THE OLYMPUS ACADEMY TRUST

Allergy Safety Policy

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Consulted with JCNC or n/a	n/a

Amendment History

Version	Amendment Date	Author	Amendment Summary
1.1	14 October 2026	Chief Operating Officer	Revised following comparison with the 2026 statutory template and model allergy policy.

Related Policies

- First Aid Policy
- Supporting Learners with Medical Conditions Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Anti-bullying/Behaviour Policy
- Data Protection Policy
- Health and Safety Policy

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1. Purpose and scope

The Olympus Academy Trust is committed to ensuring that learners with allergies are safe and able to participate fully in school life. This policy establishes a consistent Trust-wide framework to prevent avoidable exposure, recognise and respond to allergic reactions, manage anaphylaxis as a medical emergency, and learn from incidents and near misses.

This policy has been adopted in response to the statutory requirements relating to allergy safety in schools, including section 34 of the Children's Wellbeing and Schools Act 2026 and the Department for Education statutory guidance on allergy safety in schools. All Olympus schools must implement this policy and maintain the school-specific arrangements set out in Appendix A.

The policy applies to all Olympus schools, learners, employees, agency and casual staff, volunteers, contractors, catering providers, visitors and activities for which the Trust or a school is responsible, including wrap-around care, lettings, educational visits, transport arranged by the school and off-site activities.

Local implementation: Each school must complete Appendix A, publish its adopted policy, communicate local arrangements and ensure that school-specific procedures are consistent with this Trust framework.

2. Policy principles

- Anaphylaxis is a medical emergency. Adrenaline must be administered without delay when anaphylaxis is suspected, followed by a 999 call.
- Allergy safety is a whole-school responsibility and will be integrated into health and safety, catering, curriculum activities, educational visits and safeguarding arrangements.
- Learners with allergies will not be excluded from activities solely because of their allergy. Reasonable adjustments and safe alternatives will be planned.

- All pupil-facing staff and regular pupil-facing contractors present when learners are on site will receive appropriate allergy awareness and emergency-response training.
- Learner-specific information will be accurate, current, accessible to those who need it and shared proportionately.
- Schools will hold suitable spare adrenaline devices in pairs, in accordance with current legal and national guidance, local risk assessment and manufacturer instructions.
- The Trust adopts an allergy-aware approach. No school can guarantee an entirely allergen-free environment.

3. Definitions

Term	Meaning
Allergy	An immune-system response to a substance that is usually harmless.
Anaphylaxis	A severe, potentially life-threatening allergic reaction affecting the airway, breathing or circulation.
Allergen	A substance capable of causing an allergic reaction.
AAI	Adrenaline auto-injector, such as a prescribed device used to deliver emergency adrenaline.
Allergy Action Plan	A healthcare-professional-issued plan describing triggers, symptoms and treatment. BSACI plans are preferred where clinically appropriate.
Individual Healthcare Plan (IHCP)	A school plan setting out additional or different arrangements needed to support a learner with a medical condition.
Near miss	An event that caused no harm but had clear potential to cause harm.
Allergy Lead	The named school leader responsible for coordinating local allergy safety arrangements.

4. Governance, roles and responsibilities

4.1 Board of Trustees and Trust leadership

- The Board provides strategic oversight and receives assurance that statutory allergy duties are implemented across the Trust.
- The Chief Executive Officer is the Trust duty holder. Operational responsibility may be delegated, but accountability remains at the appropriate leadership level.
- The Trust will provide a common policy framework, oversight arrangements and access to approved training and documentation.

4.2 Local governance and Headteacher

- The School Improvement Committee will nominate a governor to oversee allergy safety and review assurance information.
- The Headteacher is accountable for implementation, resourcing and monitoring within the school.

- The Headteacher will appoint a named Allergy Lead and deputy, ensure arrangements are included in risk assessments and audits, and confirm that catering, clubs, lettings and visits comply with this policy.

