Shocklach Oviatt
C.E. Primary School

Allergy Safety Policy

Access to the epipens
Clarification around homebaked goods (5)

Date: October 2026
Review Date: October 2028

School Vision

We aim high in our hearts and minds as we blossom in God's garden.
Blessed is the one who trusts in the Lord and whose confidence is in Him. They will be like a tree planted by water... and never fail to bear fruit. – Jeremiah 17:7-8

Our vision calls us to care for every child as a unique individual, loved by God. For children who live with allergy, that care means more than keeping them safe from harm. It means making sure they can take part fully and joyfully in every part of school life, from lunchtime and Forest School to visits, celebrations and educational visits, alongside their friends and without fear.

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1. Introduction and Scope

This is Shocklach Oviatt CE Primary School's allergy safety policy. It meets **section 100 of the Children and Families Act 2014**, as amended by **section 34 of the Children's Wellbeing and Schools Act 2026** ("Benedict's Law"), and the DfE statutory guidance **Allergy safety in schools** (July 2026). It should be read alongside our Supporting Children with Medical Needs policy.

It applies to all pupils, staff, volunteers and visitors, throughout the school day and at all school-run provision, including before and after school, Forest School, clubs, visits and events. Food intolerances and coeliac disease cannot cause anaphylaxis and are supported through our Supporting Children with Medical Needs policy. Coeliac disease is an autoimmune condition rather than an allergy or food intolerance.

Shocklach Oviatt is an "allergy aware" school, not a "nut-free" school. No school can guarantee an allergen-free environment. Instead, we stay aware of every child's allergens, take reasonable steps to reduce risk, and make sure every adult is trained and ready to act in an emergency.

2. Roles and Responsibilities

Who	Responsibilities
Governing Body	Holds overall responsibility for ensuring the school has, publishes and reviews an allergy safety policy. Ensures allergy risks are included on the school risk register and actively managed; receives reports of serious incidents and near misses; reviews this policy at least annually.
Headteacher (Allergy Safety Lead)	The named senior leader responsible for allergy safety. Drives implementation of this policy and leads its review. In the absence of the Headteacher, the Head of School assumes this role. Maintains the Allergy Register; ensures Individual Healthcare Plans (IHPs) are in place and reviewed; ensures all staff are trained; oversees the purchase, storage and checking of spare adrenaline auto-injectors (AAIs); leads the investigation of, and learning from, incidents and near misses; liaises with the caterer.
All staff (including before and after club, lunchtime staff, supply staff and regular volunteers)	Complete allergy awareness training before working with pupils and at least annually after that. Know which pupils in their care have allergies, where their medication is, and how to respond. Consider allergens when planning any activity. Report every reaction or near miss.
Class teachers	Ensure the pupil's AAIs and Allergy Action Plan go with the child wherever the class goes (hall, field, PE, Forest School, visits). Brief any adult covering the class. Check food, craft and science materials against the Allergy Register.

School office	Collects allergy information on admission and at the start of each year; keeps the Allergy Register up to date; checks expiry dates of all pupil and spare AAIs termly and notifies parents of any approaching expiry; records training.
Catering provider (Edsential)	Provides accurate allergen information for all food served; follows its Allergen Policy, including the RED/AMBER/BLUE procedures and allergen safe menus; attends training; reports any incident or near miss to the Headteacher immediately. Responsibility for allergy safety is not delegated to the catering manager.
Parents and carers	Tell the school about any allergy as soon as it is known, and about any change. Provide an Allergy Action Plan from a healthcare professional and two in-date prescribed adrenaline devices where prescribed, replacing them before expiry. Complete the caterer's Alternative Menu Form where their child has school meals. Help co-produce and review their child's IHP. Report any reaction that appears after school.
Pupils	As they grow in understanding: learn about their allergy, tell an adult if they feel unwell, avoid sharing food, and help design and review their own IHP.

3. Awareness Training

All staff present when pupils are on site receive allergy awareness and emergency response training from a recognised provider. This includes teachers, teaching assistants, office, lunchtime, catering and Before and after school club staff, the site manager, supply, agency and peripatetic staff, and regular volunteers. First aid training alone is not sufficient. Refresher training is provided at least annually, delivered either by a recognised training provider or by appropriately trained school staff.

