An amazing place to learn!

from nursery to Year 6!

'When I visited Captain Shaw's, it just lifted me off my feet and nourished my heart. The students, young as they are, are sharp, inquisitive, familiar with current issues, full of optimism and keen to engage and make a difference. Thanks for a truly visionary, encouraging and informative visit.'

Pushpanath Krishnamurthy
International campaigner for Fairtrade and Climate Justice

'Oh my goodness! I am still buzzing from the amazing day we had with you and your wonderful school! I love the way you have designed your curriculum so that every lesson has a purpose and is part of an immersive experience, rather than just learning things in isolation.

Gaye Holmes - Senior Presenter, Imoves

'The **conduct** of pupils at this school is **exemplary**. They demonstrate **warmth** and **kindness** towards each other. Pupils enjoy **respectful relationships** with the adults at school who care deeply for them.'

'Pupils respond well to the **high aspirations** that the school has of their achievement.'

'Pupils demonstarate a **high level of motivation** towards their learning. They **work exceptionally well together**. They are **well prepared** for each stage of their education.'

Ofsted

Captain Shaw's C of E Primary School

Allergy Safety Policy

Serving the Common Good

Seek what is best for everyone, beginning with the last,
the least, the lost, the most vulnerable and the most forgotten.

Approval by:	**Date:** July 2026
Last reviewed on:	New policy
Next review due by:	July 2027 or sooner

Vision

At Captain Shaw's C of E Primary School, every child has the right to learn safely, confidently and inclusively. In keeping with our vision of Serving the Common Good, we are committed to a whole-school culture in which allergy is understood, risks are reduced, emergency action is prompt and children with allergies participate fully in school life.

We recognise that allergy can affect physical safety, attendance, learning, confidence and emotional wellbeing. Effective prevention, preparation, respectful information sharing and rapid emergency response save lives.

1. Status, scope and availability

This is the school's statutory allergy safety policy. It applies to pupils, staff, regular volunteers and visitors, and to all school activities on site and off site, including breakfast or after-school provision, clubs, educational visits and residentials.

The policy will be reviewed at least annually and sooner following a serious incident, allergic reaction, anaphylaxis or near miss, or when statutory guidance changes. Reviews will identify lessons and amend practice where required.

The policy will be published on the school website, made available in hard copy on request and brought to the attention of staff through induction and annual training.

2. Legal and statutory framework

It has regard to:

- Section 34 of the Children's Wellbeing and Schools Act 2026
- Department for Education statutory guidance on allergy safety in education and its allergy safety policy template
- Children and Families Act 2014 and statutory guidance Supporting pupils at school with medical conditions
- Human Medicines (Amendment) Regulations 2017 concerning spare adrenaline auto-injectors
- Equality Act 2010
- UK GDPR and the Data Protection Act 2018
- Health and Safety at Work etc. Act 1974
- Food Information Regulations 2014 and relevant food-allergen requirements.

3. Definitions

Allergy is an immune-system response to a substance that is normally harmless. Allergies may include food allergy, asthma, eczema, hay fever and allergy to medicines, animals, insect stings, latex or other contact or airborne allergens. These conditions may co-exist.

Food allergy is different from food intolerance and coeliac disease, although all may require careful management. Anaphylaxis is a severe, rapidly developing and potentially life-threatening allergic reaction.

4. Aims

- create a positive, inclusive and allergy-aware culture
- identify people with known allergies, their allergens and their medication arrangements
- document additional or different support through an Individual Healthcare Plan where required
- minimise avoidable exposure to known food, contact and airborne allergens
- ensure rapid access to prescribed and spare emergency medication
- train all relevant staff annually in allergy awareness and emergency response
- support the wellbeing and full participation of pupils with allergies
- record, report and learn from incidents and near misses.

5. Leadership, governance and responsibilities

Governing Body

- ensure the school has an effective and accessible allergy safety policy and reviews it at least annually
- ensure an appropriate senior leader is named as Allergy Lead
- seek assurance that training, resources, records and emergency arrangements are in place
- monitor anonymised information about incidents, near misses and resulting improvements.

