SPARKEN HILL
ACADEMY

Food Allergy & Anaphylaxis Policy

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This Version	April 2026 (Version 2 — major revision)
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From September 2026 new mandatory statutory guidance on food allergy safety in schools comes into force in England. This policy is written to comply with those requirements and should be read alongside related statutory guidance.

1. Introduction and Rationale

Sparken Hill Academy recognises that food allergies affect around 5–8% of children in the UK. In practical terms, every class at Sparken Hill is likely to include at least one child with a food allergy. The most serious allergic reaction — anaphylaxis — can begin within minutes and is potentially life-threatening. Nationally, 20% of all severe allergic reactions to food occur while a child is in school.

Sparken Hill Academy serves pupils aged 3–11, including a significant proportion of children with complex needs. We take our duty of care seriously, and this policy sets out the comprehensive procedures the academy follows to identify, prevent, manage and respond to allergic reactions. It is fully aligned to current legislation and the best practice frameworks published by Anaphylaxis UK, Allergy UK and the British Society for Allergy and Clinical Immunology (BSACI).

Sparken Hill Academy cannot guarantee a completely allergen-free environment. However, with careful management, clear communication, rigorous staff training and individual care planning, we are committed to providing the safest possible environment for every pupil.

2. Aims

- To reduce the likelihood of a pupil with a known food allergy experiencing a severe allergic reaction whilst in school.
- To ensure all staff are aware of pupils with food allergies and are trained and confident to respond in an emergency, including the administration of adrenaline auto-injectors.
- To comply with all relevant legislation and the new mandatory statutory guidance on food allergy safety in schools (September 2026).
- To ensure the school's catering provision clearly identifies all 14 declarable allergens as required by law, including in writing at the point of service (Benedict's Law).
- To obtain BSACI Allergy Action Plans for all pupils at risk of anaphylaxis and to share these with relevant staff.
- To hold spare, emergency adrenaline auto-injectors (AAIs) on site, accessible and in date.
- To create a whole-school culture of allergy awareness, respect and inclusion, and to take allergy bullying seriously.
- To work in partnership with parents, carers and medical professionals to support each pupil's individual needs.

3. Legislative and Statutory Framework

Children and Families Act 2014	Requires governing bodies to support pupils with medical conditions including allergies. Schools must have a policy and ensure staff training.
Supporting Pupils with Medical Conditions (DfE, 2015)	Statutory guidance requiring schools to develop Individual Healthcare Plans for pupils with medical conditions and ensure sufficient trained staff at all times. Allergy management is a core component.
Human Medicines Regulations 2012 (Reg. 238)	Permits any person — without special medical training — to administer adrenaline for the purpose of saving a life in an emergency. This applies to all staff.
Human Medicines (Amendment) Regulations 2017	Allows schools and local authority maintained nurseries to purchase and hold spare adrenaline auto-injectors for emergency use. Schools must have appropriate protocols and parental consents in place.
Food Information Regulations 2014	The 14 major allergens must be declared when used as ingredients. Schools providing food are classified as food businesses and must comply with allergen labelling requirements.
Natasha's Law (2021)	Requires full ingredient and allergen labelling on all pre-packaged food for direct sale (PPDS), including food prepared on premises and then packaged.
Benedict's Law (2023)	Extends allergen information requirements to non-prepacked food in school canteens and cafeterias. Written allergen information must be provided for all food and drink served. Verbal communication of allergens is no longer sufficient.
Mandatory Statutory Guidance (September 2026)	From September 2026, schools in England are legally required to: (1) have a robust allergy policy covering prevention and emergency procedures; (2) keep spare emergency AAIs on site and accessible; (3) ensure all staff are trained to recognise and respond to anaphylaxis. This guidance follows the death of five-year-old Benedict Blythe from a food allergy at school.

Equality Act 2010	A severe food allergy may constitute a disability. The school must make reasonable adjustments to ensure pupils with allergies are not disadvantaged.

4. Recognising Allergic Reactions

Staff must be able to recognise the difference between a mild/moderate allergic reaction and anaphylaxis. The table below sets out key symptoms.

