St Mary's Catholic College
Wallasey

Allergy Safety Policy

2026-2028

Date of publication	September 2026
To be reviewed and adopted by Governing Body	September 2026
Date of review	September 2028 and annually thereafter
Issued to:	All Staff / Published on College Website

WRITTEN BY:	Mrs M Todd / Mrs E Parry
HEADTEACHER:	Mr K Maddocks
LEAD GOVERNOR:	Rachael Clarke

Allergy Safety Policy

Contents

1. Why this policy exists 3
2. Scope and status 3
3. Our Aims 3
4. Roles and responsibilities 4
5. Individual Healthcare Plans (IHPs) 4
6. Staff training 5
7. Adrenaline auto-injectors (AAIs) 5
8. Inclusion 6
9. Incident reporting and record-keeping 6
10. Communication with parents and carers 6
11. Review 6
12. Appendices: On Site Specific Policies 6
Appendix A: Innovate Catering Information 6
Appendix B: Minimising exposure to known allergens 7
Appendix C: Prescribed and spare adrenaline auto-injectors 7
Appendix D: Responding to an allergic reaction, anaphylaxis or acute asthma 8

This policy aims to meet the requirements of "Benedict's Law", Section 34 of the Children's Wellbeing and Schools Act 2026.

1. WHY THIS POLICY EXISTS

This policy sets out how school keeps pupils with allergies safe, and how staff respond if a pupil has a severe allergic reaction. It has been written to meet the requirements of Benedict's Law — the Schools (Allergy Safety) provisions within the Children's Wellbeing and Schools Act 2026 — which came about following the death of five-year-old Benedict Blythe in 2021 after an allergic reaction at school.

The law moves allergy safety from something schools were advised to do, to something they are legally required to do. This policy is our response to that duty, with phase-specific detail set out in the appendices for our primary and secondary settings.

As a Catholic school, keeping every child safe and enabling every child to flourish and be fully included in school life sits at the heart of our mission. This policy is one practical expression of that commitment.

2. SCOPE AND STATUS

This is a standalone policy. It is not a subsection of the School's Supporting Pupils with Medical Conditions policy, in line with the statutory requirement that allergy safety be addressed separately. It applies to all pupils, staff, volunteers, governors, and visitors to St Mary's Catholic College, Wallasey, and to all school-organised activities, including trips, clubs, and mealtimes, whether on or off site.

This policy must be read alongside our FIrst Aid Police, Health and Safety policy, and Safeguarding policy. Where there is any conflict, the requirements of this policy take precedence on matters of allergy safety.

3. OUR AIMS

- Every pupil with a diagnosed allergy has an up-to-date Individual Healthcare Plan (IHP).
- Every member of staff likely to be on site with children - teaching, support, catering, cleaning, office and minibus staff - is trained to recognise and respond to an allergic reaction.
- Adrenaline auto-injectors (AAIs) are available, in date, accessible and can be administered within five minutes of a reaction being recognised.
- Pupils with allergies are fully included in school life - in lessons, at mealtimes, on trips, and in clubs —- rather than being excluded for reasons of convenience or risk-aversion.
- Incidents and near misses are recorded, reported, and learned from.
- Parents and carers are confident that their child's allergy is understood and taken seriously.

4. ROLES AND RESPONSIBILITIES

The Trust Board

Holds overall responsibility for ensuring St Mary's Catholic College meets its statutory duties under Benedict's Law.

Named Governor

The governing body has appointed Rachael Clarke as named governor to oversee allergy safety in school, including reviewing incidents and near misses, and satisfying themselves that AAI checks and staff training are up to date.

Headteacher

The Headteacher holds day-to-day responsibility for allergy safety in the school, including appointing the school's named Allergy Lead, ensuring the policy is published on the school website, and ensuring IHPs are in place before a pupil with a diagnosed allergy starts or returns to school. As part of the Headteacher's termly report to governors, a section on allergy safety will include information about incidents and near misses.

Named Allergy Lead

The Senior Assistant Headteacher, Mrs E Parry is the member of the Senior Leadership team appointed as Named Allergy Lead, with support from Mrs M Todd, a member of the Extended Leadership Team with responsibility for First Aid, to oversee day-to-day implementation: maintaining the AAI register, coordinating IHPs with parents and health professionals, overseeing incident reporting, and organising staff training.

All staff

Every member of staff - including those not directly teaching, such as catering, cleaning, office, and transport staff - will complete allergy and anaphylaxis training and know how to respond if a pupil shows signs of a reaction, including calling 999 without delay. Training is available on Prospero.

Specific arrangements will be made for food technology, science practicals, and any vocational or catering courses where allergens may be present.

Staff arranging in-class activities involving food, and any food brought into school for celebrations or rewards will be responsible for checking Allergen information.

Staff arranging work experience placements and/or off-site vocational provision will be responsible for ensuring the host setting is aware of a pupil's allergy, IHP and emergency arrangements.

