



ST GEORGE'S CATHOLIC SCHOOL

ALLERGY SAFETY POLICY (Effective September 2026)

“Bear one another’s burdens, and in this way you will fulfil the law of Christ.”
Galatians 6:2 (NRSV)

Trust / school	Cardinal Hume Academies Trust / St George’s Catholic School
Allergy Safety Lead	Isabelle Goursaud (Executive SENCO) and Laura O’Sullivan (Acting Deputy Headteacher)
Link governor	Delores McLean-Boyd
Approved / review	By Governors on 21/09/26. Review date – Autumn term 2027
Spare AAls	Medical office, and in the Reception first-aid box

1. Purpose, status and scope

This policy explains how St George’s Catholic school identifies and supports pupils with allergies, reduces exposure to known allergens, and responds to allergic reactions and anaphylaxis. It has regard to the DfE statutory guidance *Allergy Safety in Schools* (July 2026) and meets the requirements of section 100A of the Children and Families Act 2014, as introduced by section 34 of the Children’s Wellbeing and Schools Act 2026, together with any applicable requirements made under section 100B.

It applies during the school day and all school-organised provision, including clubs, sport, transport, work experience and trips, and to employees, supply staff, volunteers, governors, caterers, contractors and hirers. It should be read with the school's medical conditions, first aid, educational visits, food safety, safeguarding and complaints policies.

2. Leadership and responsibilities

The governing body has overall responsibility for ensuring that this separate policy is implemented, published, publicised and reviewed at least annually. The Head of School is accountable for implementation and has named Isabelle Goursaud (Executive SENCO) and Laura O’Sullivan (Acting Deputy Headteacher) to coordinate allergy safety. Delores McLean-Boyd provides challenge and assurance.

The named leader will; maintain the allergy register ensuring records on Arbor, in the Accident Book and in the pupil file; ensure communication with e.g. parents, pupils and teachers, coordinate risk assessments and Individual Healthcare Plans (IHPs); ensure medication and spare adrenaline auto-injectors (AAls) are accessible and in date; arrange training; oversee catering, curriculum and trip controls; review incidents and near misses; and report at least annually to governors.

All staff must complete required training, follow IHPs and risk controls, know how to summon help and obtain AAls, act immediately in an emergency, and report incidents, near misses or unsafe arrangements. Parents/carers must provide and update medical information and prescribed medication, participate in IHPs and replace used or expiring devices promptly. Pupils will be supported, according to age and understanding, to recognise symptoms, avoid sharing food and accepting food, access medication and seek help immediately.

3. Identification, risk assessment and IHPs

Parents/carers are asked for allergy and medication information on admission and at least annually, and must notify the school immediately of changes. On notification, the school will consult the pupil and family, seek relevant clinical information, assess risks and decide whether an IHP is required. An IHP will normally be used for pupils at risk of anaphylaxis, with prescribed emergency medication, or with complex needs. The IHP will record allergens and symptoms; risk controls and reasonable adjustments; medication, storage and authorised administration or self-carry arrangements; the emergency plan; arrangements for meals, lessons, clubs, sport, transport and trips; communication; and review dates. It will be reviewed at least annually and after a reaction, near miss, change in diagnosis/medication, transition or material change in arrangements. Relevant information, including a photograph where agreed, will be shared securely with staff who need it. Pupils with allergies will have this also recorded in the Pupil Journal (a sticker will be added at the back of the individual pupils' journal).

4. Reducing exposure and ensuring inclusion

The school will take proportionate, pupil-specific steps to minimise foreseeable exposure to known allergens while enabling pupils to participate fully in school life. Although the school cannot guarantee an entirely allergen-free environment, it will work with pupils, parents or carers, relevant healthcare professionals and the catering provider to manage identified risks.

For pupils with food allergies, appropriate catering arrangements will be determined through an individual risk assessment and, where applicable, recorded in the pupil's Individual Healthcare Plan. Where the catering provider cannot safely meet a pupil's particular needs, the school may agree with the pupil and their parents or carers that food should be brought from home. This decision will be reviewed regularly and will not remove the school's responsibility to take reasonable precautions, provide appropriate supervision and respond to an emergency.

Pupils will be supported, according to their age and understanding, to avoid sharing or accepting food, sweets or drinks where the ingredients or potential allergen risks are unknown. Responsibility for allergy safety will not rest solely with the pupil.

Curriculum and school site: Staff will assess activities involving food, plants, animals, latex, chemicals or other potential allergens. Appropriate substitutions and adjustments will be made, suitable cleaning arrangements maintained, and relevant information provided to external staff and contractors. Allergy-related bullying, teasing or deliberate exposure to an allergen will be addressed through the school's

behaviour and safeguarding procedures.

