



Cranford Primary School  
Berkeley Avenue  
Hounslow  
TW4 6LB

# Allergy Safety

Date: September 2026

Review Date: September 2027 (or sooner if  
changes to the law or practice)

Approval Level: Governing Body

## 1. Aims

Cranford Primary School (CPS) is committed to ensuring that pupils with allergies are safe, included and able to participate fully in school life. We recognise that allergic reactions can range from mild symptoms to anaphylaxis, which is a medical emergency.

Reduce the risk of pupils, staff and visitors coming into contact with known allergens.

Set out a clear and rapid emergency response to allergic reactions and anaphylaxis.

Ensure pupils with allergies receive appropriate individual support without unnecessary restriction or exclusion.

Maintain accurate allergy information and ensure it is available to staff who need it.

Promote allergy awareness across the school community, including classrooms, lunchtimes, wraparound provision, clubs, trips and events.

## 2. Legislation and guidance

This policy is based on the Department for Education's statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, Department of Health and Social Care guidance on emergency adrenaline auto-injectors in schools, and relevant food information legislation, including the Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019.

It complements CPS's First Aid Policy. The First Aid Policy already establishes the school's first-aid response, medical room arrangements, Medical Tracker recording and the principle that adrenaline pens and other emergency devices must remain readily available rather than locked away.

## 3. Roles and responsibilities

### 3.1 Governing Board

The Governing Board have a named member of the board, Sharon Dhaliwal, who has overall oversight and is the named Governor for Allergies. They will monitor the implementation of this policy and procedures during their in person visits.

Ensure allergy risks are appropriately reflected in the school's health and safety arrangements and risk management.

Ensure CPS has an effective allergy safety policy, including arrangements to reduce exposure to known allergens and respond to anaphylaxis.

Receive assurance that the policy is implemented, monitored and reviewed.

### 3.2 Allergy Safety Lead - Rachel Wathudura

Rachel Wathudura, as the senior leader responsible for medical provision, is the nominated Allergy Safety Lead. She provides senior oversight of allergy safety and works closely with the medical staff.

Lead implementation and annual review of this policy and ensure it is published on the website.

Oversee allergy awareness and staff training.

Ensure allergy information, Individual Healthcare Plans (IHPs) and allergy action plans are current and accessible to relevant staff.

Ensure appropriate allergy risk assessments are completed for activities, trips and events.

Oversee arrangements for safe, rapid access to adrenaline devices.

Review all serious allergy incidents and near misses with the medical staff, identify lessons and ensure actions are followed through.

Escalate significant concerns to Jasmeen Chana, Headteacher and Governing Board if appropriate.

### **3.3 Medical staff - Lisa Shew and Aishia Chaudhary**

Lisa Shew and Aishia Chaudhary are CPS's named medical staff and support the day-to-day operational management of allergy safety.

Maintain the school's register of pupils with known allergies and relevant medical information.

Receive and check medication supplied by parents/carers and ensure records are maintained.

Ensure prescribed adrenaline devices and other emergency medication are stored safely and can be accessed rapidly.

Check the school's spare adrenaline auto-injectors at least monthly, including presence and expiry dates, and arrange replacement when required.

Keep allergy action plans and relevant IHP information readily available.

Update Medical Tracker following allergic reactions, incidents and near misses in line with school procedures.

Support communication with parents/carers and relevant staff when medical information changes.

Work with Rachel Wathudura to identify training needs and review incidents.

### **3.4 Headteacher**

Ensure this policy is implemented and that suitable staffing, training and systems are in place.

Decide, in discussion with parents/carers, the Allergy Safety Lead and relevant healthcare professionals, whether a pupil's needs require an IHP or can be managed through the school's general medical arrangements.

Ensure significant incidents are appropriately reviewed and reported.

### **3.5 All staff**

Know which pupils in their care have allergies and understand the relevant action plan or IHP.

Recognise signs of allergic reaction and anaphylaxis and act immediately.

Take reasonable steps to prevent known allergen exposure and cross-contamination.

Never delay emergency treatment while attempting to contact a parent/carer.

Ensure pupils with allergies are included in lessons, clubs, trips, celebrations and wider school life through appropriate planning.

Report all allergic reactions and near misses promptly to the medical staff and Allergy Safety Lead.

#### **4. Identifying pupils at risk**

CPS will obtain medical and allergy information from parents/carers when a pupil joins the school and will ask families to update information at least annually. Parents/carers must inform the school promptly of any new diagnosis, reaction, change in treatment or change to prescribed medication.

