunities across the curriculum;
- checking spare adrenaline devices and making sure these are in date, with replacements secured before the current ones expire;
- ensuring IHPs are created and communicated;

- ensuring that the up-to-date Allergy Action Plan and Individual Healthcare Plan are kept with each pupil's medication;
- checking that pupils' individually prescribed medication is in date on a termly basis, and sending a reminder to parents where medication is approaching expiry - noting it remains the parent's responsibility to ensure medication is in date;
- ensuring that any reaction or near miss is recorded and reported internally and to parents, and in accordance with RIDDOR where applicable (see section 15); and
- training - ensuring all staff complete annual training and that allergy is included in induction even for short-term staff.

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 a pupil's IHP (predominantly done by Year Teams) implementing a pupil's IHP;
- creating an inclusive curriculum;
- curriculum adaptation to minimise risks;
- completing risk assessments for curriculum activities with allergy risk in mind;
- building proactive relationships with parents/carers; and
- reporting near misses and incidents.

Parents

Responsible for:

- adhering to this policy;
- providing the school with the information it needs to create Individual Healthcare Plans;
- updating the school when reactions happen outside of school or when there are
- any changes to the pupil's allergy and its management; and
- ensuring the pupil always has in-date medication with them at school.

Pupil responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Identification of Individuals with Allergies

Admissions Data Collection

All Saints collects detailed medical information from parents/carers regarding known allergies, dietary restrictions and treatment histories prior to admission via a Google Form and encourages them to sign up to Arbor.

Information Sharing

UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary, in a controlled way, with teaching staff, support staff, supply/cover staff and catering teams, while maintaining appropriate data privacy. This is done through Arbor.

Transition

Allergy information and existing care plans will be shared as part of a pupil's transition. All Saints will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Staff will work with parents/carers and the pupil, if appropriate, to write a new IHP. Primary staff will be asked to provide information about pupils for transition visits ahead of a formal move.

Staff

The school's pre-employment pack will contain a questionnaire, which asks whether staff have any allergies. If an allergy is declared, there will be a discussion and an action plan created to ensure the member of staff has a safe working environment. Existing staff are encouraged to notify the Business Manager of any relevant changes to their medical status.

Visitors

Wherever possible, visitors will be asked about allergies ahead of their visit. If an allergy is declared, this will be noted on the visitors' log kept by Reception and the Allergy Leads will be notified. This information will then be communicated as necessary to ensure the visitor has a safe working environment.
Posters will be displayed in Reception so any unplanned visitors are prompted to alert staff if they have an allergy.

Individual Healthcare Plans and Allergy Action Plans

Allergy Action Plans

- These are clinical documents created by a GP, allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer, as this is the parental authority to administer medication, including administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, which could be annually or five-yearly. The pupil's photo needs to be updated annually so that they remain recognisable.

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 do not experience anaphylaxis, 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 a pupil is fully included in the life of the school. They identify the exact risk-mitigation measures that need to be followed.
IHPs are school-owned documents that are co-created by the school, parents/carers and pupils. They should include any advice received from health professionals. Where a pupil has an Allergy Action Plan and/or an Asthma Plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change; however, they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and passed on during transition to a new school.

All Saints will ensure that:

- pupils with an Allergy Action Plan and/or an Asthma Plan have an IHP;
- pupils without an Allergy Action Plan or Asthma Plan, but who have an allergy that needs active management over and above what other pupils need, will have an IHP; and
- IHPs are created whilst pupils are waiting for a diagnosis.

School Trips and External Visits

All Saints ensures that pupils with allergies are fully included in every trip, sporting event or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport and proximity to local emergency care will be undertaken, with control measures identified. In order to ensure the pupil is safe and included, alternative activities will be planned where necessary. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication, including adrenaline devices, with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with one of Allergy Leads, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The school will provide additional spare adrenaline devices should the risk assessment for the trip deem this necessary, ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Serious Incidents and 'Near Misses'

All Saints approach serious incidents and 'near misses' in a 'no blame' spirit, seeking to learn lessons and address any issues the incident identified, so that pupils are better protected in future.

All Saints are aware that, when an incident occurs, materials such as residues of food consumed or handled, or samples of fluids, may constitute evidence which may need to be seized and retained.

School uses Arbor to record allergic reactions (incidents) and near misses (e.g. accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

If the school is required to use the spare AAIs from its Anaphylaxis Kitt, a designated portal admin must complete the Incident Report Form on the Kitt Medical Portal. This is shared directly with the Kitt Medical team, who will follow up with the person who submitted the form to confirm further details, and will then arrange for replacement adrenaline pens to be sent to the school, ensuring it has the correct amount of in-date adrenaline at all times.