Headteacher and named Allergy Lead

The Headteacher is the named senior leader responsible for allergy safety unless another member of the senior leadership team is formally designated. The Allergy Lead will:

- drive implementation and review of this policy
- maintain the school allergy register and ensure records are current
- coordinate Individual Healthcare Plans and attached Allergy or Asthma Action Plans
- arrange annual training and induction or cover arrangements
- ensure prescribed and spare emergency medicines are accessible, in date and appropriately managed
- lead reviews after incidents and near misses and report to governors.

All staff, volunteers and pupil-facing workers

- complete required training and follow this policy and individual plans
- know how to check which pupils have known allergies and where medication and plans are kept
- consider allergen risks when planning food, craft, science, music, animal, outdoor or cooking activities
- respond immediately to suspected anaphylaxis and report incidents or near misses.

Parents and carers

- provide accurate and updated information about allergies, prescribed medication and healthcare plans
- provide prescribed medication in its original labelled container and support checks that it remains in date
- give consent where required for administration of prescribed or spare emergency medication
- inform the school promptly of changes and report reactions that may have resulted from exposure at school but became apparent later.

Pupils

Pupils will be supported, according to age and understanding, to recognise symptoms, avoid known allergens, avoid sharing food, seek help promptly and take increasing responsibility for their medication where agreed in their IHP. A pupil will never be expected to manage an emergency without adult support.

6. Training and induction

All staff who are present when 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 and cover teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast, lunchtime or after-school provision. Contractors with no pupil-facing role are not normally included.

New staff will receive training as part of induction. The school will ensure that supply and cover staff have received suitable awareness information before taking responsibility for pupils. Training records will be retained.

Training will ensure that staff:

- understand allergy, how reactions occur and the risks posed
- recognise that different allergic conditions can co-exist and understand the distinction between food allergy, coeliac disease and food intolerance
- know where to find information about a person's allergens, medication and Allergy or Asthma Action Plan
- recognise the range of allergic-reaction symptoms and anaphylaxis
- know how to call emergency services, inform parents and locate and administer emergency adrenaline or a reliever inhaler
- receive practical instruction in the emergency devices used by the school
- understand the effect allergy can have on wellbeing and participation
- understand their role in reducing exposure and reporting incidents and near misses.

School-level awareness training does not replace any separate clinical competency, delegation or governance arrangements required for an individual pupil's healthcare support.

7. Wellbeing, inclusion and anti-bullying

The school will listen to pupils and parents and make reasonable adjustments so that pupils with allergies can participate in lessons, meals, clubs, visits, residentials, sport and wider school life. Staff will avoid unnecessarily singling pupils out and will take account of anxiety associated with allergy and the risk of anaphylaxis.

Teasing, food threats, deliberate exposure to allergens or other allergy-related bullying will be treated seriously under the Behaviour and Anti-Bullying Policies. Support will be provided to the affected pupil and appropriate action taken to prevent recurrence.

8. Identification, records and information gathering

The school will gather allergy information at admission, through annual data checks, from parents, the pupil, healthcare professionals and the previous setting. Staff and regular volunteers will also be encouraged to disclose relevant allergies and emergency medication arrangements. Visitor arrangements will be proportionate to the nature and duration of the visit.

The school allergy register will record, as appropriate:

- the person's known allergy and known allergens
- whether emergency medication is carried or stored and where it can be found
- whether the pupil has an IHP, Allergy Action Plan or Asthma Action Plan
- relevant emergency contacts and consent
- review dates and medication expiry dates.

Essential information will be readily available to staff who need it, including teachers, teaching assistants, lunchtime staff, supply staff, catering staff and visit leaders, while respecting confidentiality.

9. Individual Healthcare Plans and healthcare action plans

A pupil will have an Individual Healthcare Plan where the allergy has a functional impact in school, places the pupil at risk of harm and requires arrangements additional to or different from those made generally. An IHP may also be required where reasonable adjustments, routine medication or emergency medication are needed.

