Updated September 2026

Review September 2027

Allergy Safety Policy

Approved by:	Amanda Bradley – Headteacher	September 2026
Last reviewed on:	September 2026	
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Contents

1. Aims

This policy aims to:

- Set out Bewdley Primary School's approach to allergy safety, including reducing the risk of exposure and the procedures in place in the event of an allergic reaction.
- Make clear how the school supports pupils with allergies so that they are safe, included and able to participate fully in school life.
- Promote and maintain allergy awareness across the whole school community.
- Ensure that serious allergy incidents and near misses are recorded, reviewed and used to improve practice.

2. Legislation and guidance

This policy is based on the Department for Education (DfE) statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- The Human Medicines (Amendment) Regulations 2017

3. Roles and responsibilities

Bewdley Primary School takes a whole-school approach to allergy safety and awareness.

3.1 Governing body

The governing body is responsible for ensuring that:

- Risks relating to pupils with allergies are included in the school's risk management arrangements and are actively managed.
- The school has an up-to-date, published allergy safety policy which sets out arrangements to reduce exposure to known allergens and emergency response arrangements for anaphylaxis.
- The implementation of this policy is appropriately monitored and reviewed.

3.2 Allergy Safety Lead

The nominated Allergy Safety Lead is the Headteacher, supported by the Lead First Aider. The Allergy Safety Lead is responsible for:

- Implementing this policy and ensuring it is reviewed at least annually, or sooner following a serious incident or near miss.
- Making sure the policy is published and that staff and parents/carers know how to access it.
- Promoting and maintaining allergy awareness across the school community.
- Ensuring allergy and special dietary information is current and readily available to relevant staff.
- Ensuring pupils who require additional or different arrangements because of an allergy have an up-to-date Individual Healthcare Plan (IHP).
- Ensuring pupils with a known food or insect-sting allergy have an up-to-date allergy action plan issued by a healthcare professional where appropriate.
- Ensuring all relevant staff receive regular allergy awareness training.
- Ensuring appropriate arrangements are in place for the storage, checking, replacement and disposal of adrenaline devices.
- Ensuring serious incidents and near misses are recorded, reviewed and used to identify lessons or changes needed to procedures, risk assessments, policies or a pupil's IHP.

3.3 Lead First Aider

The Lead First Aider supports the Allergy Safety Lead by:

- Co-ordinating medical paperwork and information from families.
- Co-ordinating medication with families.
- Checking school spare adrenaline auto-injectors at least monthly and arranging replacement when expiry dates approach.
- Supporting staff training and ensuring emergency allergy information and equipment are accessible.
- Supporting the review of incidents and near misses where appropriate.

3.4 Teaching, support and other pupil-facing staff

All staff who may be present when pupils are on site are responsible for:

- Maintaining awareness of this policy and the pupils with known allergies in their care.
- Being able to recognise signs of allergic reaction and anaphylaxis and knowing how to summon help and respond.
- Reducing the risk of pupils coming into contact with known allergens, including when planning lessons, food activities, trips and events.
- Ensuring the wellbeing and inclusion of pupils with allergies.
- Reporting any allergic reaction, serious incident or near miss promptly to the Allergy Safety Lead and recording it on CPOMS under the designated medical/allergy category.

3.5 Parents/carers

Parents/carers are responsible for:

- Providing up-to-date information about their child's allergies, medical needs, dietary requirements and any history of reactions or anaphylaxis.
- Providing prescribed medication, including two in-date adrenaline devices where required, and replacing it in a timely manner.

- Providing or updating allergy/action plans and other medical information requested by the school.
- Following school guidance about food brought into school and informing the school promptly of any change in their child's condition.
- Providing advance consent for use of a school spare AAI where requested. In a life-threatening emergency, treatment will not be delayed while consent is checked.

3.6 Pupils

Pupils will be supported, in an age-appropriate way, to understand their own allergies and the allergies of others. Pupils with allergies should tell an adult immediately if they feel unwell or believe they have been exposed to an allergen. Pupils without allergies are expected to follow school rules about food sharing and to act respectfully towards peers with allergies.

4. Identifying individuals at risk

4.1 Identifying pupils with allergies

The school will identify pupils with known allergies through admission information, medical forms and ongoing communication with parents/carers. Parents/carers are asked to update medical information whenever a pupil's needs change and are reminded to review information at the start of each school year. Where a new diagnosis is received or a pupil joins mid-year, arrangements will be put in place as quickly as possible and, where an IHP is required, every effort will be made to have this in place within two weeks.