All Saints will share the report with the pupil's parents/carers, the pupil, and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons-learned review. School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

Wellbeing and Support

At All Saints, allergy safety is a priority and actions to ensure pupils are included and safe are embedded into the school's culture. Pupils with allergy can 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.

School:

- regularly communicates to pupils, parents /carers and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks;
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE;
- displays allergy awareness posters around the school;
- 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;
- invites new joiners with allergies to have a tour of the canteen so they can meet staff and get used to the mealtime environment, which may help reduce anxiety and enable staff to identify pupils with allergies in the dining hall; and
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available.

Safeguarding

All Saints recognise that a safeguarding referral may be needed if an incident highlights concern that a pupil might be at increased risk of being neglected, abused or exploited by persons inside or outside their family unit because of their medical condition. This might occur where relevant information about

a pupil's medical condition is not provided to the school, or where they are repeatedly sent without essential medication, thereby putting them at risk.

Unacceptable Practice

All Saints 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 pupils 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 pupil with the same condition requires the same support;
- assuming that older pupils 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 pupil or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming a pupil does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is underway;
- sending a pupil who becomes unwell to a school office without suitable supervision - in the case of an emergency or suspected emergency (for example anaphylaxis), help should come to the pupil;
- penalising pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management, including excluding pupils from rewards for 100% attendance where their non-attendance is the result of a medical condition
- 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 pupils from participating, or creating unnecessary barriers to their participation, 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 is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidance.

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 duties to safeguard and promote the welfare of pupils under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory

guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015.

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure 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) SEND code of practice: 0 to 25 years.
The Early Years Foundation Stage (EYFS) statutory framework.

Further Reading and Useful Links

Kitt Medical — https://www.kittmedical.com/

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

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

Section 34 of the Children's Wellbeing and Schools Act 2026 — https://www.legislation.gov.uk/ukpga/2026/21/section/34/enacted

Statutory guidance: Allergy Safety in Schools (Department for Education, 2026) — https://www.gov.uk/government/publications/allergy-safety-in-schools ***(template Individual Healthcare Plans can also be found here)***

Clarification of AAI guidance for schools in relation to Regulation 238 of the Human Medicines Regulations 2012 (March 2023) — https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148583/AAI_HMR238_Clarification_Dr_P_Turner.pdf

Guidance on the use of adrenaline auto-injectors in schools — https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Spare Pens in Schools — https://www.sparepensinschools.uk

Benedict's Law — https://benedictblythe.com/benedicts-law and https://www.anaphylaxis.org.uk/education/benedicts-law

Allergy Guidance for Schools — https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Allergy Guidance for food businesses — https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

The Food Information Regulations 2014 — https://www.legislation.gov.uk/uksi/2014/1855/contents

Knowsley Council School Meals Service Allergen Policy

Executive Summary

This policy covers the approach that the Council's School Meals Service takes to reducing the risk to pupils and staff with food allergies, intolerances, coeliac disease and wider food hypersensitivities.

Through this policy, we will aim to minimise the risk of allergens causing harm through safe procedures, staff training and planning for effective responses to allergenic emergencies.

Background

The UK's food allergen requirements introduced in 2014 stem from the EU Food Information for Consumers Regulation (EU) No. 1169/2011, which came into force on 13 December 2014 and was adopted into UK law. These standards require food businesses such as the School Meals Service to clearly identify the presence of any of the 14 specified allergens—celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, nuts, peanuts, sesame seeds, soybeans, and sulphur dioxide/sulphites—whenever they are used as ingredients.

In 2019 the legislation was amended to reflect additional elements for labelling pre-packed for direct sales (PPDS) which was enacted in 2021 and was broadly referenced as Natashas Law. This placed a legal requirement for businesses to provide full ingredient labelling, with allergens highlighted on all pre-packed for direct sale food.

All secondary schools in which Knowsley Council operate a school meals service will follow Natasha's Law by providing allergy labelling, along with a full ingredient list, on all food provided on site that is PPDS such as sandwiches or salads. Primary Schools in Knowsley operated by the Knowsley Council School Meals Service do not use PPDS products.

Whilst it doesn't affect any food legislation, the enactment of Benedicts Law as part of the Children's Wellbeing and Schools Bill (2026) specifically places an additional onus on the Education Sector and focuses on allergy management and safety in schools, rather than food information provided to consumers.