Training ensures that all staff: understand allergy and its risks, including food allergy, asthma, eczema and hay fever, and the difference between allergy, intolerance and coeliac disease; can recognise allergic reactions and anaphylaxis; know how to respond in an emergency, including calling 999, informing parents and using adrenaline devices (prescribed and spare) and asthma reliever inhalers; understand the impact of allergy on wellbeing and this policy; know how to use the Allergy Register and Action Plans; understand their part in reducing risk; and know how to report an incident or near miss.

- New staff are trained before working with pupils. Supply and cover staff are briefed on arrival, including where adrenaline devices are kept.
- Training is logged by the school office and monitored by the Allergy Safety Lead.

4. Wellbeing

- We recognise that living with allergy, and the risk of anaphylaxis, can be a significant cause of anxiety for pupils and their families. Staff listen to pupils' worries, involve them in planning their own arrangements, and make sure they always know who to go to for help.
- Pupils with allergy eat alongside their friends and are included in all activities. Where an alternative is needed, we look for one that includes the whole group.

- Allergy-related bullying, including teasing, excluding a child using food, or threatening them with an allergen, is always recorded and acted on under our Anti-bullying and Relationships policies, including one-off incidents.
- Pupils learn about allergy through PSHE, science and collective worship. Absence due to allergy, including hospital appointments, is managed sensitively under our Attendance Policy.
- Staff will never lock away a pupil's medication, send an unwell child anywhere without an adult, send pupils home or stop them joining lunch, clubs or trips because of their allergy, or require parents to attend school or visits so their child can take part.

5. Minimising Risk

Food provided by the school

School meals are provided by **Edsential** under its Allergen Policy (V6, September 2025). Edsential uses its RED/AMBER/BLUE system and allergen safe menus, does not use nut or "may contain nuts" products in primary schools, and provides allergen information for every dish at the servery. Other food provided by the school, including break-time food, milk in Foxes and food at The Before and after school club, is checked against the Allergy Register. In Foxes, a paediatric first aider is always present while children eat.

Additional information regarding the processes that Edsential follow can be found here:
https://us8.campaign-archive.com/?e=__test_email__&u=47e102e6ba500f51b5d6677d6&id=db1f4bc595

Food brought in by others

- Pupils wash their hands with soap and water before and after eating. There is no sharing or swapping of food, drinks or utensils.
- Packed lunches follow our Healthy Eating Policy. Families are asked not to send nuts where a classmate has a nut allergy.
- Non-food celebrations are preferred. Any food brought in to share come with a full ingredients list (including the ingredients of the ingredients) and is checked by the class teacher against the Allergy Register. If in doubt, it is not shared.

Airborne and contact allergens, and activities

Where a pupil, member of staff or visitor has a known allergy to an airborne or contact allergen (for example pollen, animal fur, latex or insect stings), reasonable measures are agreed and recorded in their IHP, including arrangements for contact with Buddy and Reggie, our school dogs. Staff planning any activity, including cooking, science, craft, music, Forest School and activities involving animals, consider the risk of exposure to allergens.

6. Identifying Individuals with Allergy

- Allergy information is gathered on admission, at the start of each year, from any previous setting, and whenever parents report a change. This includes any previous severe reactions or anaphylaxis and all prescribed medication. Where a child has no Allergy Action Plan, parents are asked to obtain one from a healthcare professional as soon as possible, and interim measures are put in place meanwhile. Staff are asked at induction, and visitors being served food are asked in advance.
- The school keeps an Allergy Register recording each pupil's allergens, whether they have an IHP and/or Allergy Action Plan, and whether they are prescribed adrenaline.
- A photographic allergy list is displayed in staff-only areas where food is served or handled. At lunchtime, at least two methods are used to identify pupils with food allergy.
- Arrangements are in place for the first day of term, or within two weeks for pupils joining mid-year, with interim measures from day one. A formal diagnosis is not needed for a child to be supported.