Mild / Moderate Reaction	Anaphylaxis (Severe — Life-Threatening)
Itching / tingling of the mouth or throat	**Difficulty breathing / wheezing / hoarse voice**
Hives, redness or flushed skin	**Throat tightening or swelling**
Swelling of lips, tongue or face	**Pale, clammy or blue skin**
Runny nose or watering eyes	**Dizziness, confusion or loss of consciousness**
Nausea or stomach cramps	**Sudden drop in blood pressure / collapse**

If there is ANY doubt about whether a reaction is anaphylaxis, treat it as anaphylaxis and administer adrenaline. It is always safer to give adrenaline unnecessarily than to withhold it when needed.

Note: Anaphylaxis does not always involve a visible skin reaction. Some children experience a sudden drop in blood pressure or airway swelling without obvious hives. Staff should not wait for all symptoms to appear before acting.

Biphasic anaphylaxis: A second wave of anaphylactic symptoms can occur hours after the initial reaction has subsided. All children who have received adrenaline must be taken to hospital by ambulance, even if they appear to have fully recovered.

5. The 14 Declarable Allergens

The 14 Allergens Requiring Declaration (UK Food Information Regulations)	
1. Celery	2. Cereals containing gluten
3. Crustaceans	4. Eggs
5. Fish	6. Lupin
7. Milk	8. Molluscs
9. Mustard	10. Nuts (tree nuts)
11. Peanuts	12. Sesame seeds

13. Soya	14. Sulphur dioxide / Sulphites

Sparken Hill Academy identifies these allergens on all school menus using a symbol method. Written allergen information is available at the point of service and on request, in compliance with Benedict's Law.

6. Identifying and Recording Allergy Information

6.1 Admission and Annual Updates

- At Foundation Stage intake (and all year group admissions), parents are asked to declare any known food allergies or intolerances on the pupil information form. This information is required before the child's first day.
- A pupil information sheet is reissued to all families at the start of each academic year to ensure allergy data is current. Parents must notify the school promptly if allergy information changes at any other point.
- The allergy policy is published on the school website so that prospective and current families are fully aware of the school's approach.

6.2 Systems for Recording and Sharing Information

Medical Tracker	All allergy and medical information, including anaphylaxis risk, is recorded on Medical Tracker against each pupil's profile. This is the academy's primary system for monitoring administration of medicines and recording allergy-related incidents.
Confidential Staff Sheets	At the start of each school year, all staff receive confidential pupil information sheets listing children with food allergies, the nature of each allergy, and the action to take in an emergency. These are updated whenever allergy status changes and are issued to mid-year joiners on appointment.
Catering Office Display	Photographs of all pupils with food allergies (particularly those at anaphylaxis risk) are prominently displayed in the catering office to enable rapid identification of at-risk pupils by catering staff.
Classroom Displays	A class allergy list is maintained in each classroom and visible to the class teacher and supply staff. It identifies pupils with allergies and their key triggers.

6.3 BSACI Allergy Action Plans

For all pupils at risk of anaphylaxis, the school will require a BSACI Allergy Action Plan (completed and signed by a healthcare professional, not by parents or the school). There are three plans:

- EpiPen Allergy Action Plan
- Jext Allergy Action Plan
- Generic plan (for pupils not requiring an AAI)

Allergy Action Plans must be kept with the pupil's emergency medication at all times. They are updated whenever the pupil is reassessed by their doctor or receives a new AAI prescription. The BSACI Allergy Action Plan also provides the essential medical authorisation and parental consent for the school to administer a spare AAI in an emergency.

Allergy Action Plans are medical documents. They must be completed by the child's healthcare professional. Schools and parents must not create their own versions.

7. Individual Healthcare Plans (IHPs)

Pupils with diagnosed severe allergies (particularly anaphylaxis risk) will have an Individual Healthcare Plan (IHP) agreed with parents and relevant medical professionals. The IHP sets out:

- The specific allergen(s) and the nature of the allergy.
- The symptoms a reaction may cause in that individual.
- The prescribed medication and instructions for administration.
- The emergency action plan for the pupil (cross-referenced with their BSACI Allergy Action Plan).
- Any specific dietary requirements or adjustments.
- Risk activities (e.g., food-based lessons, outdoor activities) and mitigations.
- Details of any associated conditions such as asthma, which increases the risk of severe anaphylaxis.

IHPs are reviewed at least annually, or whenever medical needs change. The Allergy Lead (Mrs Jo Dobbs) checks medication held at school on a termly basis and sends expiry reminders to parents. It is the parents' responsibility to provide in-date medication; the school supports this with proactive reminders.