4.2 Individual Healthcare Plans (IHPs)

An IHP will be considered where an allergy has a functional impact in school, creates a risk of harm, and requires arrangements that are additional to or different from those normally available to pupils. A formal diagnosis is not always necessary before an IHP can be put in place. The Headteacher will decide, in discussion with parents/carers and relevant healthcare professionals, whether the pupil's needs can be managed through normal medical-condition arrangements or require an IHP. IHPs will be reviewed at least annually and sooner if needs change, an action plan is updated, or an incident or near miss indicates that arrangements should be reconsidered.

4.3 Allergy and asthma action plans

Pupils with a known food or insect-sting allergy should have an appropriate allergy action plan issued by a healthcare professional. Pupils with asthma should have an asthma action plan. Where a pupil also has an IHP, relevant action plans will be attached to or referenced within it.

4.4 Allergy register

The school maintains an accessible register of pupils with known allergies. It includes known allergens and relevant risk factors, prescribed adrenaline device type/dose where applicable, consent information for emergency medication, and a photograph where appropriate and consented. Relevant information is available to staff in locations where it may be needed quickly, while being handled in accordance with data protection requirements.

4.5 Identifying staff and visitors with allergies

New staff are asked to provide relevant information about allergies or medical conditions as part of the school's usual employment and induction arrangements. Visitors are given the opportunity through the school's visitor sign-in process to alert the school to any allergy or medical condition that may require reasonable arrangements or an emergency response during their visit. Where a visitor identifies such a need, they will be asked to speak confidentially with a member of the office team so that appropriate arrangements can be made.

5. Assessing risk

A risk assessment will be completed where a pupil at risk of anaphylaxis takes part in an activity that may increase the likelihood of exposure, including:

- Food preparation, cooking or tasting activities.
- Science or craft activities involving food, food packaging or other known allergens.
- Animal-handling activities or visits involving animals.
- Off-site visits, residentials and school trips.
- Any other activity identified through the pupil's IHP or allergy action plan as requiring additional controls.

A risk assessment will also be considered where a visitor requires a guide dog and a pupil has a relevant animal allergy.

6. Minimising risk

6.1 Hygiene and food sharing

- Pupils are reminded to wash their hands before and after eating.
- Sharing food, food containers and utensils is not permitted.
- Named water bottles and clearly identified meals/lunch boxes are used where appropriate.
- Where food is not directly provided by the school, staff will consider allergy risks and seek relevant parental information or permission in advance.

6.2 Catering

The school works with its catering provider to ensure safe food options are available for pupils with allergies. Catering staff receive appropriate training, can identify pupils with allergies and follow procedures to reduce cross-contamination. Menus and allergen information are made available to parents/carers, and changes to menus must continue to meet legal allergen-information requirements and agreed dietary needs.

6.3 Food restrictions

Bewdley Primary School follows an allergen-aware approach rather than describing the school as completely allergen-free. The school may restrict or discourage particular high-risk foods, including nuts or sesame, where this is proportionate to the needs of pupils. Individual arrangements may include designated eating areas, enhanced cleaning or class-specific controls. Parents/carers will be informed where additional restrictions are necessary.

6.4 Insects and animals

Reasonable precautions will be taken to reduce exposure to insect stings and animal allergens. Pupils will wash their hands after contact with animals, and pupils with relevant allergies will not be required to interact with animals where this would create an avoidable risk.

6.5 Visits and trips

Pupils with allergies will not be excluded from visits or trips because of their allergy. Planning will include appropriate risk assessment, access to prescribed medication and emergency devices, and staff who understand the pupil's needs and know how to respond. Spare school AAIs may be taken off site where appropriate.

6.6 Unacceptable practice

The school will not prevent pupils from having rapid access to prescribed medication or emergency devices; send a pupil who is unwell to the school office or another location alone; require parents/carers to attend school to administer medication where staff can reasonably provide the agreed support; ignore medical advice or the arrangements set out in an IHP or allergy action plan; or unnecessarily exclude a pupil from lessons, visits, trips, clubs or other school activities because of their allergy.

7. Procedures for handling an allergic reaction

All staff are trained to recognise signs of mild and severe allergic reactions and to respond promptly. If a pupil has an allergy action plan, it must be followed.

- Call for help and, where anaphylaxis is suspected, call 999 without delay.
- Administer the pupil's prescribed adrenaline device where available and appropriate, or use a school spare AAI in accordance with emergency arrangements.
- Keep the pupil lying down with legs raised where possible. If breathing is difficult, allow them to sit up slowly. Do not allow them to stand or walk, even if they begin to feel better.
- If the reaction follows an insect sting, remove the sting if it can be done safely.
- If symptoms persist or return, follow the action plan and emergency-service advice regarding a second dose.
- Inform parents/carers as soon as possible.
- A member of staff will remain with the pupil until a parent/carer arrives or accompany the pupil to hospital by ambulance where necessary.