7. Individual Healthcare Plans

Not every pupil with an allergy will require an Individual Healthcare Plan (IHP). An IHP is required where the allergy has a functional impact at school, creates a risk of harm, and requires arrangements additional to or different from those generally available. Every pupil prescribed adrenaline has an IHP.

- IHPs are co-produced with the child and their parents, using the DfE template or equivalent. Any Allergy Action Plan or Asthma Action Plan from a healthcare professional is attached and followed.
- The IHP records the child's allergens, how risk will be reduced, where medication is kept, the emergency response, the responsibilities of named staff, consent to use spare adrenaline devices and inhalers, and whether the child can eat products with precautionary "may contain" labelling.
- IHPs are reviewed at least annually, whenever a new Action Plan is issued, when needs change, and after any reaction.

8. Prescribed Adrenaline

- The grab bag goes with the child wherever they are, including the hall, playground, field, PE, Forest School, The Before and after school club and visits, so that adrenaline can reach them within five minutes. Older pupils may carry their own devices where this is appropriate for their age, development and ability and this is agreed with the pupil, parents/carers and school.
- Arrangements for devices going home are recorded in the IHP. The Allergy Register records which pupils have devices and Action Plans. The office checks expiry dates termly and tells parents in writing at least a month before a device expires.

9. Spare Adrenaline Devices

Up to one in five anaphylaxis reactions in schools happen in children with no previous diagnosis. The school therefore keeps spare adrenaline auto-injectors (AAIs) under the Human Medicines (Amendment) Regulations 2017. They are not a replacement for pupils' own devices.

Item	Arrangement
What we hold	One pair of 150 microgram AAIs (for children under 6) and one pair of 300 microgram AAIs (for children aged 6 and over), always stored in pairs, together with an emergency salbutamol inhaler and spacers.
Where	A clearly labelled "Emergency Anaphylaxis Kit" in the school office. The kit is readily accessible at all times and never locked away. It is kept at room temperature and never refrigerated. The location is reachable within five minutes of every part of the site, including the field and Forest School area.
When they are used	For anaphylaxis where a pupil's own device is unavailable, fails or has been used, or where a person with no known allergy shows signs of anaphylaxis. Spare AAIs may also be used for a pupil prescribed nasal adrenaline if their own device is unavailable. Prior consent is sought through the IHP, but in an emergency no one should delay treatment to check consent.

Item	Arrangement
Replacement	Replaced immediately after use or before expiry. The Headteacher signs the request to the pharmacy on school headed paper.
Disposal	Used AAIs are handed to paramedics. Expired AAIs are taken to a pharmacy or placed in a sharps bin for collection.
Visits	Spare AAIs may be taken on a visit following risk assessment, but never if this would leave the school without spares.
Checks	Checked termly by the Allergy Lead (expiry date, contents, instructions) and recorded on the Spare AAI Check Log (kept with the Anaphylaxis Emergency Procedure).

The emergency salbutamol inhaler may only be used for a pupil who has been prescribed a reliever inhaler and whose parent has given written consent, in line with our Supporting Children with Medical Needs policy.

10. Visits and Trips

Pupils with allergy take part fully in visits, trips and fixtures, in line with our Educational Visits and Local Area Visits policies.

- The visit risk assessment considers the allergy risk for every pupil at risk of anaphylaxis, including food, venue, travel time, distance to emergency care and mobile signal.
- The pupil's own adrenaline devices, Action Plan and IHP travel with them and stay with a named, trained adult at all times.
- If a pupil's devices are not available on the day, the visit leader contacts parents and, with the Headteacher, finds a safe way for the child to take part. Parents will never be required to attend a visit for their child to take part.

11. Emergency Response

Staff follow the child's Allergy Action Plan and the school's Anaphylaxis Emergency Procedure (Appendix 1), which is displayed in every classroom, the hall, kitchen, office, staff room and The Before and after school club, and carried on visits.

