STRATFORD UPON AVON PRIMARY SCHOOL

Allergy Policy

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Policy Owner	Mrs Gill Humphriss
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Version Control

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1. Purpose and legal framework

This policy establishes a whole-school approach to preventing allergen exposure, supporting the inclusion and wellbeing of pupils with allergies, and responding promptly and safely to allergic reactions and anaphylaxis.

It has been prepared with regard to the Department for Education's statutory guidance, Allergy safety in schools (July 2026), and fulfils the requirement in section 34 of the Children's Wellbeing and Schools Act 2026 for maintained schools, academies and pupil referral units in England to have an allergy safety policy.

It should be read alongside the school's Supporting Pupils with Medical Conditions, First Aid, Medicines, Safeguarding, Educational Visits, Equality, Behaviour/Anti-bullying, Data Protection and Food/Catering policies.

2. Principles

Allergy safety is a shared responsibility led by the governing body and senior leadership team; it is not solely a catering matter.

Pupils with allergies will be safe, included, listened to and enabled to participate fully in school life, with reasonable adjustments where required.

The school will reduce foreseeable risk but cannot guarantee an allergen-free environment. Blanket 'allergen-free' claims will not be made unless they can be substantiated.

Emergency treatment must never be delayed. When anaphylaxis is suspected, adrenaline should be administered as soon as possible and within five minutes, followed immediately by a 999 call.

The school will work in partnership with pupils, parents/carers, healthcare professionals, staff and catering providers.

Incidents and near misses will be recorded and reviewed in a fair, learning-focused manner.

3. Scope and definitions

This policy applies throughout the school day and to breakfast and after-school provision, clubs, sports, performances, trips, residential visits and any activity organised by the school. It covers pupils and, where relevant, staff, volunteers and visitors.

An allergy is an immune response to a normally harmless substance. Triggers may include food, insect stings, medicines, latex, contact allergens, animals or airborne allergens. Anaphylaxis is a severe, potentially life-threatening allergic reaction that can progress rapidly and affect airway, breathing or circulation. Food intolerance and coeliac disease require appropriate management but are not the same as food allergy.

4. Leadership and responsibilities

The governing body will

- approve, publish and review this policy at least annually;
- ensure allergy risks are included in the school risk register and actively managed;
- receive periodic anonymised reports on serious incidents, near misses, training, medication checks and policy implementation;
- ensure sufficient resources, appropriate insurance and effective oversight.

The named senior allergy lead will

- drive implementation and maintain whole-school oversight;
- ensure pupils with allergies are identified and appropriate Individual Healthcare Plans (IHPs) are completed;

- ensure training, induction, medication, catering, trips and incident review arrangements are effective;
- liaise with families, healthcare professionals, caterers and wraparound providers;
- report to governors and lead annual and post-incident review

All staff, volunteers and providers will

- complete required training and follow this policy, IHPs and healthcare-professional Action Plans;
- know how to identify an allergic reaction, summon help, locate medication and respond;
- check allergens when planning food, curriculum activities, celebrations and visits;
- never offer food to a pupil with a known allergy unless it has been confirmed as suitable under agreed arrangements;
- report every allergic reaction, error and near miss promptly.

Parents/carers will

- give accurate, current information and promptly report changes;
- provide prescribed medication in its original labelled packaging, in date, together with healthcare-professional plans;
- replace used or expiring medication promptly and collaborate in creating and reviewing the IHP;
- support school food and celebration arrangements and teach their child not to share food.

Pupils will be supported to

- understand their allergy and tell an adult immediately if they feel unwell;
- avoid sharing or swapping food, drinks, utensils or medication;
- take increasing responsibility for their medication when developmentally appropriate and agreed in the IHP;
- raise concerns without embarrassment or fear of bullying.

5. Identifying and recording allergies

- Allergy information will be sought at admission, transition, the start of each academic year and whenever a new diagnosis or change is reported.
- The school will actively follow up incomplete information and will not dismiss a reported or suspected allergy because healthcare advice is not yet available; proportionate interim arrangements will be agreed.
- A secure allergy register will record the pupil's name, photograph, allergens, likely symptoms, medication, Action Plan/IHP status and key controls. Access will be limited to staff who need the information to keep the pupil safe.
- Up-to-date, staff-only allergy information will be available where food is prepared or served and in relevant curriculum areas. Supply, club, catering, lunchtime and trip staff will receive the information necessary for their role.
- Visitor and staff allergies will be identified and supported where reasonably necessary, particularly when food is served.