At Sparken Hill, IHPs are accompanied by a comprehensive Risk Assessments. These are considered carefully together to ensure that systems within the academy are considered and actioned within strengthened control measures.

8. Adrenaline Auto-Injectors (AAIs) — Prescribed and Spare

8.1 Pupils' Prescribed AAIs

- Any pupil prescribed adrenaline auto-injectors must have immediate access to two of their own prescribed devices at all times whilst on school premises or on off-site visits.

- Prescribed AAIs are stored in an accessible, clearly labelled location known to all staff — not in a locked cabinet.
- The nominated first aider (Mrs Jo Dobbs) checks all prescribed medication termly for expiry dates and condition.
- Used AAIs are single use only and must be disposed of as sharps. Used devices may be given to ambulance paramedics on arrival or disposed of in a pre-ordered sharps bin (obtained from a clinical waste contractor).

8.2 Spare / Emergency AAIs

Sparken Hill Academy purchases and holds spare adrenaline auto-injectors (AAIs) under the Human Medicines (Amendment) Regulations 2017. Spare AAIs are primarily for:

- Pupils known to be at risk of anaphylaxis, when their own prescribed device cannot be administered correctly without delay.
- Any pupil experiencing anaphylaxis for the first time, where no prescribed device is available.

Spare AAIs are held in the following locations, clearly labelled and accessible to staff (NOT locked away):

- First Aid Room
- Staff Room

The purchase and management of spare AAIs is supported by Spare Pens in Schools (www.sparepensinschools.uk). The academy will register with and follow the guidance provided by this scheme.

Spare AAIs must never be locked away. Accessibility in an emergency is a matter of life and death.

Regulation 238 of the Human Medicines Regulations 2012 confirms that any person — regardless of training — may administer adrenaline for the purpose of saving a life in an emergency. All staff should feel confident and legally empowered to act.

9. Emergency Procedure — Anaphylaxis Response

WHEN IN DOUBT — ACT. Do not wait for all symptoms to appear. Administer adrenaline first. Call 999. Inform the Principal.

STEP 1	STAY CALM — do not leave the child alone. Shout for help immediately.

STEP 2	BRING the emergency medication to the child — never move the child to the medication.
STEP 3	LAY the child flat with legs raised. If they are having difficulty breathing, allow them to sit slightly upright. Do NOT stand them up or seat them in a chair, even if they appear to be improving — this can be fatal.
STEP 4	**ADMINISTER ADRENALINE (Epipen/Jext) immediately, without delay, if an AAI is available. The AAI should be given into the outer mid-thigh. Adrenaline may be given through clothing.**
STEP 5	**CALL 999 immediately. State clearly: "A child is having a severe anaphylactic reaction."**
STEP 6	**NOTE the time adrenaline was given.**
STEP 7	If a second AAI is available and symptoms do not improve after 5–10 minutes, administer a second dose.
STEP 8	STAY with the child. Keep them calm. Do not give food or drink. Do not leave them unattended.
STEP 9	Hand used AAI(s) to paramedics on arrival. All AAIs are single use and must be disposed of as sharps.
STEP 10	Inform the Principal / senior leader on site without delay. Contact parents / emergency contacts.
STEP 11	ALL children who have received adrenaline must go to hospital by ambulance, even if they appear to have recovered. Biphasic reactions (a second wave of anaphylaxis) can occur hours later.
STEP 12	**Record the incident on Medical Tracker and complete an accident/incident report. Review risk assessments following any incident.**

NEVER give antihistamines as a substitute for adrenaline in anaphylaxis. Antihistamines may reduce mild symptoms but cannot treat anaphylaxis. Adrenaline is the only first-line treatment.

Following any anaphylaxis incident the Principal will review risk assessments, IHPs and procedures, and will communicate any changes to staff and parents accordingly.

10. Roles and Responsibilities

10.1 Principal (Mr Richard Lilley)

- Has overall accountability for the implementation and review of this policy.
- Ensures adequate staffing, training and systems are in place to protect pupils with allergies.
- Has overall responsibility for safeguarding, which expressly includes allergy safety as a duty of care.
- Ensures this policy is published on the school website.

10.2 School Business Manager / Catering Lead

- Ensures all 14 allergens are checked in every ingredient and recipe used on the school menu.
- Ensures written allergen information is provided at the point of service in compliance with Benedict's Law.
- Maintains allergen records for all recipes and liaises proactively with catering suppliers.
- Ensures catering staff attend annual allergen training and are confident discussing allergen queries with pupils and families.