4.3 School Allergy Lead

- Maintain the learner allergy register and ensure plans and medication records are current.
- Coordinate staff training, induction and local emergency rehearsals, retaining completion records.
- Ensure relevant staff, supply staff, volunteers, catering teams and wrap-around providers receive information before supervising learners.
- Check learner-specific and spare medication at the frequencies stated in section 8 and arrange timely replacement or escalation.
- Coordinate whole-school and individual risk assessments, and review them after incidents, near misses or material changes.
- Maintain records of medication use, checks, incidents, investigations and actions.
- Maintain proportionate arrangements for known allergies affecting staff and relevant visitors.

4.4 SENCO

- Coordinate IHCPs where the statutory criteria are met and a learner needs arrangements additional to, or different from, the school's general allergy controls.
- Ensure the learner's clinical Allergy Action Plan is attached to or referenced in the IHCP.
- Work with families, healthcare professionals and staff to support inclusion, learning and wellbeing.
- Identify learners with asthma and food allergy as requiring particular attention in risk planning, with their reliever inhaler readily available alongside emergency allergy medication where their clinical plan requires it.

4.5 Parents and carers

- Tell the school about known or suspected allergies and provide current clinical information.
- Provide the learner's healthcare-professional-issued Allergy Action Plan and any required medication in its original packaging, clearly labelled and in date.
- Replace medication promptly following use, damage or expiry and notify the school of changes.
- Engage with the school and caterer to agree safe arrangements.
- Notify the school promptly of an allergic reaction or suspected exposure that becomes apparent after the learner has left the premises.

4.6 All staff, learners and contractors

- Staff must know how to access allergy information and medication, follow plans and act immediately in an emergency.
- Learners will be supported to recognise symptoms, seek help, avoid sharing food and take age-appropriate responsibility for medication.
- Pupil-facing and regular contractors must comply with agreed allergy controls, receive role-appropriate information or training, and report incidents and near misses promptly.
- Ad hoc contractors with no pupil-facing role will receive relevant site safety information and instructions proportionate to their work.

5. Identification, plans and risk assessment

5.1 Identification and register

On admission and at least annually, schools will ask parents and carers to provide allergy information, previous reactions, prescribed medication and current clinical plans. Information received during the year must be updated promptly. The Allergy Lead will maintain a secure learner allergy register, including known triggers, medication, plan status, emergency contacts and agreed controls.

Schools will also maintain proportionate arrangements to identify and manage known allergy risks affecting staff and visitors where relevant. These arrangements will be separate from the learner allergy register and handled in accordance with data-protection requirements.

Relevant staff will be briefed through controlled systems. Visual identifiers may be used only where locally agreed, risk assessed, explained to staff and learners, and supported by appropriate consent and privacy safeguards. They do not replace staff vigilance or an individual plan.

5.2 Allergy Action Plans and IHCPs

- A learner at risk of anaphylaxis must have a current Allergy Action Plan issued or endorsed by an appropriate healthcare professional. School staff must not create or clinically amend that plan.
- The plan will be available with the learner's emergency medication and through the school's approved secure record system.
- An IHCP will be produced where the allergy has a functional impact, creates a risk of harm and requires arrangements additional to or different from those generally available.
- Plans are live documents and will be reviewed at least annually and whenever clinical advice, treatment, risks or circumstances change.
- Where diagnosis or clinical advice is pending, the school will put proportionate interim arrangements in place with the family and seek appropriate professional advice.

5.3 Risk assessment

- Each school will maintain a whole-school allergy risk assessment covering classrooms, kitchens, dining, clubs, curriculum activities, premises use and off-site activities.
- An individual risk assessment will be completed for each learner at risk of anaphylaxis, in partnership with parents/carers and, where appropriate, the learner.
- Risk assessments must identify triggers, including relevant food, airborne and contact allergens; vulnerable times and locations; control measures; medication access; communication arrangements; and emergency response.
- Assessments will be reviewed after any reaction or near miss, a change in health or medication, a change in provision, or updated guidance.

6. Training, induction and communication

- All staff who may be present while learners are on site, including permanent, temporary, supply, peripatetic, catering, wrap-around and regular volunteer staff, must receive allergy awareness and emergency-response information appropriate to their role.
- Pupil-facing and regular contractors must receive role-appropriate training or briefing. Ad hoc contractors with no pupil-facing role are not required to complete full annual allergy training but must receive relevant local safety information.