This Policy is designed to outline the Knowsley Council's School Meals Service approach to managing allergens.

The 14 food allergens

There are 14 allergens as contained within the law:



All schools who utilise the Knowsley Council School Meals Service will be provided with menus that identify and declare if any of these ingredients are used in any of the products being used / made within the kitchen. Knowsley Council school meals service is committed to ensuring all ingredients for every menu item are accurately listed with any of the 14 allergens shown above being highlighted.

The School Meals Service will ensure that any food served is correctly labelled, highlighting the presence of the 14 food allergens.

Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease. The School Meals Service takes into account all ingredients used in a food item, including hidden allergens:

- **Celery** refers to the stalks, leaves and seeds of both celery and celeriac, including celery salt
- **Cereals containing Gluten** include bread, pasta, pastry, cakes, royal icing, sauces, soups and batter
- **Crustaceans** include lobster, prawns, crab, scampi and pastes made with these
- **Eggs** can be found in pasta, quiche, sauces, cakes, mousses and mayonnaise, or items may be brushed with egg glaze
- **Fish** can be found in salad dressings, on pizza and in Worcestershire sauce

- **Lupin flour and seeds** are used in some pastries and bread and often in products labelled as gluten free

- **Molluscs** include squid, snails, mussels and oysters, including oyster sauce

- **Milk** can be found in cheese, butter, cream and yoghurt. Items may also be brushed with a milk glaze or contain milk powder

- **Mustard** refers to seeds, powder and liquid mustard and is often found in dressings and marinades, sauces, curries and soups. Cress also contains the substance which causes a reaction to mustard

- **Nuts,** such as almonds, Brazil nuts, hazelnuts, pecans, pistachios and cashews, macadamia and walnuts, are commonly used in desserts, bread, ice cream and sauce, whether whole, ground or as an oil

- **Peanuts** including peanut flour (groundnuts) and groundnut oil, can be found in desserts, cakes and sauces

- **Sesame seeds** are often found in bread, hummus, tahini and stir-fried dishes

- **Soya** refers to soya protein, flour and beans and can be found in tofu, sauces, edamame beans, desserts and may vegetarian and vegan products

- **Sulphur dioxide and sulphites** are preservatives commonly found in dried fruit, fruit juice, meat product, wine and beer (concentrations of more than 10mg/kg or 10mg/litre)

Any changes to suppliers or to a product or ingredient that is delivered to a school kitchen **MUST** be checked against latest allergen information on Cypad which is supplied via Erudus (a web-based product allergen portal). Any changes must be reported to the Catering Development Officer at the earliest convenience but no later than the end of the working day.

Once completed and published, menus **cannot** be changed by anyone except the Catering Development Officer who will update allergen information. Any new products must receive the same checks and sharing of information

Knowsley Council will be responsible for ensuring all documentation regarding ingredients, allergies and staff information are accurate and updated.

Parents / carers must provide the school with accurate and up-to-date information regarding food allergies when the pupil joins the school and throughout the time they

attend. The School Meals Service will provide the school with the Services' Special Diets Procedure form that is completed by the parent / carer and returned to the school. A meeting can be arranged with the School Meals Service; the school and the parent / carer if needed.

The Chef Supervisor is responsible for ensuring all procedures are adhered to while in the kitchen including checking allergens on menus and informing their Contract Manager if they, or any kitchen staff, require additional training.

All kitchen staff will undergo regular training on safe food handling including allergen awareness.

All new staff, including casual staff working in the kitchens, will complete the Food Standards Agency Allergy Awareness training online.

All staff, regardless of their position, are responsible for keeping pupils who have an allergy safe. Everyone must understand the procedures in place to protect them and follow all the guidelines carefully.

The above measures will ensure adherence to the statutory guidance set out under Benedicts Law which comes into effect in all schools across England from September 2026. The core life-saving principles of this law include:

- Clear, whole-school allergy policies
- Comprehensive allergy and anaphylaxis training for school staff. Kitchen staff will have allergen training only
- Access to spare emergency epi-pens
- Individual care plans and allergy action plans for pupils with food allergies

Knowsley Council

Schools Meal Service – Special Diets Procedure

Introduction

Throughout the School Meal Service we cater for all dietary requirements whether they be based on medical reasons or religious / cultural beliefs. Menus are carefully planned in line with the School Food Standards to ensure healthy and nutritious meals are provided to all pupils within our schools. The School Food Standards dictate that we are not able to routinely offer alternative catering provision outside of those stipulated.