- **If in doubt whether a reaction is anaphylaxis, staff should treat it as anaphylaxis and administer adrenaline** within five minutes, using the child's own device first and a spare if needed. Staff should then call 999 and say "anaphylaxis".
- **Bring help to the child.** Never send an unwell child anywhere, and never let a child with anaphylaxis stand or walk.
- **Give a second dose** if there is no improvement after five minutes. Phone parents and hand used devices to paramedics.
- **For a mild reaction,** follow the Action Plan, phone parents and supervise the child for at least 60 minutes.

Staff who act reasonably and in good faith in an emergency will always be supported.

12. Serious Incidents and Near Misses

A serious incident is an event relating directly to allergy in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including a reaction requiring emergency medication, urgent clinical intervention or attendance by emergency services. A near miss is any occasion when a pupil could have been exposed to a known allergen, or a device was found missing or out of date.

- Every reaction and near miss is recorded on CPOMS the same day. Where a pupil attends hospital, a PRIME report is also completed in line with our First Aid Policy.
- Parents are told the same day. Parents, pupils and health professionals can also report reactions that appear after school.

- Serious incidents are reported to the Chair of Governors and the Governing Body. Incidents involving school meals are also reported to Edsential.
- The Allergy Safety Lead reviews every incident and near miss, and lessons learnt lead to changes in this policy, IHPs or procedures.

13. Information Sharing

Health information is special category data under UK GDPR. We share it only with those who need it to keep pupils safe, in line with our Data Protection Policy, and involve children and parents in decisions about sharing. Photographic allergy lists are displayed only in staff-only areas. With the agreement of the child and their parents, friends of a pupil at risk of anaphylaxis may be shown how to get help in an emergency; this never replaces staff arrangements.

14. Awareness and Review

This policy is published on the school website, with a paper copy available on request. It is shared with staff at induction and annual training, with new families on admission, and with our caterer. It forms part of our safeguarding and health and safety arrangements, and allergy risks are included on the school risk register. The Governing Body reviews it at least annually, and sooner after any serious incident or near miss, or when statutory guidance changes.

Linked policies: Supporting Children with Medical Needs; First Aid; Healthy Eating; Educational Visits; Local Area Visits; EYFS; Anti-bullying; Relationships; Attendance; Data Protection; Safeguarding; Health & Safety; Equality; Edsential Allergen Policy (V6, September 2025).

DATE OF POLICY:	***OCTOBER 2026***
PERSON RESPONSIBLE FOR POLICY:	***MICHAEL HEATHCOTE***
APPROVED:	
SIGNED:	
TO BE REVIEWED:	**OCTOBER 2028**

15. Appendices

Appendix 1

Shocklach Oviatt CE Primary School: Anaphylaxis Emergency Procedure

Signs of anaphylaxis (any one of):

A) swelling of throat or tongue, hoarse voice, difficulty swallowing.

B) sudden wheeze, difficult or noisy breathing, persistent cough.