6. Individual Healthcare Plans and Action Plans

An IHP will be created where an allergy has a functional impact, places the pupil at risk of harm, and requires arrangements additional to or different from those generally available. The school will lead its creation with the pupil and parents/carers, taking account of healthcare-professional advice.

The IHP will cover triggers, symptoms, prevention, reasonable adjustments, participation, communication, emergency response, medication and storage, consent, named responsibilities, trips and review arrangements. Any current BSACI Allergy Action Plan and/or Asthma Action Plan supplied by a healthcare professional will be attached and followed.

IHPs will be in place by the start of term for new starters wherever possible, and every reasonable effort will be made to complete arrangements within two weeks for a mid-term admission or new diagnosis. They will be reviewed at least annually and immediately after a significant change, serious incident or near miss.

7. Staff training and awareness

All staff present while pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes permanent and temporary staff, supply teachers, agency and peripatetic staff, regular volunteers, catering staff, lunchtime staff and breakfast/after-school staff. First-aid training alone is not sufficient.
Training will cover allergy and co-existing conditions; allergy versus intolerance and coeliac disease; triggers and prevention; recognising mild/moderate reactions and anaphylaxis; emergency actions; locating and administering prescribed and spare medication; Action Plans; pupil wellbeing; reporting incidents/near misses; and staff responsibilities under this policy.

New staff will be trained through induction before assuming unsupervised pupil-facing duties. Supply and cover staff will receive an immediate briefing on emergency arrangements and relevant pupils. Training attendance, content, provider, competence/practical familiarisation and renewal dates will be recorded.

Good-practice assurance

The school will run and record at least one simulated anaphylaxis drill each year to test communication, access to medication and emergency response. The drill will be planned sensitively with affected pupils and families where appropriate.

8. Minimising exposure to allergens

- Risk control will be individual and proportionate. Staff will follow each pupil's IHP and Action Plan rather than relying on general assumptions.
- Hands and eating surfaces will be cleaned using effective methods before and after food. Pupils will be taught not to share food, drinks, bottles or utensils.
- Food brought from home for sharing will only be permitted under the school's agreed arrangements. Ingredient and allergen information must be available; homemade food without reliable ingredient information will not be given to pupils with allergies.
- Staff will check ingredients and cross-contact risks before cooking, tasting, craft, science, music or animal-related activities. Safer whole-group alternatives will be used to avoid excluding a pupil.
- Food packaging, play dough, glue, bird seed and recycled materials will be treated as potential allergen sources and checked before use.
- Reasonable measures will be agreed for contact or airborne allergens. Individual pupils will not be segregated routinely or excluded from learning because of allergy.
- Allergy-related bullying, threats or deliberate exposure will be treated as a serious safeguarding and behaviour matter under the school's behaviour and anti-bullying procedures.

9. Food and catering controls

The school and catering provider will comply with food-information and allergen-labelling requirements, including requirements for prepacked for direct sale food. Current allergen information will be available for every meal, snack and menu substitution. Recipe or supplier changes must trigger a fresh allergen check before service.

- Parents/carers will be offered direct liaison with catering staff to agree safe provision and clarify cross-contact controls.
- Named meals, drinks and lunchboxes for pupils with allergies will be clearly identified and protected from mix-ups. A positive identification/checking system will operate at service.
- Catering and school leaders will agree responsibilities for purchasing, storage, preparation, serving, cleaning, substitutions, communication and incident reporting.
- Pupils with allergies will be supervised appropriately without being unnecessarily singled out. Seating arrangements will be individual, proportionate and agreed through the IHP.
- School celebrations, rewards, fundraising and curriculum food activities will follow the same controls as routine catering. Non-food rewards will be preferred where practical.

10. Prescribed medication and rapid access

Pupils prescribed adrenaline must have rapid access to both of their prescribed devices at all times, including classrooms, lunch, play, sports, wraparound provision, travel and visits. Older or capable pupils should be encouraged to carry their devices where this is safe and agreed. Otherwise, devices will be stored in an unlocked, clearly marked and readily accessible location, out of younger children's reach where necessary.