5. Individual Healthcare Plans (IHPs)

Every pupil with a diagnosed allergy that has a functional impact on their time in school will have an IHP, agreed with parents and, where relevant, health professionals, before the pupil starts at the school or as soon as practicable after diagnosis. The IHP must include:

- The specific allergy or allergies and known triggers.

- Signs and symptoms to watch for, specific to that pupil.
- Emergency response steps, including AAI use if prescribed and emergency contact details for the pupil's parents/carers.
- Arrangements for mealtimes, trips, PE, and any relevant curriculum areas (e.g. food technology, science)

In addition:

- The IHPs will be shared with all staff, on a "need to know access arrangement" given pupils move between subject teachers and rooms.
- The IHPs will be shared with all supply staff and cover teachers.
- IHPs will be reviewed at least annually or sooner if a pupil's allergy status changes or following any reaction.

Pupils will be supported to take increasing responsibility for managing their own allergy, including carrying and administering their own emergency medical kit including an AAI, where agreed with parents and health professionals, while staff responsibilities under this policy remain unchanged.

6. STAFF TRAINING

All staff likely to be on the school site at the same time as pupils will complete allergy and anaphylaxis training, covering recognition of allergic reactions and anaphylaxis, emergency response including calling 999, safe storage and use of AAIs, and incident recording and reporting.

The Senior Leader managing cover staff will be responsible for ensuring all cover and supply teachers are briefed on relevant IHPs as part of standard cover arrangements.

The Named Allergy Lead will ensure catering staff and lunchtime supervisors receive the required training, given the heightened risk around food at break and lunch.

Contractors are not required to complete this training, but the Site Manager has responsibility to ensure they are made aware of the school's emergency procedures where relevant.

Training will be refreshed annually, and the Named Allergy Lead will be responsible for keeping a record of who has completed it, so gaps are visible before they become a problem rather than after.

7. ADRENALINE AUTO-INJECTORS (AAIS)

The School holds spare AAIs for emergency use, in addition to any prescribed to individual pupils, so that a device can be administered within five minutes of a reaction being recognised. Larger schools stock accordingly. The Named Allergy Lead will check expiry dates regularly and arranges replacement in good time.

8. INCLUSION

Having an allergy should not be a reason for a child to be left out. School sets out, through its' IHPs and general planning, how pupils with allergies are kept safe and fully included at mealtimes, on trips, and in clubs and takes seriously any instance of a pupil being excluded, teased, or made to feel different because of their allergy, treating this as a safeguarding and anti-bullying matter.

9. INCIDENT REPORTING AND RECORD-KEEPING

Every allergic reaction and every near miss is recorded, using the school's standard incident log, and reported to the Named Allergy Lead. Serious incidents are reported to the named governor, Safeguarding Lead and Trust central team and reviewed to identify any lessons for the pupil's IHP, staff training, or wider school practice.

10. COMMUNICATION WITH PARENTS AND CARERS

Parents and carers of a child with a diagnosed allergy are involved in drawing up and reviewing the IHP, and told promptly if their child's allergy has caused any incident at school, however minor. This policy itself is published on each school's website so all parents can see how allergies are managed.

11. REVIEW

This policy is reviewed annually by the Head Teacher and Named Allergy Lead, and sooner if statutory guidance changes, following a serious incident, or if a named governor or headteacher raises a concern about how it is working in practice.

12. APPENDICES: ON SITE SPECIFIC POLICIES

Appendix A: Innovate Catering Information

The school and Innovate will work together to ensure that pupils with food allergies receive suitable meals. Current pupil allergy information will be shared securely with Innovate; informal messages or unverified changes will prompt follow-up but will not, by themselves, authorise a change to a pupil's meal.

Innovate's Nutrition or Technical team will verify the information, assess menu suitability and confirm the approved menu route to the school and Catering Manager before the pupil's first meal is provided.

Current written allergen and ingredient information will be available to pupils and parents through the approved allergen matrix or digital system at the point of choice or service, with support available from the Catering Manager or Allergen Buddy; staff will not provide assurances from memory.

Food prepared and packed on the premises before it is selected or ordered, and therefore classed as prepacked for direct sale (PPDS), will be labelled with the name of the food, a complete ingredients list and each of the 14 regulated allergens emphasised within that list, in accordance with the Food Information Regulations 2014 and Natasha's Law. Food with a missing, damaged, illegible or mismatched label will not be served until it has been corrected and independently verified.

Appendix B: Minimising exposure to known allergens

The school will identify pupils' known allergies through admission information, updates from parents and carers, and Individual Healthcare Plans (IHPs). The Named Allergy Lead will ensure that relevant information is kept current and made available to staff who need it to plan activities or respond to an

emergency. Staff will follow the arrangements in each pupil's IHP, including any Allergy Action Plan or Asthma Action Plan.

