Cheadle Village Primary School

Allergy Safety Policy

Agreed by Governing Board 15.10.2026

Review October 2027 (or sooner following any incident or near miss)

Senior Leadership Team Lead: Andrea Howard (SBM)

Link Governor: Helen Smith

1. Policy Statement and Purpose

Cheadle Village Primary School is committed to providing a safe, inclusive, and supportive environment for all pupils, staff, and visitors. We recognise that allergies are a serious medical condition that can affect a child's physical health, emotional well-being, and academic experience.

This policy sets out our procedures for managing allergy risks, recognising and responding to allergic reactions and anaphylaxis, promoting pupil well-being, and ensuring compliance with statutory guidance.

2. Roles and Responsibilities

2.1 Senior Leadership Team (SLT) Lead

- A designated member of the Senior Leadership Team (**Allergy Safety Lead**) holds overall responsibility for allergy safety across the school.
- Responsibilities include:
    - Driving the implementation, monitoring, and annual review of this policy.
    - Ensuring all relevant staff receive annual allergy awareness training.
    - Overseeing risk assessments for school activities, catering, and educational visits.
    - Maintaining and auditing the school's record of pupils with known allergies.
    - Managing the procurement, storage, and maintenance of "spare" emergency adrenaline auto-injectors (AAIs).

2.2 Governing Body

- Ensures the school maintains a compliant, up-to-date Allergy Safety Policy.
- Guarantees the policy is easily accessible to parents, carers, and staff via the school website and hard copy.

2.3 School Staff

- Participate in annual allergy awareness and emergency response training.
- Know which pupils in their care have known allergies and where their Individual Healthcare Plans (IHPs) and Allergy/Asthma Action Plans are located.
- Ensure immediate access to prescribed medication (e.g. AAIs, asthma inhalers) during all activities.
- Report any allergic reactions or "near-miss" incidents to the SLT Lead immediately.

2.4 Parents and Carers

- Inform the school of any known allergies, medical conditions, or changes in their child's health status prior to admission or immediately upon diagnosis.
- Provide in-date, prescribed medication (including two AAIs where prescribed) in original packaging with pharmacy labels.
- Work collaboratively with the school to develop or update Individual Healthcare Plans (IHPs).

3. Staff Training and Induction

3.1 Annual Allergy Awareness Training

All staff present during times when pupils are scheduled to be on site must undertake allergy awareness and emergency response training at least annually. This includes:

- Permanent and temporary teaching staff, teaching assistants, and support staff.
- Peripatetic staff, supply teachers, agency workers, and regular volunteers.
- Catering staff, lunchtime supervisors, and breakfast/after-school club supervisors. *(Note: Ad-hoc maintenance contractors with no pupil-facing roles are excluded.)*

3.2 Key Training Outcomes

Training ensures that all covered staff:

1. Understand allergy as a medical condition involving multiple co-existing forms (food allergy, asthma, eczema, hay fever).
2. Understand the difference between food allergy, coeliac disease, and food intolerances.
3. Can identify allergy triggers and recognise the spectrum of allergic reaction symptoms, including anaphylaxis.
4. Know how to respond in an emergency:
    - Calling emergency services (999) immediately and notifying parents.
    - Administering emergency medication within **5 minutes** (prescribed or school "spare" AAIs; asthma reliever inhalers).

- Hands-on practical instruction on using AAI devices correctly.

5. Know how to check the school register of pupils with allergies and access Individual Healthcare Plans (IHPs) and Allergy/Asthma Action Plans.
6. Understand their role in reducing allergen exposure risks and reporting incidents/near-misses.

3.3 Induction and Cover Staff

- All new staff members receive allergy safety induction training as part of their onboarding process.
- Supply teachers and cover staff are briefed on pupils with known severe allergies in their assigned classes prior to starting lessons.

4. Pupil Wellbeing and Anti-Bullying

- **Promoting Wellbeing:** We recognise that managing an allergy can cause anxiety for children and their families. Staff actively foster an empathetic culture, helping children feel safe and included without feeling isolated or singled out.
- **Anti-Bullying:** Bullying, taunting, or intentionally exposing a pupil to a known allergen is dealt with under the school's Anti-Bullying Policy.
- **Peer Awareness:** Where appropriate—and in consultation with the child and their parents—friends and classmates may be taught how to spot signs of an allergic reaction and how to seek adult help immediately.