A mild reaction will be monitored in a safe place for at least 60 minutes and parents/carers informed. Any deterioration or development of symptoms suggestive of anaphylaxis will be treated as a medical emergency.

8. Adrenaline devices (ADs)

8.1 Prescribed devices

Pupils prescribed adrenaline devices should have rapid access to them at all times. Where a pupil is not able to carry their own device because of age or other considerations, it will be stored in an unlocked, accessible location no more than five minutes from where it may be needed, protected from direct sunlight and extremes of temperature. A copy of the pupil's allergy action plan will be kept with or readily accessible alongside their medication.

8.2 School spare AAIs

The Allergy Safety Lead is responsible for sourcing spare AAIs from Peak Pharmacy, Bewdley. The school stocks EpiPen devices in doses appropriate to the age profile of pupils who may require emergency treatment. Current Department of Health and Social Care school guidance uses age-based criteria of EpiPen Junior 0.15 mg for children under 6 years and EpiPen 0.3 mg for children aged 6 to 12 years. Sufficient devices are maintained so that a second dose is available if required. The exact devices, quantities, doses, batch numbers and expiry dates held are recorded in the school emergency anaphylaxis kit and reviewed as pupil needs change. Spare AAIs will be kept in pairs, clearly labelled and separate from pupils' prescribed devices. They will be stored at room temperature in a central, unlocked location accessible to staff and no more than five minutes from where they may be needed.

The Lead First Aider and Headteacher will check at least monthly that spare AAIs are present and in date and will arrange replacement when expiry dates approach or after use.

8.3 Emergency use and consent

The school will seek advance consent from parents/carers for use of a spare AAI where appropriate. However, the Human Medicines (Amendment) Regulations 2017 do not require prior consent for a spare adrenaline device to be used in an emergency. In a life-threatening emergency, reasonable action to save life will not be delayed while consent is checked. A school spare AAI may be used where the pupil does not have a prescribed device available, or where their prescribed device is unavailable, unusable or has misfired.

8.4 Emergency anaphylaxis kit

The school emergency anaphylaxis kit contains spare AAIs, instructions for use, information on recognising allergic reactions, manufacturer information, a record of device batch numbers and expiry dates with monthly

checks, arrangements for replacement, relevant pupil information and a record of administration. The kit is kept accessible to staff and checked routinely.

8.5 Disposal and off-site use

Used AAIs will be disposed of in accordance with manufacturer guidance and local sharps arrangements. Pupils who are able to carry their own prescribed devices should do so on trips and off-site events; otherwise a trained member of staff will carry them. Spare school AAIs may also be taken where appropriate.

9. Serious incidents and near misses

A serious incident is an event relating to an allergy or medical condition in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services are required. A near miss is an event that did not result in harm but had clear potential to do so because of an error, omission or system failure.

9.1 Recording

All serious allergy incidents and near misses will be recorded on CPOMS under the school's designated medical/allergy category as soon as reasonably practicable. The record should include:

- Who was affected.
- What happened, when and where.
- Why the incident occurred, as far as is known.
- How staff and pupils responded and what support or treatment was provided.
- Whether emergency services were called.
- How the incident concluded.

Records will be made in a no-blame spirit focused on learning and reducing future risk. Where an accident/first-aid record is also required under the school's usual procedures, this will be completed in addition to the CPOMS record.

9.2 Reporting, review and learning

Parents/carers will be informed of a pupil's serious incident or near miss as soon as possible. The Allergy Safety Lead will review the record, consider whether existing arrangements were appropriate, and identify any changes needed to the pupil's IHP, action plan, risk assessment, school procedures or this policy. Relevant learning will be shared with staff. Serious incidents and near misses, including emerging patterns and actions taken, will be reported appropriately to the governing body so that governors can fulfil their oversight role.

Where required, the school will make reports to relevant external bodies, including the Health and Safety Executive under RIDDOR or the local authority/food-safety authority, and will inform relevant healthcare professionals where the incident relates to delivery of a healthcare or action plan.

10. Allergy awareness and training

All staff expected to be present when pupils are on site will receive allergy awareness training at least annually. New starters will receive this as part of induction. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision. Contractors with no pupil-facing role are not normally included.