Before planning lessons or activities that involve food, animals, plants, chemicals or other potential allergens, staff will check whether any participating pupil has a relevant allergy. This applies particularly to food technology, science practicals, art and craft activities, rewards, celebrations, clubs and off-site activities. Where an ingredient or material presents a risk, staff will make a suitable adjustment so that the pupil can take part safely alongside their peers. Staff will check ingredient and allergen information before using food, including food brought into school or purchased for an activity. Food will not be offered to a pupil with an allergy where its ingredients cannot be confirmed as suitable.

Pupils will be reminded not to share food or drinks where doing so could expose another pupil to an allergen. Staff will consider allergy risks in classrooms, dining areas and other shared spaces. Appropriate cleaning of tables, equipment and utensils, together with handwashing after handling food or other allergens, will be used to reduce the risk of accidental exposure. Any additional precautions required for an individual pupil will be recorded in their IHP and communicated to the relevant staff.

Appendix C: Prescribed and spare adrenaline auto-injectors

Pupils prescribed emergency adrenaline must have rapid access to **both of their prescribed devices** throughout the school day, including during lunch, PE, clubs and visits. Their IHP will state whether the pupil carries the devices or where they are kept, how staff can obtain them immediately, and where the pupil's Allergy Action Plan can be found. A school spare is an additional emergency provision; it does not replace a pupil's own prescribed devices.

The school will hold **two pairs of spare adrenaline auto-injectors (AAIs), each of the appropriate 300 microgram dose for secondary-age pupils**. One clearly labelled pair will be kept in the **First Aid room** and one clearly labelled pair **at the science prep room**. Both pairs must be readily accessible, without a locked door or cabinet delaying access, whenever pupils are on site. Staff will be shown the locations during allergy training and induction. In an emergency, a member of staff will bring the nearest appropriate devices **to the person**, rather than moving the person to the devices. The Named Allergy Lead will check that the locations allow an AAI to reach any part of the site within five minutes and will change the arrangements if this cannot be achieved.

Mrs M Todd, in her first aid role, will check and record the location, quantity, condition and expiry dates of both spare pairs, with oversight from the Mrs E Parry. She will arrange replacements before devices expire and promptly after any device is used or damaged. Used or expired AAIs will be disposed of safely in accordance with medicines and sharps disposal arrangements.

Before an off-site visit, the visit leader will check each participating pupil's IHP and confirm that their **two prescribed adrenaline devices** and Allergy Action Plan will be accessible throughout the visit. The visit risk assessment will identify the staff responsible for the emergency response and whether taking additional spare AAIs is appropriate. Removing a spare pair for a visit must not leave pupils on the school site without the planned level of emergency cover.

Appendix D: Responding to an allergic reaction, anaphylaxis or acute asthma

Staff will follow the pupil's IHP and attached Allergy Action Plan or Asthma Action Plan where one is available. These plans are held on Arbor and in FIrst AId and staff who supervise the pupil, including cover

staff and visit leaders, will be told how to access them. **Emergency treatment must not be delayed while a plan is located.**

A pupil with a mild or moderate allergic reaction must not be left alone. Staff will obtain first aid support, follow the pupil's plan, inform their parent or carer and observe the pupil for at least **60 minutes**, because symptoms may worsen. Any signs affecting the **airway, breathing or circulation**—such as throat or tongue swelling, a hoarse voice, persistent cough or breathing difficulty, faintness, confusion or collapse—must be treated as suspected anaphylaxis. Anaphylaxis can occur without a rash and may be a pupil's first known allergic reaction.

For suspected anaphylaxis, staff will:

1. **Give adrenaline immediately.** Use the pupil's prescribed device if it is available. If it is unavailable, cannot be found promptly or misfires, use a school spare AAI. A spare AAI may also be used where someone with no previously known allergy has suspected anaphylaxis. Do not delay adrenaline to seek consent, locate a plan or call a parent.
2. **Call 999 immediately**, requesting an ambulance for suspected anaphylaxis. Where possible, one member of staff will give adrenaline while another calls.
3. Keep the person lying flat, with legs raised if appropriate. If breathing is difficult, allow them to sit with their legs outstretched. **Do not allow them to stand or walk.** Bring medication and help to them.
4. Stay with the person, follow the ambulance operator's instructions and give a **second dose of adrenaline after five minutes if symptoms have not improved**, using their second prescribed device or a suitable spare.
5. Inform the parent or carer as soon as emergency treatment is under way. Record the treatment and times given and pass this information, together with the used device where appropriate, to the ambulance crew.

For an acute asthma attack, staff will follow the pupil's Asthma Action Plan and help them use their **prescribed reliever inhaler and spacer, where applicable**, without delay. Staff will call 999 if the pupil is severely breathless, is getting worse, does not respond to their reliever treatment, or if staff are concerned. If the school holds an emergency salbutamol inhaler, it will be used only in line with the separate emergency inhaler procedure, including the required prior written consent. Where a pupil with a known food allergy develops sudden breathing difficulty, staff must consider **anaphylaxis** and give adrenaline promptly; an asthma inhaler must not be used instead of adrenaline to treat anaphylaxis.