Trips and activities: No pupil will be excluded from a trip or activity solely because of an allergy. The visit leader will review the pupil's Individual Healthcare Plan and assess relevant risks, including food, accommodation, transport, medication, trained supervision, communication and access to emergency services. Prescribed medication and any agreed spare adrenaline devices must be checked before departure, and a named adult must be allocated responsibility for implementing the agreed arrangements.

5. Medication and spare AAls

Prescribed allergy medication must be clearly labelled, stored correctly and immediately accessible; it must not be locked away where access could be delayed. Arrangements must cover lessons, breaks, evacuation, lockdown, sport, clubs and off-site activity. Competent pupils may carry and self-administer medication, but staff remain responsible for recognising and responding to emergencies. The school will hold spare AAls in accordance with current legislation and DfE guidance at Medical office, and in the reception first-aid box. Ms Keeley Deery will check stock monthly, suitable strengths, expiry dates, storage, registers and parental consent arrangements, and replace devices before expiry or immediately after use.

6. Emergency response

Anaphylaxis: Administer adrenaline without delay, call 999 and say 'anaphylaxis'. If in doubt, give adrenaline. Delay is more dangerous than unnecessary administration.

1. The pupil should carry their AAI with them and should be given space to self-inject if possible; never leave the pupil alone.
2. Administer an AAI immediately in outer side of upper thigh if anaphylaxis is suspected and note the time.
3. Call 999, state 'anaphylaxis', give the exact location and follow instructions. Then notify the parent/carer and arrange for someone to meet the ambulance.
4. Keep the pupil lying flat with legs raised; sit them up only if breathing is difficult. Do not let them stand or walk. Place an unconscious breathing pupil in the recovery position.
5. If there is no improvement after five minutes, or symptoms return, give a second AAI if available and in accordance with current guidance.
6. The pupil must go to hospital even if apparently recovered. Send their medication and IHP.

7. Training and communication

All staff, including temporary and support staff, will receive allergy-awareness training on induction and at least annually, with further training following changed guidance, an incident or identified weakness. It will cover common allergens; recognition of allergy and anaphylaxis; emergency action, positioning and calling 999; practical use and location of AAls; risk reduction, inclusion and reporting. Staff with specific responsibilities receive role- and pupil-specific training. Attendance, content, competence and renewal dates will be recorded. Supply staff, volunteers, contractors and trip leaders will be briefed before taking responsibility.

The policy will be published on the school website and publicised to staff, pupils and parents. Information will be shared on a need-to-know basis in accordance with data-protection law. Reasonable adjustments will ensure that allergy does not unnecessarily restrict education, meals, worship, sport, enrichment or social activity.

8. Incidents, complaints and review

Every allergic reaction, AAI administration, serious incident and near miss will be recorded promptly in the Accident Book including the trigger, symptoms, timings, action, medication and emergency-service involvement. A record will be placed on the pupil file. Parents/carers will be informed. Keeley Deery will complete a proportionate review within five school days, identify learning and actions, update IHPs/controls/training, and escalate serious matters to the headteacher, Trust, governors and external agencies as required. Use of a spare AAI will be entered in the required register and stock replaced immediately.

Urgent concerns should be raised with Isabelle Goursaud/Laura O’Sullivan. Complaints follow the school's Complaints Policy without delaying protective action. Governors will review this policy at least annually and sooner after legal/guidance changes, a serious incident, significant near miss or material operational change.

9. Annual assurance checklist

Area	Assurance	Done
Policy	Approved, published, publicised and review scheduled	[]
Leadership	Named senior leader and link governor confirmed	[]
Pupils	Allergy register and IHPs current and shared appropriately	[]
Training	All-staff and role-specific training completed and recorded	[]
Medication	Prescribed/spare AAIs accessible, in date and checked	[]
Controls	Catering, curriculum, trips, clubs and hirers covered	[]
Emergency	Procedure, exact address and ambulance access tested	[]
Learning	Incidents/near misses reviewed and actions completed	[]

10. Local emergency details

Full address / postcode	Lanark Road, Maida Vale, London W9 1RB
Ambulance entrance / meet point	Lanark Road, Maida Vale, London W9 1RB
Prescribed medication / spare AAI locations	Medical office for Prescribed medication. Medical office, and in the Reception first-aid box for spare AAIs
Internal emergency contact	Keeley Deery to be contacted by phone, in person, or via tannoy

Key references: DfE, Allergy safety in schools (July 2026); Children and Families Act 2014, ss.100, 100A-100B; Children's Wellbeing and Schools Act 2026, s.34; DfE, Supporting pupils at school with medical conditions.

This policy is reviewed annually.

Date of review: 21st September 2026

Date of next review: Autumn 2027