The IHP will be developed with parents and the pupil and, where appropriate, relevant healthcare professionals. It will set out allergens, symptoms, impact on education and wellbeing, risk-reduction measures, meal arrangements, medication, emergency response, participation in visits and the pupil's level of self-management.

Any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional will be attached to or clearly referenced in the IHP. The IHP will be reviewed at least annually, whenever circumstances change, after a reaction or near miss and whenever an updated healthcare action plan is received.

10. Minimising exposure to allergens

The school will use proportionate risk management rather than relying on blanket allergen bans. No environment can be guaranteed allergen-free, and any restriction will be based on an individual risk assessment and communicated clearly.

Controls will include, as appropriate:

- handwashing with soap and water before and after eating and after relevant activities
- effective cleaning of tables, equipment and food-preparation or eating areas
- supervision and no sharing or swapping of food, drinks, utensils or containers
- controls for food brought in by pupils, parents or staff, including celebrations, packed lunches and fundraising
- reasonable measures for known contact or airborne allergens, including animals, latex, pollen, dust or aerosols
- risk assessment of curriculum and enrichment activities involving food, plants, animals, craft materials, science substances, musical instruments or cooking
- clear arrangements for breakfast, snacks, lunch, clubs and wraparound provision.

11. Food allergy and catering

The school and catering provider will comply with applicable food-information and allergen requirements. Accurate information about regulated allergens in food provided by the school will be available, and menu or ingredient changes will be communicated through agreed procedures.

Catering arrangements will include effective communication of individual dietary needs, separation and cleaning measures to reduce cross-contact, clear identification of suitable meals, appropriate supervision and a procedure for resolving uncertainty before food is served. Parents must not be asked to rely solely on verbal reassurance where allergen information is unclear.

12. Prescribed adrenaline and rapid access

Pupils prescribed adrenaline auto-injectors must have rapid access to their own devices at all times, including in classrooms, dining areas, playgrounds, sports areas and on visits. Arrangements will ensure adrenaline can be administered as soon as possible and within five minutes of suspected anaphylaxis.

The pupil's devices will be stored or carried as specified in the IHP and clearly identified. Arrangements for taking devices home, including for the journey home, will be agreed with parents. The school will keep a record of pupils supplied with prescribed devices and an Allergy Action Plan and will check expiry dates through its medication-monitoring system. Parents remain responsible for replacing prescribed devices, supported by school reminders.

13. Spare adrenaline devices and spare reliever inhalers

The school will hold spare adrenaline auto-injectors of appropriate doses where authorised and will manage them in accordance with current statutory guidance. Spare devices may be used for a pupil at risk of anaphylaxis where the pupil's own device is unavailable, not working, out of date or cannot be administered without delay, and where the required consent and medical information are in place; in an unexpected emergency, staff will follow 999 instructions and current emergency guidance.

Spare adrenaline devices will:

- be stored in clearly labelled emergency anaphylaxis kits, separate from named pupils' devices
- be readily accessible and never locked away
- be stocked in pairs so that a second dose is immediately available
- be positioned so that no pupil is more than five minutes from adrenaline
- be checked regularly for integrity and expiry date
- be replaced promptly after use or before expiry
- be disposed of safely through an approved sharps or pharmacy route because the device contains a needle.

The location of spare kits will be displayed for staff and recorded in induction information. Where a pupil is also prescribed an asthma reliever inhaler, consent and arrangements for use of the school's spare salbutamol inhaler will be recorded in the IHP where relevant.

14. Recognising and responding to anaphylaxis

Possible signs include swelling of the lips, tongue or throat; difficulty breathing; wheeze; persistent cough; hoarse voice; difficulty swallowing; pale, clammy or blue skin; dizziness; confusion; collapse; or sudden rapid deterioration. Anaphylaxis may occur without skin symptoms. If in doubt, treat as anaphylaxis.