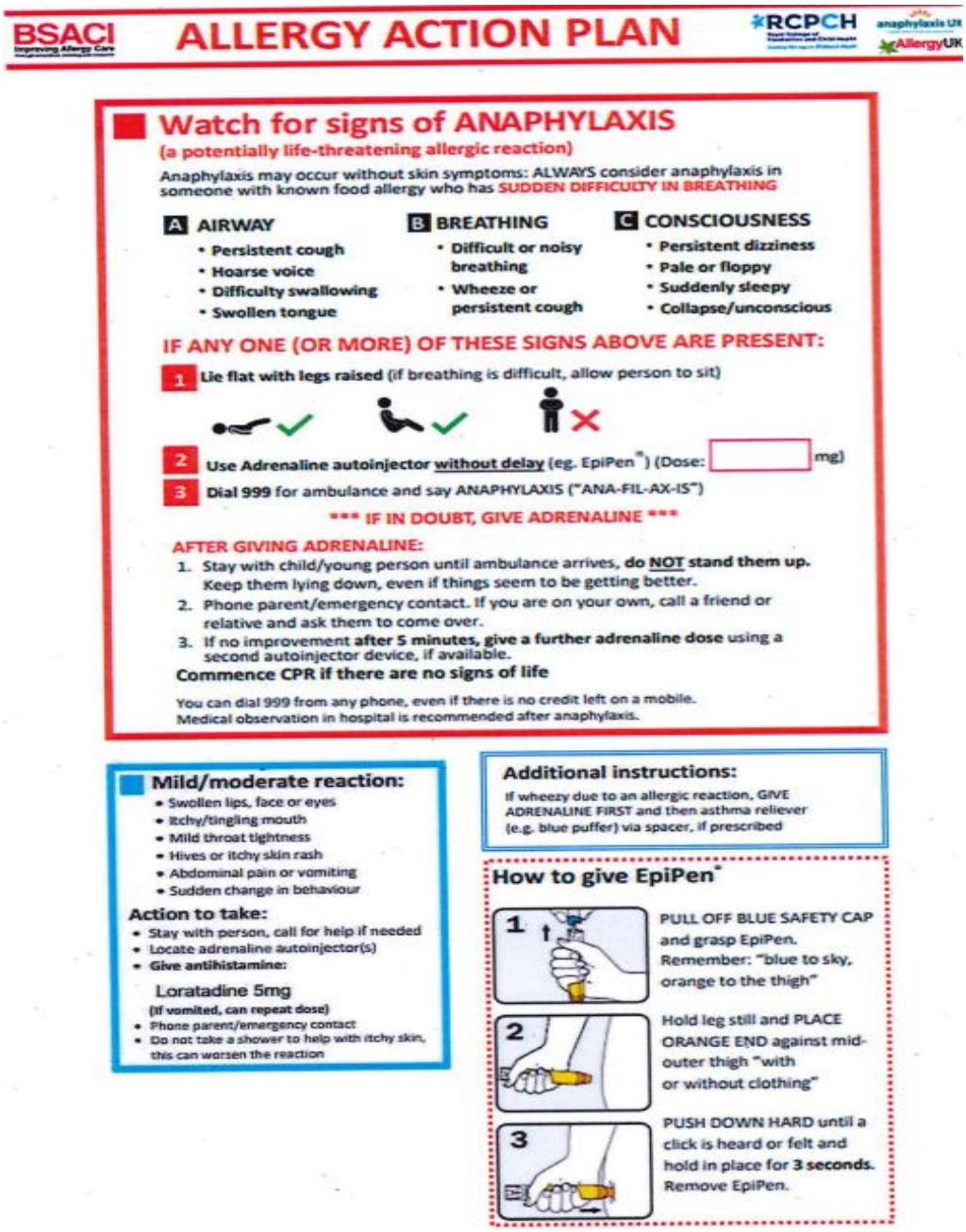
C) dizziness, feeling faint, sudden sleepiness, confusion, pale and clammy, collapse.

1	**Stay with the child and shout for help** Send someone for the child's grab bag and the Emergency Anaphylaxis Kit. Do not move the child.
2	**Give adrenaline now** Use the child's own device first. If unavailable or it fails, use a spare AAI. If in doubt, give it.
3	**Call 999** Ask for an ambulance and say "ANAPHYLAXIS".
4	**Position** Lie flat with legs raised. If breathing is difficult, allow to sit up slightly. Never stand or walk.
5	**Note the time** Record when adrenaline was given.
6	**No better after 5 minutes?** Give a second dose with a new device.
7	**Not breathing normally?** Start CPR.
8	**Phone parents** Stay with the child. Give used devices, IHP and Action Plan to paramedics.

Emergency Anaphylaxis Kit location: Disabled toilet in the main building.

Mild reaction? Stay with the child, follow their Allergy Action Plan, phone parents and supervise for at least 60 minutes. Never send them anywhere alone.

Appendix 2



BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN DIFFICULTY IN BREATHING

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

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

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

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)
2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:
1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Mild/moderate reaction:
- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:
- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg
(If vomited, can repeat dose)
- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Additional instructions:
If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds.** Remove EpiPen.

Appendix 3

Spare AAI and Emergency Inhaler Check Log

To be completed termly by the school office and kept by the Emergency Anaphylaxis Kit.

Date	150 mcg pair expiry	300 mcg pair expiry	Inhaler and spacers	Action taken	Initials