- Core training will be completed on induction and refreshed at least annually. Staff working closely with high-risk learners will receive additional practical instruction and opportunities to practise use of trainer devices.
- Schools will run regular local emergency rehearsals or scenario-based checks at a frequency determined by risk assessment, recording participation and learning.
- Before starting work, agency, supply and visiting staff must receive a concise briefing covering pupils relevant to their duties, warning signs, emergency actions and medication locations.
- The Allergy Lead will maintain training and briefing records. Staff will sign or electronically acknowledge that they have read and understood this policy and local arrangements.
- Age-appropriate allergy awareness will be promoted among learners without identifying an individual unnecessarily.

Minimum staff knowledge: understand allergy and how reactions occur; recognise triggers and symptoms; distinguish food allergy, coeliac disease and food intolerance; understand anaphylaxis and its emergency response; locate and administer medication; use Allergy and Asthma Action Plans; understand effects on wellbeing; take individual responsibility for reducing exposure; and record and report incidents and near misses.

7. Reducing exposure and catering controls

7.1 General controls

- The school will not permit food sharing or swapping where this could create allergy risk.
- Packed lunches, drinks and medication must be clearly labelled with the learner's name.
- Activities such as cooking, science, craft, music, celebrations, rewards, visits, activities involving animals, and events involving food or potentially contaminated containers must be risk assessed.
- Where a learner has a known airborne or contact allergy, the school will assess the circumstances in which exposure may occur and implement reasonable and proportionate controls through the learner's individual and/or school risk assessment.
- Safe alternatives for the whole group should be used where reasonably practicable, rather than excluding a learner.
- Appropriate cleaning, handwashing, storage and cross-contamination controls must be in place.
- The school will not be described as allergen-free or nut-free unless that description is accurate and independently supportable.

7.2 Catering

- The Headteacher retains oversight even where catering is externally provided.
- The school and catering provider will maintain a defined process for receiving, verifying and updating special-diet information.
- Allergen information for the 14 regulated allergens must be available as required by food information law, while controls must also address clinically confirmed allergens outside that list.
- Catering staff must be trained to read labels, prevent cross-contamination, prepare and serve agreed meals, and respond to discrepancies.
- Parents/carers will be given a clear route to discuss menus and safe provision with the catering manager or contract provider.

- Any photographic or visual identification system must be consented, current, secure and checked against the allergy register.

8. Medication, storage and spare devices

8.1 Learner-specific medication

- Medication must be stored in line with manufacturer instructions, at the correct temperature and protected from extremes and direct sunlight.
- Emergency medication must be clearly labelled, readily accessible to authorised adults and never locked away in a manner that delays emergency use.
- Where prescribed, two AAIs should be available for the learner in accordance with the clinical plan.
- Learners assessed as competent may carry their own medication. The individual risk assessment must address backup arrangements and access during PE, breaks, changing, transport and off-site activities.
- The emergency kit should contain the current Allergy Action Plan, prescribed AAIs and any other medicine or device specified in the plan.

8.2 Checks and replacement

- Parents/carers remain responsible for supplying in-date learner-specific medication.
- The Allergy Lead will check learner-specific emergency medication at least termly and give parents/carers timely written notice of upcoming expiry.
- School-held spare devices will be checked and recorded monthly, and immediately after use or reported damage.
- Used devices may be handed to ambulance staff or placed in an approved sharps container. Expired or unused medication will be returned to the family where practicable or disposed of through an approved pharmacy or clinical-waste route. Never place an AAI in general waste.

8.3 School-held spare adrenaline

- Each school will hold sufficient in-date spare adrenaline devices, stocked and stored in pairs, with appropriate dose strengths based on current requirements and a documented site risk assessment.
- Spare devices will be clearly labelled, visible to staff, unlocked and protected from unauthorised tampering. They must be positioned so that they can be brought to a person experiencing suspected anaphylaxis within five minutes.
- Each school must demonstrate through its site risk assessment that the five-minute requirement can be achieved across classrooms, dining areas, playgrounds, sports facilities and other routinely occupied areas. Large or split sites may require additional pairs in more than one location.
- The exact locations will be included in induction, staff briefings, emergency signage and Appendix A.
- Use of a spare device must follow current law, national guidance, the individual healthcare plan where available, and the emergency principle of acting in the person's best interests.