Where a pupil joins mid-year or receives a new diagnosis, CPS will seek to put appropriate arrangements in place as soon as possible and normally within two weeks.

The medical staff will maintain an allergy register. Relevant information will be shared with staff on a need-to-know basis, with due regard to data protection.

##### **4.1 Individual Healthcare Plans and allergy action plans**

An IHP will be considered where an allergy has a functional impact in school, creates a risk of harm, or requires arrangements additional to or different from those generally available. IHPs will be reviewed at least annually and sooner when needs change.

Pupils with a known food or insect-sting allergy should have an appropriate allergy action plan issued by a healthcare professional. Where an IHP is required, the action plan will form part of or be attached to it.

#### **5. Assessing risk**

CPS will assess allergy risk as part of normal planning and will complete a pupil-specific risk assessment where necessary, particularly for pupils at risk of anaphylaxis.

Food preparation, cooking or tasting activities.

Science or craft activities involving food, packaging, latex, animals or other known allergens.

School trips, residentials, sporting events and off-site activities.

Celebrations, special events, visitors or externally provided food.

Any activity where a pupil's known allergen may reasonably be present.

Allergy risk must be considered within educational visit risk assessments. The trip leader must ensure relevant medication and action plans accompany the pupil and that an appropriately briefed/trained adult is available.

#### **6. Minimising risk at CPS**

## 6.1 Food and hygiene

Pupils are encouraged to wash hands before and after eating.

Food, drinks, containers and utensils should not be shared between pupils.

Staff will supervise younger pupils appropriately at eating times.

Food used for curriculum activities will be checked against known allergies before use.

Parents/carers should not send food into school for general sharing unless this has been specifically agreed by the school.

CPS's healthy lunchbox arrangements, including restrictions on nuts, support the reduction of avoidable allergy risk. The school cannot guarantee an allergen-free environment and therefore relies on robust individual risk management rather than describing the site as 'allergen free'.

## 6.2 Catering

The school will work with its catering provider to ensure allergen information is available and legal food-information requirements are followed.

Catering staff must be aware of pupils requiring allergy-safe meals and follow appropriate procedures to reduce cross-contamination.

Changes to menus or ingredients must not compromise agreed dietary arrangements.

Where there is uncertainty about the safety of a food item for a pupil, it will not be served until appropriate checks have been completed.

## 6.3 Animals, insects and outdoor activity

Known animal allergies will be considered before animal visits or activities are arranged.

Pupils will wash their hands after contact with animals.

Where a pupil has a known insect-sting allergy, this will be reflected in their action plan/IHP and relevant outdoor or trip planning.

## 7. Responding to an allergic reaction

All staff must treat suspected anaphylaxis as a medical emergency. If a pupil has an allergy action plan, staff must follow it.

Stay with the pupil and call for immediate assistance.

Administer the pupil's prescribed adrenaline device without delay where anaphylaxis is suspected, in accordance with the action plan and training.

Call 999 and state 'anaphylaxis'.

Use a second dose if required in accordance with current emergency guidance/action plan.

Use a school spare adrenaline auto-injector where permitted and appropriate if the pupil's own device is unavailable, cannot be used or has misfired.

Do not allow the pupil to stand or walk. Position them appropriately according to symptoms and training.

Contact parents/carers as soon as emergency treatment is underway; contacting parents must never delay adrenaline or the 999 call.

Ensure a member of staff accompanies the pupil to hospital if a parent/carer is not present.

Any use of adrenaline, emergency-service attendance, serious allergic reaction or significant near miss must be reported immediately to Lisa Shew or Aishia Chaudhary and Rachel Wathudura.

## **8. Adrenaline devices**

### **8.1 Prescribed devices**

CPS will ensure that pupils prescribed adrenaline have rapid access to their devices. Given the primary age range, arrangements will be individualised according to age, maturity and the pupil's action plan. Where pupils do not carry their own devices, medication will be kept in an agreed, clearly identified and readily accessible location. It must not be locked away.

A copy of the pupil's allergy action plan will be kept with or immediately accessible alongside the medication. Parents/carers are responsible for supplying prescribed medication in date and informing the school of changes.

### **8.2 School spare adrenaline auto-injectors**

CPS will maintain spare adrenaline auto-injectors in accordance with current national guidance. Spare devices will be clearly labelled, stored separately from pupils' prescribed medication, accessible to staff in an emergency and protected from extremes of temperature and direct sunlight.