10.3 SENCO and Phase SENCOs

- Support the development and annual review of IHPs for pupils with allergies.
- Ensure allergy information is shared appropriately with supply staff, visiting teachers and Teaching Assistants.
- Maintain oversight of SEND pupils who may have additional vulnerability in relation to allergy management (e.g., pupils who may not self-report symptoms).

10.4 Class Teachers and Phase Leaders

- Know the allergy status of every pupil in their class and ensure the classroom allergy list is current.
- Ensure appropriate supervision at mealtimes, cooking activities, celebrations and class events.
- Proactively check ingredient labels before distributing food-based rewards, snacks or activities.

10.5 All Staff (including supply, volunteers and visiting adults)

- Familiarise themselves with the names and photographs of pupils at anaphylaxis risk.
- Know the location of all AAIs on site.
- Complete allergy awareness training as directed by the school. Staff joining mid-year receive induction training before working with pupils.
- Report any allergy-related concerns or incidents to the class teacher and Principal without delay.

10.6 Parents and Carers

- Notify the school at the earliest opportunity of any known food allergy or intolerance, and at the FS intake morning.
- Provide a current BSACI Allergy Action Plan (completed by a healthcare professional) before their child starts school, and update it whenever medical needs change.
- Provide two in-date prescribed AAIs and ensure these are replaced before expiry. The school will send termly reminders.
- Notify the school promptly of any change in their child's allergy status, medication or emergency treatment plan.

11. Food Provision and Catering

11.1 School Meals and Allergen Information

- All 14 allergens are checked in every ingredient and recipe. Allergen information is published on termly school menus using a symbol method.
- Written allergen information is available at the point of service and on request at any time, as required by Benedict's Law.
- Pupils, parents and carers may ask catering staff directly about allergens in any item at any time.

11.2 Approach to Nuts

Sparken Hill Academy discourages the presence of nuts and nut-containing products on site, and displays signage communicating this to parents and visitors. However, consistent with guidance from Anaphylaxis UK, the school does not operate a strict nut ban, as:

- Complete nut bans are very difficult to enforce in practice.
- A formal ban can create a false sense of security, as children can still be allergic to many other foods including milk, egg, sesame and others.
- The most effective protection is rigorous individual allergy management through IHPs and Allergy Action Plans, not blanket bans.

Pupils who are known to be at severe risk from nut exposure are managed individually through their IHP, with additional specific safeguards put in place as appropriate.

11.3 Packed Lunches

Parents are strongly encouraged not to include nut-containing foods in packed lunches due to the risk of cross-contamination. In the case of pupils with multiple or unusual allergies, the school may require parents to provide lunches and snacks to ensure the pupil's safety. This will be agreed with parents individually.

11.4 Cookery and Practical Food Activities

Cookery and food technology lessons will not use any ingredient identified as a trigger for any pupil in the group. Teachers will review planned ingredients in advance of lessons and make appropriate adaptations where necessary. Adequate handwashing is expected before and after any food-handling activity.

11.5 Celebrations, Birthdays and Rewards

Staff are asked not to distribute food for class celebrations or as rewards without first checking for allergies in the group. If food is brought in for a birthday celebration, the organising parent should be asked to provide an ingredients list or packaging for all items. If in doubt, the food should not be distributed. Age-appropriate, non-food rewards are always encouraged as an alternative.

11.6 Classroom Resources

The school is aware that some common classroom materials may contain allergens. In particular:

- Commercially produced playdough can contain wheat. Where a pupil with a gluten or wheat allergy is present, the school will make homemade allergen-free playdough or provide a suitable alternative.
- Some craft materials, paints and glues may contain allergens. Staff are advised to check ingredients when working with pupils at known risk.

11.7 Pre-Packaged / Wrapped Foods Prepared on Site

Any food prepared on site and then wrapped or packaged (e.g., for a school event or fundraiser) must comply with Natasha's Law. Full ingredient and allergen labelling must appear on the packaging before sale or distribution.

11.8 Off-Site Visits and School Events

On all school-organised off-site visits:

- Supervising staff are briefed on pupils' food allergies and emergency procedures before departure.
- All prescribed AAIs and the BSACI Allergy Action Plan accompany the pupil at all times.
- At least one Epipen-trained member of staff is included in the visiting party.
- Pupils with food allergies and their parents are advised to exercise extra care monitoring food consumed at external venues.