9. Emergency response

ANAPHYLAXIS: ACT IMMEDIATELY. If there are airway, breathing or circulation symptoms, or if anaphylaxis is suspected, give adrenaline without delay and call 999. If in doubt, treat as anaphylaxis.

- Send someone to bring the learner's emergency kit and the school spare kit. Do not make the person walk to the medication.
- Administer the prescribed AAI into the outer mid-thigh, following the device instructions and clinical plan. Note the time.
- Call 999 immediately. State "anaphylaxis", give the exact location and follow the call handler's instructions.
- Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. If pregnant, place on the left side. Do not allow them to stand, walk or suddenly sit up.
- Stay with the person. Send a responsible adult to meet the ambulance. Contact parents/carers after emergency services have been called.
- If there is no improvement after 5 minutes, give a second dose using a second device, if available.
- Start CPR if the person becomes unresponsive and is not breathing normally. Continue until emergency help takes over.
- Record the incident, medication used, times, actions and outcome. Secure replacement medication and commence the post-incident review.

Mild to moderate reactions

Follow the learner's Allergy Action Plan. Do not leave the learner unattended. Give prescribed treatment only as directed and monitor carefully for deterioration. Notify parents/carers in accordance with the plan and local procedure. If symptoms progress or airway, breathing or circulation symptoms develop, follow the anaphylaxis procedure immediately.

10. Educational visits and off-site activities

- Allergy risks and reasonable adjustments must be addressed in the visit risk assessment and approval process.
- The visit leader will confirm that current plans, required medication and trained staff are available before departure. If an essential control is missing, the leader must undertake a documented dynamic risk assessment and the learner must not take part unless the visit can proceed safely.
- Medication and the action plan must remain immediately accessible to the supervising adult and must not be placed in inaccessible luggage or a vehicle hold.
- Venues, host schools, residential providers and caterers will be informed of relevant requirements sufficiently in advance for safe arrangements to be verified.
- At least one trained member of staff will have responsibility for medication, with an additional adult briefed on the emergency procedure.
- Emergency access, mobile coverage, hospital location and food provision will be considered for remote, residential and higher-risk visits.
- The same emergency procedure applies off site: administer adrenaline without delay, call 999 and state anaphylaxis.

11. Inclusion, wellbeing and safeguarding

- Learners will be supported to take part safely and confidently in curriculum, social and extracurricular activities.
- Anxiety, stigma and the impact of asthma, eczema or other associated conditions will be considered in pastoral and educational support.

- Allergy-related bullying, deliberate exposure, threats involving allergens or interference with medication will be treated seriously under safeguarding and behaviour procedures.
- Repeated failure to provide essential medication or information, or any practice that places a learner at risk, will be considered through the school's safeguarding procedures, with proportionate support and escalation.
- A medical incident does not automatically require a safeguarding referral. Referral is appropriate where the circumstances indicate possible neglect, abuse, exploitation or deliberate harm.

12. Incidents, near misses and learning

- All allergic reactions, use of an AAI, medication errors and near misses must be recorded using the Trust's approved incident-reporting system via Parago.
- Parents/carers, learners and healthcare professionals must have a clear route to notify the school of an allergic reaction or suspected exposure that becomes apparent after the learner has left the premises. Such reports must be recorded and reviewed alongside incidents occurring on site.
- The record must include who was affected, what happened, when and where, known or suspected cause, symptoms, medication and time given, emergency response and outcome.
- Parents/carers and the affected learner, where appropriate, will be informed and able to contribute to the review.
- The Headteacher and Allergy Lead will investigate serious incidents and significant near misses, identify root causes and actions, and update risk assessments, plans, training or site controls.
- External reporting, including RIDDOR or food-safety notification, will be considered where legal thresholds are met. Advice will be sought from the Trust Health and Safety lead or relevant authority.
- Support will be considered for the affected person, family, staff and witnesses.

13. Information governance

Allergy and health information is special category personal data. The Trust will process it lawfully, fairly and securely, sharing the minimum necessary information with staff and providers who need it to keep the learner safe. Records, photographs and plans will be held in approved systems, access will be controlled, and information will not be displayed more widely than the assessed safety need requires.