Training will ensure staff understand:

- What allergy is, common triggers and how reactions can occur.
- The difference between mild allergic reactions and anaphylaxis and how to recognise symptoms.
- Where pupil allergy information, action plans and emergency medication are located.
- How to respond to anaphylaxis and acute asthma, including how to call for emergency help, locate prescribed adrenaline devices and asthma inhalers, and administer an AAI.

- Their responsibility for reducing exposure to known allergens.
- How allergy can affect a pupil's wellbeing and inclusion.
- How to report an allergic reaction, serious incident or near miss on CPOMS.

The school may use training devices and simulated allergy-safety drills to help staff practise emergency response. Learning from any drill will be recorded and used to improve arrangements.

This policy will be published on the school website, shared with parents/carers and made available in hard copy on request. Pupils will be taught about allergies in an age-appropriate way, including the importance of not sharing food and of seeking adult help if someone becomes unwell.

11. Wellbeing

The school recognises that allergies can affect pupils' confidence, participation and emotional wellbeing and may make them vulnerable to anxiety or bullying. Pupils will be supported through normal pastoral systems, reassurance and appropriate individual arrangements. Any bullying relating to allergy will be addressed in line with the Behaviour and Anti-Bullying policies.

Following a serious incident or near miss, the school will consider the wellbeing of the pupil, their family, staff involved in responding and any witnesses, and will provide appropriate support.

12. Information sharing

Information about an individual's health is special category personal data under UK GDPR and will be handled in line with the school's Data Protection Policy. Information will be shared with staff who need it to keep the pupil safe and included, while avoiding unnecessary disclosure.

13. Monitoring arrangements

The Allergy Safety Lead will monitor implementation of this policy. It will be reviewed and approved at least annually, and sooner where a serious incident, near miss, change in statutory guidance or change in pupil needs indicates that this is necessary. The school will seek appropriate input from pupils, parents/carers and staff with experience of allergy when developing and reviewing its allergy-safety arrangements.

14. Links to other policies

This policy should be read alongside the school's:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid / Administration of Medicines procedures
- School Food / Catering arrangements
- Data Protection Policy
- Behaviour Policy and Anti-Bullying Policy
- Educational Visits procedures
- SEND Policy where relevant

Appendix 1: Emergency AAI Consent Form

CONSENT FORM USE OF EMERGENCY ADRENALINE AUTO-INJECTOR (EPI-PEN)

Child showing symptoms of severe allergic reaction/anaphylaxis

- I can confirm that my child has been diagnosed with allergies and has been prescribed an adrenaline auto-injector.
- I will ensure my child has a working, in date adrenaline auto-injector, clearly labelled with their name, which will be present in school every day.
- In the event of my child displaying symptoms of anaphylaxis and their prescribed auto-injector is not available, is unusable or has misfired, I consent for my child to receive adrenaline from the emergency adrenaline auto-injector held by the school.

Important: The school seeks advance consent so that records are clear. In a life-threatening emergency, reasonable action to save life will not be delayed while consent is checked.

Name of Parent/Carer (Print): ……..

Signed: ……

Date: ……

Emergency Contact Number: ……

Child's Name: ……

Date of Birth: ……

Class: ……..

Appendix 2: Emergency AAI Parent Note

Dear Parent/Carer,

We are updating our medical and allergy-safety records. Our records show that your child has been prescribed an adrenaline auto-injector, but we do not currently hold your advance consent for use of the school's emergency spare AAI if their own device is unavailable, unusable or has misfired.

Please complete and return the enclosed consent form so that our records are clear and up to date.

Please be assured that, in a life-threatening emergency, reasonable action to save life will not be delayed while consent is checked.

Many thanks,

Nicky Morris

Lead First Aider

Appendix 3: Spare AAI Request Letter

Peak Pharmacy,

Dog Lane Car Park,

Dog Lane,

Bewdley,

DY12 2EF

September 2026

Dear Pharmacist,

We wish to purchase an emergency Adrenaline Auto-injector device/devices for use in our school.

The adrenaline auto-injector/injectors will be used in line with the manufacturer's instructions,

for the emergency treatment of anaphylaxis in accordance with the Human Medicines

(Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline

auto-injectors for the emergency treatment of anaphylaxis.

Further information is available in the current Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools (GOV.UK).

Please supply the following device/devices:

Brand name*	Device	Dose*	Quantity required
EpiPen Junior	Adrenaline auto-injector device	0.15 mg	2
EpiPen	Adrenaline auto-injector device	0.3 mg	2

Signed: _____ Date: _____

Print name: _____ Head Teacher