Medication will remain in its original labelled packaging and be stored at room temperature in line with manufacturer instructions, away from direct sunlight and extremes of heat. It will not be refrigerated or locked away. A copy of the current Action Plan should be kept with the medication.

The school will record receipt, location, dose, batch/serial information where applicable, expiry, checks, return and administration. Parents/carers remain responsible for supplying and replacing prescribed devices; school checks do not remove that responsibility. Arrangements for devices travelling home will be specified in the IHP.

11. Spare adrenaline auto-injectors (AAIs)

The school will maintain spare AAIs of appropriate doses, stocked and stored in pairs. For a primary school, the DfE guidance indicates one pair of 150 microgram AAIs for pupils under 6 and one pair of 300 microgram AAIs for pupils aged 6 and over, subject to current Department of Health and Social Care guidance and site-specific assessment.

Dose / device	Quantity	Location	Check / expiry record
150 micrograms (under 6)	One	Staff Room	August 2027
300 micrograms (6 and over)	One	Staff Room	August 2027

- Spare AAIs will be clearly labelled as the school emergency supply, readily accessible, unlocked, stored at room temperature and capable of reaching any person on site within five minutes.
- The named lead will check the kit at least monthly and after any use: correct pair/doses, expiry, packaging/device condition, instructions, location signage and accessibility.

- Used AAIs will be handed to ambulance staff where possible or disposed of through an approved pharmacy/sharps route. Used or expired stock will be replaced immediately.
- A pupil's own prescribed device should be used first when available. A spare may be used if the prescribed device is unavailable, has misfired, or where a person has suspected anaphylaxis without a known diagnosis, in accordance with current law and guidance.
- Prior consent will be sought where practicable and recorded in the IHP; however, emergency action to save life must not be delayed while consent is checked.

12. Emergency response to suspected anaphylaxis

ANAPHYLAXIS IS A MEDICAL EMERGENCY
If in doubt, give adrenaline. Do not delay treatment while contacting parents or waiting for emergency services. Follow the person's current healthcare-professional Action Plan and the instructions on the device.

Possible warning signs

Airway: swelling of the tongue or throat, difficulty swallowing, hoarse voice. Breathing: difficult/noisy breathing, wheeze, persistent cough, breathlessness. Circulation: pale/clammy skin, dizziness, confusion, collapse, loss of consciousness. A severe reaction may occur with or without skin symptoms.

Staff must

- Send for the pupil's two prescribed adrenaline devices and the school's spare pair. Do not move the pupil to the medication.
- Lay the pupil flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not let them stand or walk. If unconscious or pregnant, use the recovery/left-side position as appropriate.
- Administer adrenaline immediately into the outer mid-thigh, through clothing if necessary, following the Action Plan and device instructions. Adrenaline should be given as soon as possible and within five minutes.
- Call 999 immediately and say 'anaphylaxis'. Give the school address, exact location, access instructions, symptoms and treatment given. Do not wait to call 999 before giving adrenaline.
- Contact parents/carers after adrenaline and the 999 call; this must not delay treatment.
- If symptoms have not improved after five minutes, give the second device in accordance with the current Action Plan/device guidance. Follow 999 instructions and commence CPR if needed.
- A trained adult must remain with the pupil, monitor them continuously, keep them in the correct position and send the used device(s), Action Plan and medication record with ambulance staff. The pupil must attend hospital even if they appear to recover.
- A contemporaneous administration record will include the date/time, symptoms, suspected trigger, device/dose, injection time and site, second dose if used, 999 call time, staff involved and transfer outcome.

13. Visits, sport and off-site activities

- No pupil will be excluded from a visit or activity solely because of allergy. Reasonable adjustments will be planned with the pupil and parents/carers.
- The visit leader will complete an individual allergy risk assessment for every pupil at risk of anaphylaxis, covering food, travel, accommodation, emergency access, mobile signal, nearest emergency care, staffing and communication.

- The pupil's two prescribed devices and Action Plan must be checked before departure and remain immediately accessible, never in inaccessible luggage. A trained member of staff must be present.
- Taking school spare AAIs will be considered for each visit, but doing so must not leave the school site without its required emergency supply. Additional stock may be needed.
- External providers will receive necessary allergy information in advance, subject to data-protection controls, and their arrangements will be checked rather than assumed.