Schools will agree with families how relevant information is shared with classroom staff, supply staff, catering, clubs, transport, visitors and trip providers. Emergency safety needs may require information to be shared without prior consent where this is necessary to protect life or health.

14. Monitoring, assurance and review

- The Allergy Lead will report at least termly to the Headteacher on registers, plans, medication checks, training, incidents, near misses and outstanding actions.
- The Headteacher will provide the School Improvement Committee with annual assurance on policy implementation and material risks.
- The Trust will monitor implementation through its health and safety assurance arrangements.
- This policy will be reviewed at least annually and sooner after a serious incident or near miss, a material change in legislation or guidance, or significant operational change.

Appendix A: School implementation and annual assurance schedule

Completion required: This schedule must be completed by each school before the policy is adopted locally. It must be reviewed at least annually and after material changes.	
Required detail	**School response / assurance evidence**
School name	Stoke Lodge Primary School
Headteacher	Will Ferris
Name of Allergy Lead and deputy	Shelley Trigg and Jemma Hughes
Name of SENCO	Shelley Trigg
Name of Allergy Governor	Anna Abbs
How permanent staff access allergy information	Allergy registers in classrooms
How agency, supply, peripatetic and volunteer staff are briefed and acknowledge receipt	Office staff to share relevant information during induction
How pupil-facing contractors, ad hoc contractors, catering and wrap-around providers receive proportionate information or training	Office staff to share relevant information during induction
Locations, dose strengths and number of pairs of spare AAIs	Main School Office medical cabinet. All AAI's stored in a clearly labelled, unlocked but supervised emergency medication location accessible to trained staff. Stock consists of 3 x 0.15mg & 3 x 0.3mg. Pupil-specific devices are detailed on medical plans. Location communicated to all staff annually and during induction.
Evidence that AAIs can be brought to any routinely occupied part of the site within five minutes	Emergency response drill undertaken termly. Most recent drill completed 25.11.2026. Fastest response time: 42 seconds; longest response time: 1 minute 36 seconds. Outcome recorded and reviewed by Allergy Lead.
Location of learner-specific emergency kits	Office
Medication check record and responsible person	Shelley Trigg and Jemma Hughes
Approved incident/near-miss reporting system	All allergic reactions, medication errors, near misses, and emergency responses are reported on Parago in accordance with Trust Health & Safety procedures. The Allergy Lead reviews incidents termly to identify trends and actions.

Route for parents/carers, learners and healthcare professionals to report reactions identified after leaving school	Parents/carers instructed to notify the School Office by telephone or email within 24 hours of any allergic reaction occurring outside school. Information is shared with the SENDCo, Allergy Lead and relevant staff and medical plans are reviewed where necessary.
Approved training platform and record location	The National College. Record of staff training kept with Jemma Hughes.
Emergency rehearsal frequency and record location	3x a year
Catering provider and school catering lead	OCS. Kiefer Dion
Airborne and contact allergen controls, where applicable	Individual risk assessments completed where airborne or contact allergens present a significant risk
Visitor/letting allergy risk process and responsible role	All visitors, supply staff and hirers are made aware of relevant allergy controls through signing-in procedures and site induction information. The School Business Manager is responsible for ensuring allergy risks are considered for lettings and community use.
Educational visit approval system and escalation route	All educational visits must include allergy risk assessment and confirmation that emergency medication accompanies the pupil. Visit Leader responsible for checks.
Sharps container locations	N/A
Website publication location	School website
Annual assurance review date, findings and actions	September 2027. Jemma Hughes storing the records.

Appendix B: Reference framework

- Department for Education, Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, July 2026.
- Department for Education, Supporting pupils at school with medical conditions, current statutory guidance.
- Children's Wellbeing and Schools Act 2026, section 34.
- Equality Act 2010.
- Human Medicines Regulations 2012, as amended, and current government guidance on the use of adrenaline auto-injectors in schools.
- Food Information Regulations 2014 and retained food-information requirements concerning allergen information.
- UK GDPR and Data Protection Act 2018.

- Health and Safety at Work etc. Act 1974 and relevant first-aid duties.
- Current BSACI Allergy Action Plans and manufacturer instructions for prescribed devices.