12. Training and Staff Competency

Research shows that 67% of teachers have no allergy awareness training, and 1 in 5 teachers has never been shown how to use an adrenaline auto-injector. Sparken Hill Academy is committed to changing this.

12.1 Training Requirements

All Staff	Annual allergy awareness and anaphylaxis training covering: symptoms of allergic reactions, correct Epipen/Jext administration technique, the emergency procedure in this policy, and the location of all AAIs on site.
New and Supply Staff	Allergy induction briefing before working unsupervised with pupils, covering at-risk pupils, AAI locations and emergency procedure.
Catering Staff	Annual allergen training covering the 14 declarable allergens, Benedict's Law written allergen information requirements, ingredient checking, and safe food handling to prevent cross-contamination.

Designated First Aiders	Formal Epipen and Jext administration training, updated at intervals determined by the training provider. At least one trained first aider is on site at all times and accompanies all off-site visits.

12.2 Recommended Training Providers

- AllergyWise® for Schools (Anaphylaxis UK) — www.anaphylaxis.org.uk
- Allergy School (Natasha's Foundation) — free curriculum-mapped resources for 3–11 year olds — www.allergyschool.org.uk
- Spare Pens in Schools — www.sparepensinschools.uk

13. Allergy Bullying

Nationally, approximately 1 in 3 children with food allergies report experiencing bullying as a result of their allergy. Allergy bullying poses both emotional and physical risks to affected pupils. Sparken Hill Academy takes allergy bullying as seriously as any other form of bullying.

13.1 Prevention

- Allergy awareness is embedded in the school's PSHE curriculum and whole-school assemblies, with age-appropriate content about respect, empathy and inclusion.
- Pupils are taught that food allergies are a serious medical condition and that deliberately exposing someone to an allergen, or threatening to do so, constitutes bullying and may have severe consequences.
- Staff model inclusive language and attitudes in all communications about allergy.

13.2 Response

- Any incident of allergy bullying — including taunting, threatening to expose a pupil to an allergen, or deliberately contaminating food — is dealt with under the school's Behaviour and Anti-Bullying Policy.
- Incidents with a physical allergy risk are also treated as a safeguarding matter and recorded accordingly.
- Support is provided to both the target and the perpetrator of allergy bullying.

14. Communication with Parents and Carers

Proactive communication is central to allergy safety. Anaphylaxis UK guidance emphasises that transparent, open communication builds trust and helps to ensure that the child's time at school is safe and successful.

- This allergy policy is published on the school website.
- Allergen information is shared on termly school menus.
- Written allergen information is provided on request at any time.
- Annual pupil information updates capture current allergy status.

- A prompt face-to-face or phone meeting is arranged with parents before any newly diagnosed allergic pupil starts or returns to school.
- Parents are notified of any allergy-related incident involving their child as soon as possible.
- Parents of at-risk pupils receive termly reminders to check and replace prescribed medication held at school.
- Nut awareness signage is displayed at all school entrances.

15. Monitoring, Incident Recording and Review

All allergy-related incidents, near misses and cases of anaphylaxis are recorded on Medical Tracker and reported via an accident/incident report.

- Following any allergy-related incident, the Principal reviews the relevant risk assessments, IHPs and procedures and takes corrective action where necessary.
- This policy is reviewed annually or following any significant incident, change in legislation, or change in key personnel.

Policy Owner	Mr Richard Lilley, Principal
Review Cycle	Annual (minimum) or following any significant incident or legislative change
Next Review	April 2027

16. Related Policies and Key Resources

16.1 Related School Policies

- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- SEND Policy and Information Report
- Safeguarding and Child Protection Policy
- First Aid Policy
- Behaviour and Anti-Bullying Policy
- EYFS Policy

16.2 Key External Resources

- Anaphylaxis UK — www.anaphylaxis.org.uk
- Allergy UK (Model Allergy Policy) — www.allergyuk.org
- BSACI Allergy Action Plans — www.bsaci.org
- Allergy School (Natasha's Foundation) — www.allergyschool.org.uk
- Spare Pens in Schools — www.sparepensinschools.uk
- DfE: Supporting Pupils at School with Medical Conditions (2015)
- DfE: Guidance on use of AAIs in schools (2017)

- DfE: Allergy Guidance for Schools (Food Standards)