5. Minimising Risk and Managing Exposure

5.1 School Food and Catering

- Clear information on common allergens present in school meals is maintained and available to parents and staff.
- Kitchen staff receive specific guidance on cross-contamination prevention during meal preparation and serving.

5.2 Food Brought into School

- Parents are reminded regularly that food brought from home (e.g. packed lunches, birthday treats, bake sales) must adhere to school allergen safety guidelines.
- Pupils are instructed never to share or swap food items.

5.3 Non-Food Allergen and Classroom Activities

- **Airborne & Contact Allergens:** Reasonable adjustments are made for pupils with allergies to pollen, latex, animal dander, or other contact allergens.

- **Curriculum Planning:** Staff planning activities involving food, craft materials, science experiments, or animals must complete a risk assessment considering potential allergen exposure.

5.4 Educational Visits and Trips

- A specific risk assessment is conducted prior to any off-site trip or residential visit for pupils with known allergies.
- Pupils at risk of anaphylaxis must have their prescribed Adrenaline Auto Injection (AAI) devices carried by designated trained staff accompanying the trip.
- Staff must ensure rapid emergency services access and clear communication links on all trips.

6. Identification, Individual Healthcare Plans (IHPs), and Action Plans

6.1 Identification and Records

- The school gathers health and allergy information during pupil enrolment and through regular parent updates.
- A central, confidential record of all pupils with known allergies is maintained and accessible to relevant staff.

6.2 Individual Healthcare Plans (IHPs)

An IHP is created for any child who:

- Has an allergy with a functional impact on their school day;
- Is at risk of harm from their allergy; or
- Requires adjustments or medical arrangements beyond general school procedures.

Where a child has an Allergy Action Plan or Asthma Action Plan issued by a clinical professional (e.g. BSACI plan), this plan is attached to and integrated into their IHP. Plans are reviewed annually or immediately when medical advice changes.

7. Management of Prescribed and "Spare" Adrenaline Auto-Injectors (AAIs)

7.1 Prescribed AAIs

- Pupils prescribed AAIs must have rapid, unimpeded access to their devices at all times.
- In the event of anaphylaxis, adrenaline must be administered within **5 minutes**.
- AAIs must be stored in an easily accessible, unlocked location known to all class staff (in their classrooms) and taken to the playground, garden area and any off-site trips.
- Parents are responsible for taking prescribed AAIs home when necessary and ensuring devices remain in date.

7.2 "Spare" Emergency AAIs

- Cheadle Village Primary School maintains emergency "spare" AAI devices for use if a prescribed device is unavailable, misfires, or if a second dose is required.
- **Storage and Accessibility:**
    - Spare AAIs are kept in the main school office (ensuring no child is more than 5 minutes away from a device).
    - Spare AAIs are always stored in pairs.
    - Kits are clearly labelled and distinct from individually prescribed devices.
- **Maintenance & Expiry:**
    - The SLT Lead conducts regular checks to verify expiry dates and device integrity.
    - Expired or used AAIs are disposed of safely in accordance with medical sharps regulations and replaced immediately.

8. Incident Reporting and "Near-Miss" Reviews

- **Recording and Reporting:** Any allergic reaction or "near-miss" (e.g. accidental allergen exposure without reaction) must be recorded in the school's incident log and reported to the SLT Lead and parents.
- **Parental Reporting:** Parents or healthcare professionals who discover an off-site impact of a school-related allergen exposure are encouraged to report it directly to the school.
- **Policy Review:** Every incident or near-miss triggers an immediate review of procedures to identify lessons learned and strengthen safety controls.

9. Data Protection and Information Sharing

- Medical and health information is classified as Special Category Data under UK GDPR.
- Information regarding pupil allergies is shared on a strict need-to-know basis among staff involved in the child's care, education, and catering.
- Information is stored securely and shared respectfully to maintain pupil privacy, dignity, and confidence.

10. Policy Review Schedule

This policy is formally reviewed by the SLT Lead and Governing Body at least annually, or sooner if triggered by legislative changes, incident learning, or healthcare guidance updates.