Lisa Shew and Aishia Chaudhary will check the spare devices monthly and arrange replacement before expiry. Rachel Wathudura will provide senior oversight of these arrangements.

### **8.3 Off-site use**

For trips and off-site activities, the trip leader must check that the pupil's prescribed devices accompany them and that staff know where they are. Where appropriate under the school's arrangements, a school spare device will also be taken. Medication must remain accessible throughout the visit and not be left on transport or in inaccessible luggage.

### **8.4 Disposal**

Used adrenaline auto-injectors are single-use devices and will be disposed of safely in accordance with manufacturer and clinical waste/sharps procedures.

## **9. Serious incidents and near misses**

CPS will record and review serious allergy incidents and near misses. A near miss is an event which did not cause harm but had the clear potential to do so, for example an incorrect meal being offered to a pupil with a known allergy.

Record the event on Medical Tracker as soon as practicable, including what happened, when and where, the response, treatment given, whether emergency services attended and the outcome.

Inform parents/carers promptly.

Notify Rachel Wathudura and the Headteacher of significant incidents.

Review the pupil's action plan, IHP, risk assessment and school systems where appropriate.

Share relevant learning with staff in a proportionate, no-blame manner so that recurrence is less likely.

Make any external notification required by law or relevant guidance, including RIDDOR where applicable.

### **10. Allergy awareness and training**

All staff who may be present when pupils are on site will receive allergy awareness training at least annually. This includes teaching and support staff and, as relevant, office/medical staff, lunchtime staff, catering staff, wraparound/club staff, temporary staff, agency workers and regular volunteers. New staff will receive appropriate information as part of induction.

Training will cover recognition of allergic reactions and anaphylaxis, emergency action, location and use of medication, adrenaline auto-injector practice, individual pupil arrangements, prevention of exposure and cross-contamination, and incident/near-miss reporting.

CPS will use practical scenario-based refreshers or drills to test that staff can locate medication and respond promptly. Learning from these exercises will inform policy and practice.

### **11. Inclusion and wellbeing**

A pupil will not be excluded from an activity simply because they have an allergy. Reasonable and proportionate planning will be used to enable participation safely.

CPS recognises that allergies can affect a pupil's confidence and wellbeing. Staff will provide reassurance, age-appropriate opportunities for pupils to develop self-awareness and independence, and pastoral support where required. Allergy-related teasing or bullying will be addressed under the school's Positive Relationships/Behaviour Policy.

### **12. Information sharing and data protection**

Health information is special category personal data. CPS will handle allergy information in accordance with its Data Protection Policy. Relevant information will be shared with staff who need it to keep a pupil safe, including class teachers, support staff, lunchtime staff, catering staff and trip leaders as appropriate.

### **13. Monitoring and review**

Rachel Wathudura, as Allergy Safety Lead, will monitor implementation of this policy in partnership with Lisa Shew and Aishia Chaudhary. The policy will be reviewed at least annually and sooner

following a serious incident, significant near miss, material change in a pupil's needs, or change in statutory guidance.

The Governing Board will receive appropriate assurance that allergy risks are being managed effectively.

#### 14. Links with other CPS policies and procedures

First Aid Policy

Supporting Pupils with Medical Conditions Policy

Health and Safety Policy

Healthy Lunchbox / School Food arrangements

Educational Visits procedures

Data Protection Policy

Positive Relationships

Safeguarding and Child Protection Policy

#### Appendix 1 - CPS allergy safety operational checklist

| Check                                              | Lead                                                               | Frequency / trigger           |
|----------------------------------------------------|--------------------------------------------------------------------|-------------------------------|
| Allergy register reviewed and changes communicated | Lisa Shew / Aishia Chaudhary                                       | At least termly and on change |
| Prescribed medication/action plans checked         | Lisa Shew / Aishia Chaudhary                                       | On receipt and on change      |
| Spare AAIs present and in date                     | Lisa Shew / Aishia Chaudhary                                       | Monthly                       |
| Policy implementation oversight                    | Rachel Wathudura                                                   | Ongoing                       |
| Allergy awareness training                         | Rachel Wathudura with medical staff                                | At least annually / induction |
| Trip/activity allergy risk                         | Trip/activity leader                                               | Before activity               |
| Serious incident/near-miss review                  | Rachel Wathudura with medical staff and Headteacher as appropriate | After each relevant event     |
| Policy review                                      | Rachel Wathudura                                                   | At least annually             |