14. Incidents, near misses and learning

Every allergic reaction, medication error, accidental exposure, unsafe substitution and near miss will be reported promptly to the named senior lead. Reports may be made by pupils, parents/carers, staff, visitors or healthcare professionals, including where symptoms appear after the pupil has gone home.

- Provide immediate care and make any statutory notification without delay.
- Inform parents/carers and preserve relevant evidence such as packaging, menus, labels, medication details and witness accounts.
- Complete a factual report and consider safeguarding, health and safety, RIDDOR, insurer, local authority/trust and data-breach reporting requirements as applicable.
- Undertake a no-blame lessons-learned review with the pupil and family, staff and relevant providers; identify whether controls, communication, training, policy or the IHP must change.
- Share the outcome and actions with the family and provide anonymised reporting to governors. Verify completion of actions and review this policy/IHP where indicated.

15. Information sharing and confidentiality

Health information is special category personal data. The school will process and share only what is necessary to protect health, support inclusion and meet legal duties, in accordance with UK GDPR, the Data Protection Act 2018 and school privacy information. The pupil and parents/carers will be involved in decisions about routine sharing wherever possible. In an emergency, necessary information will be shared promptly with staff and emergency services.

16. Wellbeing, inclusion and pupil voice

The school recognises that allergy can cause anxiety, stigma, restricted participation and absence. Staff will provide reassurance through reliable arrangements, listen to the pupil's experience and avoid unnecessary isolation. Pupil and parent/carer views will inform IHPs and policy review. Deliberate exposure, threats involving allergens or mockery will be addressed promptly under safeguarding, behaviour and anti-bullying procedures.

17. Monitoring, publication and review

This policy will be published on the school website, made available in hard copy on request and explained to pupils, parents/carers, staff and providers. All staff will revisit it during annual training.

The named senior lead will review implementation termly, including the allergy register, IHP completion, staff training, medication access and expiry, catering assurance, trip risk assessments, incident trends and action completion. The governing body will review and approve the policy at least annually and sooner after a serious incident, near miss, significant change in pupil need, law, guidance or school arrangements.

Appendix A: School implementation record

Control	School arrangement	Evidence / review
Named SLT lead	Gill Humphriss	Job description / minutes
Allergy champion / deputy	Cate Fade/Tracey Parton	Cover arrangements
Prescribed medication locations	Gill Humphriss	Five-minute access test
Spare 150 mcg pair	Gill Humphriss	Monthly check log
Spare 300 mcg pair	Gill Humphriss	Monthly check log
Emergency kit signage	Gill Humphriss	Site walk
Annual training provider/date	High Speed Training/Sep 27	Attendance and content record
Supply/visitor briefing	Michelle Dale	Induction record
Catering provider/lead	Nicola Owen	Allergen assurance review
Wraparound provider/lead	Fitt4Kids	Policy/training assurance
Allergy register owner	Gill Humphriss	Termly accuracy check
Governor monitoring	Karen Kennedy	Termly report

Appendix B: Termly compliance checklist

Check	Yes / No	Action / owner	Due date
All known allergies and emergency contacts confirmed			
IHPs and healthcare-professional Action Plans current and shared			
Two prescribed devices available where required and within expiry			
Spare AAI pairs complete, correct doses, in date, unlocked and signed			
Five-minute access standard tested across site and wraparound provision			

Check	Yes / No	Action / owner	Due date
All pupil-facing staff trained; new/supply staff arrangements evidenced			
Catering allergen information and substitution controls assured			
Trips/activities include individual allergy risk assessment			
Incidents and near misses reviewed; actions completed			
Website policy and school communications current			

Appendix C: Key references

Department for Education (2026), Allergy safety in schools: statutory guidance: https://www.gov.uk/government/publications/allergy-safety-in-schools

Department for Education, Supporting pupils at school with medical conditions: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Food Standards Agency, Allergy guidance for schools and food businesses: https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses

BSACI, Allergy Action Plans: https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Note: This policy is an operational school policy, not a substitute for personalised clinical advice. Current healthcare-professional Action Plans and manufacturer instructions take precedence for individual treatment.