All allergen information is displayed on our menus which are available at school and online – these can be shared with anyone who requests a copy also. School kitchens are able to provide further details as required for children with specific requirements. In addition, the School Meals Service operates an Allergen Policy which can be shared with anyone who requests a copy. Please note, the School Meals Service has no control or responsibility for items within schools such as packed lunch contents or pupil snacks.

We have stringent practices in place to ensure menus are adhered to and have extra checks for those created specifically for pupils with dietary requirements. We have a disclaimer that the contents of these menus are not guaranteed in case of unforeseen circumstances such as a supplier failing to notify us of ingredient changes to their products, product substitutions or delivery issues; this disclaimer must be signed before special dietary requirements and menus can be implemented.

Dietary requirements relating to either a medical condition or other medically complex needs usually require a meeting between the Contract Manager, the Chef Supervisor, a school representative along with a parent / carer of the pupil in order to discuss any needs in full. This will allow us to determine how these needs can best be accommodated. Evidence from a relevant doctor or medical professional should be provided to the school prior to this meeting and should also be brought along to the meeting.

Procedure

Step 1

Parents notify School of pupil's dietary requirements stipulating medical or religious / cultural reasons. The school will issue the parents / carer with this procedure. Completion of the **"Dietary Requirements Form"** attached is then required and should be promptly returned to the school and emailed to daniel.mcerlain@knowsley.gov.uk.

Step 2

The school will then send the completed form to the schools Kitchen Team and Contract Manager. Once received the request will be reviewed and the pupil's parents / carer contacted.

At this point if further information or clarification is required regarding the pupil's dietary requirements a meeting will be arranged with the parents / carer, a school representative, the Chef Supervisor and Contract Manager. Alternative menu options will be discussed along with how the service can manage the needs of the pupil.

Please note: Parents will be required to provide evidence from a medical professional such as a Paediatrician / Dietitian prior to this meeting.

Step 3

Once all parties have agreed on the menu, the final menu will be shared with those involved and the start date of the new menu will be confirmed.

Knowsley Council

Dietary Requirements Details Form

This form must be fully completed and returned to school

PUPIL NAME:	
SCHOOL NAME:	
CLASS / YEAR GROUP:	
PARENT / GUARDIAN NAME:	
PARENT / GUARDIAN CONTACT NUMBER:	
PARENT / GUARDIAN CONTACT EMAIL:	

Ingredients NOT to be consumed (managed or reduced) by pupil as stated above and reason:

EXAMPLE - NO wheat - celiac (gluten free)

Reasons For Additional Dietary Requirements (Please TICK as appropriate):

Medical ☐ Allergy ☐ Religious ☐ Cultural ☐

Pupil is under the care of a Medical Professional ☐

Any other relevant information:

Once complete please return this form to school and email to daniel.mcerlain@knowsley.gov.uk

Knowsley Council

Dietary Requirements Meeting Form

This form is to be completed in the meeting ONLY

MEETING DATE:	
LOCATION:	
ATTENDEES:	

Proof of Medical condition disclosed and copy provided to school

Yes ☐ N/A ☐

Further details discussed:

Menu/options discussed:

I confirm I have read and understand the School Meals Service Ingredients Disclaimer:

PARENT / GUARDIAN NAME:	
PARENT / GUARDIAN SIGNATURE:	
DATE:	

Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS

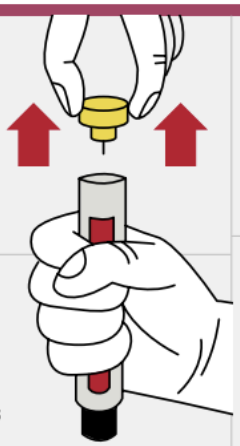
HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. **Pull off the yellow cap with your other hand.**

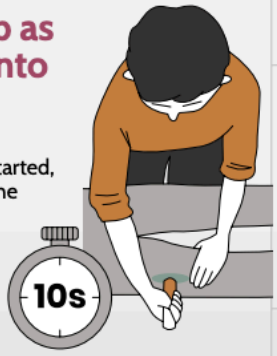


2. Place the black injector tip against the outer thigh

Hold the injector **at a right angles (approx. 90°) to the thigh.**

3. Push the black tip as hard as you can into the outer thigh

Wait until you **hear a 'click'** confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for **10 seconds (a slow count to 10)** then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**



6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

8. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