Emergency response:

1. Administer an adrenaline auto-injector immediately. Do not delay while waiting for a parent or healthcare professional.
2. Call 999 and state "suspected anaphylaxis". Give the school location and follow the call handler's instructions.
3. Keep the pupil lying flat with legs raised where possible. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk. If unconscious, place them in the recovery position.
4. Send someone to bring the second device, emergency kit and action plan. Do not leave the pupil alone.
5. If symptoms persist or return, give a second adrenaline dose after five minutes using a second device.
6. Inform parents or carers. A member of staff will accompany the pupil to hospital and provide relevant information.
7. Record, report and review the incident and replace any used devices immediately.

15. Educational visits, residentials and off-site activities

Pupils with allergies will not be excluded from visits or activities because of their allergy. The visit leader will complete an individual risk assessment for any pupil at risk of anaphylaxis and agree necessary adjustments with the pupil and parents.

The pupil's own prescribed adrenaline devices and action plan will accompany them and remain rapidly accessible. At least one accompanying adult will be trained and confident to administer adrenaline. Planning will consider meals, travel, accommodation, remote locations, communication, emergency medical access, activity-specific allergens and safe storage of medication. A second prescribed device and any appropriate spare kit will be taken in line with the IHP and risk assessment.

16. Serious incidents and near misses

All allergic reactions, administration of emergency medication, anaphylaxis and near misses will be recorded promptly in the school's agreed system and reported to the Headteacher or Allergy Lead. Parents, pupils and healthcare professionals may report an incident that becomes apparent only after the pupil has returned home.

The post-incident review will consider the allergen and route of exposure, controls in place, response time, availability and use of medication, communication, staff deployment and training, and any action required. Serious incidents will also be managed under the school's accident, safeguarding, health and safety and reporting procedures as applicable.

17. Information sharing and confidentiality

Health information is special-category personal data under UK GDPR. The school will hold, use and share information where necessary to protect health and provide education, using a lawful basis and appropriate safeguards. Information will be accurate, limited to what is necessary, shared only with those who need it and handled respectfully so pupils are not unnecessarily embarrassed or singled out.

Photographs, allergy registers, IHPs and action plans may be made available in agreed secure locations to relevant staff. Information for catering, clubs and visits will be shared through controlled procedures. Emergency services will receive any information needed to protect life.

18. Raising awareness

All staff will be made aware of this policy through induction and annual training. Key emergency instructions and medication locations will be displayed in appropriate staff areas. Age-appropriate allergy awareness will be included in pupil education, including not sharing food and seeking adult help.

Where appropriate, and following discussion with the pupil and parents, close peers may be told how to seek adult help in an emergency. Pupil awareness will never replace trained adult supervision or emergency response arrangements.

19. Monitoring and review

The Headteacher or Allergy Lead will monitor:

- completion and scope of annual training
- the accuracy of the allergy register, IHPs and attached action plans
- accessibility, quantity, dosage and expiry of prescribed and spare medication
- catering and activity risk controls
- incidents, near misses, response times and completed actions
- publication and staff awareness of this policy.

An anonymised annual assurance report will be provided to governors. The next review date will be recorded on the front page, but an earlier review will take place where learning, changes in need or statutory requirements make this necessary.

Appendix 1: Staff quick response to suspected anaphylaxis

RECOGNISE → GIVE ADRENALINE → CALL 999 → POSITION SAFELY → GIVE SECOND DOSE AFTER 5 MINUTES IF NEEDED → INFORM PARENTS → ACCOMPANY TO HOSPITAL → RECORD AND REVIEW

Appendix 2: Operational checks

- Allergy register and IHPs are current.
- Prescribed medication and spare kits are accessible, clearly labelled and in date.
- Spare adrenaline devices are held in pairs and can reach any pupil within five minutes.
- Staff, including supply, catering, club and lunchtime staff, know the relevant pupils, plans and medication locations.
- Planned food, curriculum activities and visits have been checked for allergen risk.
- Incidents and near misses have been recorded, reviewed and actions completed.

Appendix 3: Captain Shaw's Individual Healthcare Plan for allergy

The following template should be completed with the pupil and parents or carers and, where appropriate, a relevant healthcare professional. Attach any current Allergy Action Plan or Asthma Action Plan.

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: