Allergy Safety Policy

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ALLERGY SAFETY POLICY

Woodloes Primary School

Safeguarding statement

Woodloes Primary School is committed to ensuring that every pupil with an allergy is safe, included and able to participate fully in school life. Anaphylaxis is a time-critical medical emergency. If anaphylaxis is suspected, adrenaline will be administered without delay and an ambulance will be called. Help and medication will be taken to the pupil; the pupil will not be sent to find help or medication.

1. Purpose and statutory basis

This dedicated policy sets out how Woodloes Primary School identifies, reduces and responds to allergy-related risks. It must be read alongside the school's Supporting Pupils with Medical Conditions, Educational Visits, Attendance, Behaviour and Anti-Bullying, Data Protection, Complaints and Food/Catering procedures.

The policy has been prepared with regard to:

- section 100 of the Children and Families Act 2014;
- section 34 of the Children's Wellbeing and Schools Act 2026;
- the Department for Education's Allergy safety in schools' statutory guidance, published 6 July 2026;
- the Department for Education's Supporting pupils at school with medical conditions statutory guidance;
- the Equality Act 2010 and the SEND Code of Practice, where applicable;
- the Human Medicines (Amendment) Regulations 2017 and current government guidance on emergency adrenaline auto-injectors and emergency asthma inhalers in schools;
- the Early Years Foundation Stage statutory framework for children to whom it applies;
- the UK General Data Protection Regulation and Data Protection Act 2018;
- the Food Information Regulations 2014 and Requirements for School Food Regulations 2014; and
- relevant health and safety, medicines, food hygiene and educational visits requirements.

"Benedict's Law" is the commonly used name for the strengthened national allergy protections reflected in section 34 and the statutory guidance. The governing body will have regard to the statutory guidance and will ensure that this policy is published, implemented and kept under review.

2. Scope

This policy applies during the school day, breakfast and after-school provision, clubs, performances, sports, residential and day visits, transport arranged by the school and activities delivered by external providers. It applies to permanent and temporary staff, supply

and agency staff, peripatetic staff, catering staff, volunteers, governors, contractors with a pupil-facing role and visitors. Proportionate arrangements will also be made where a member of staff or visitor has made the school aware of an allergy.

3. Definitions

Allergy	An immune-system response to a substance. Reactions can range from mild symptoms to severe, life-threatening anaphylaxis.
Anaphylaxis	A severe systemic allergic reaction affecting Airway, Breathing or Circulation. It requires immediate adrenaline and emergency medical assistance.
Adrenaline device (AD)	A prescribed adrenaline auto-injector (AAI), such as EpiPen or Jext, or another prescribed adrenaline device. At present, school spare stock consists of permitted AAIs.
Allergy Action Plan	A healthcare-professional plan describing the pupil's allergens, symptoms and treatment.
Individual Healthcare Plan (IHP)	The school-held plan recording the individual arrangements, adjustments and emergency response required in education.
Near miss	An event that did not cause harm but had the potential to expose a person to an allergen, delay treatment or otherwise compromise allergy safety.

4. Leadership and responsibilities

Mrs Byrne - named senior leader

- leads implementation and annual review of this policy and ensures it remains readily accessible;
- ensures sufficient resources, trained staffing and safe systems are in place;
- oversees the allergy register, IHP arrangements, risk assessment, training records and incident learning;
- ensures new, temporary and supply staff receive the required information and training before supervising pupils;
- liaises with families, school nursing or other healthcare professionals, the caterer, governors and our Trust; and
- reports appropriate assurance information, trends and actions to the governing body while preserving confidentiality.

Governing body

- ensures the statutory duty to have, publish and review an allergy safety policy is met;
- seeks assurance that the policy is implemented, training is current, medication is accessible and incidents are learned from; and

- ensures concerns and complaints can be raised through the school's published Complaints Policy.

All staff

- know and follow this policy, the allergy register, IHPs and Allergy/Asthma Action Plans relevant to pupils in their care;
- reduce exposure risks when planning teaching, food, play, clubs, trips and events;
- know the location of prescribed and spare emergency medication;
- recognise allergic reactions and anaphylaxis, summon help and administer adrenaline without avoidable delay;
- remain with and supervise any pupil who is unwell; and
- record and report incidents, medication administration and near misses promptly.

Parents and carers

- provide accurate, current information about diagnosis, triggers, symptoms, medication and emergency contacts;
- supply prescribed medication in date, in the original labelled packaging, including both prescribed adrenaline devices where applicable;
- provide or update healthcare-professional Allergy and Asthma Action Plans and participate in IHP reviews;
- inform school immediately of any change; and
- support age-appropriate education and self-management without transferring the school's responsibilities to the child.

Pupils

Pupils will be supported, according to their age, competence and understanding, to recognise symptoms, tell an adult immediately, avoid known allergens, not share food or medication and take increasing responsibility for self-management. Individual decisions about carrying medication will be agreed with the pupil, family and, where appropriate, healthcare professionals and recorded in the IHP.

5. Identification, records and information sharing

- Allergy information is requested on admission, at Nursery and Reception entry, at transition, before visits and whenever circumstances change. Information may be gathered from the pupil, family, previous setting and relevant healthcare professionals.
- The school maintains an up-to-date allergy register recording known allergens, medication, whether an IHP and Action Plan are held, and any essential adjustments.
- Relevant information is available promptly to class, cover, lunchtime, catering, club and trip staff. A concise emergency summary accompanies prescribed medication.
- Supply and temporary staff receive a safety briefing identifying pupils in their care and the location of emergency medication before assuming responsibility.

- Health information is special-category personal data. It is stored securely through Arbor and shared only where necessary to protect health, safety and inclusion, in accordance with the school's Data Protection Policy.
- Visitors and staff are encouraged to notify the office or their line manager of any allergy that may require proportionate arrangements while on site.

6. Individual Healthcare Plans

An IHP will be created where a pupil's allergy has a functional impact, places them at risk of harm and requires arrangements additional to or different from those made generally. An IHP will also be considered whenever medication, flexibility or reasonable adjustment is required.

The school holds the pen on the educational IHP, drawing on the views and expertise of the pupil, parents/carers and relevant healthcare professionals. The school does not make clinical diagnoses or replace healthcare-professional clinical plans.

Each IHP will include, as relevant:

- the pupil's details, emergency contacts, allergens, triggers and typical symptoms;
- the required day-to-day support and reasonable adjustments;
- the response to mild/moderate reactions and suspected anaphylaxis;
- prescribed medication, doses, locations, access and who may carry/administer it;
- supervision, staffing and training arrangements;
- dining, classroom, playtime, PE, club, transport and visit arrangements;
- what information may be shared, with whom and how;
- arrangements for absence, transition and return following a reaction; and
- review triggers and the planned review date.

A healthcare-professional Allergy Action Plan and, where relevant, Asthma Action Plan will be attached or clearly referenced. The IHP will be reviewed at least annually; whenever an updated Action Plan is received; after a relevant reaction or near miss; or when diagnosis, medication, risk or school arrangements change.

7. Training and awareness

All Woodloes staff have completed allergy awareness and emergency-response training delivered by an external specialist provider. Training records are held centrally. Refresher training will take place at least annually and sooner where an incident, near miss, individual need or revised guidance indicates that this is required.

Training applies to all staff present when pupils are scheduled to be on site, including permanent, temporary, supply, catering and lunchtime staff and breakfast/after-school club staff. New staff will receive training as part of induction. Cover or supply staff who have not completed equivalent current training will receive the school's emergency briefing and will not be left without access to trained support.

Training ensures that staff:

- understand food allergy, asthma, eczema, hay fever and other allergies, and the distinction between food allergy, coeliac disease and food intolerance;

- recognise the range of allergic symptoms and Airway, Breathing and Circulation signs of anaphylaxis;
- know how to access the register, IHPs and Allergy/Asthma Action Plans;
- know where prescribed and spare medication is stored and how to bring it to the pupil;
- can use the AAI devices stocked by the school and understand the emergency asthma procedure;
- understand prevention, inclusion, wellbeing and allergy-related bullying; and
- know how to report medication use, reactions, serious incidents and near misses.

Where a pupil requires healthcare support beyond school-level allergy arrangements, any additional clinical training, competency and delegation requirements will be agreed through appropriate healthcare governance arrangements.

8. Medication and rapid access

Prescribed medication

- Pupils prescribed adrenaline must have rapid access to both of their two prescribed adrenaline devices at all times, including in class, the dining area, playground, sports field, clubs and visits.
- Medication will be stored securely but will not be locked away or kept behind restricted access. It will be at room temperature, protected from extreme heat and direct sunlight, clearly labelled and out of reach of younger children where risk assessment requires.
- Prescribed medication will be in its original labelled container and accompanied by the relevant Action Plan. The school records the medication supplied and checks expiry dates routinely.
- Age-appropriate pupils may carry their medication where this has been individually agreed and recorded. Staff must still know where the medication is and provide appropriate supervision.
- Arrangements for taking medication home, including for the home journey, and returning it to school will be agreed in the IHP. Parents remain responsible for supplying in-date prescribed medication, while school undertakes routine checks and reminders.

School-held spare adrenaline auto-injectors

Woodloes will maintain spare AAIs of appropriate dosages for its pupil population. Spare AAIs are additional emergency provision and do not replace a pupil's own prescribed devices.

- Spare AAIs will be stocked and stored in pairs. Appropriate paediatric and standard dosages will be held after review of the age/weight profile and current national dosing guidance.
- The primary clearly labelled emergency anaphylaxis kit is kept in the main school office/reception. Signage and the staff allergy information sheet show both locations.
- A site access check will ensure a pair can be brought to any pupil within five minutes. Additional pairs or temporary relocation will be arranged for the field, events or other activities where the five-minute standard could not otherwise be met.

- The kits are readily accessible and not locked away. Each contains paired spare AAIs, instructions and, where held, the emergency salbutamol inhaler and spacers. Spare devices are clearly distinguished from named pupils' medication.
- The designated first-aid lead checks stock, seals, storage condition and expiry dates at least monthly and after every use. Mrs Byrne receives the check record and ensures timely replacement.
- Used AAIs will be handed to ambulance clinicians where possible or disposed of safely through a pharmacy or approved sharps route. Expired devices will be disposed of through an approved medicines/sharps route, never general waste.

In a suspected anaphylaxis emergency, the pupil's own device will be used first if immediately available. If it is unavailable, has misfired or the pupil has no prescribed device, an appropriate school spare AAI may be used to save life. Advance consent is good practice and will be sought where appropriate, but emergency treatment will never be delayed to locate or check consent. Anyone may take reasonable action necessary to save life.

Emergency salbutamol inhaler

The school will follow the separate statutory guidance for emergency asthma inhalers. An emergency salbutamol inhaler may be used only for a pupil who has been prescribed a reliever inhaler and for whom written parental consent is held, when the pupil's own inhaler is unavailable, broken or empty. The consent requirement for the emergency inhaler must not be confused with life-saving use of a spare AAI.

9. Minimising exposure and supporting inclusion

Risk cannot be eliminated completely. Woodloes will use proportionate, evidence-informed controls rather than relying on a blanket "allergen-free" claim. Controls will be tailored to known risks and will not unnecessarily isolate or stigmatise pupils.

School and classroom practice

- Staff planning lessons or activities will consider allergens in food, cooking, craft materials, science, gardening, music, sensory play, rewards, celebrations, animals and visiting providers.
- Pupils wash hands with soap and water before and after eating and after relevant activities. Appropriate cleaning reduces cross-contact; alcohol hand gel is not relied upon to remove food allergens.
- Food and drinks are not shared. Food is not used as a reward unless allergy risks have been checked.
- Reasonable adjustments will be agreed for airborne, contact, medication, insect-sting and environmental allergens.
- Staff will challenge unsafe behaviour and will involve the pupil and family in decisions affecting participation and wellbeing.

Food supplied by school or caterers

- The caterer complies with food-information law and maintains accurate allergen information for every dish, including substitutions and recipe changes.

- The school and caterer use a reliable system to identify pupils with food allergies and cross-check meals before service.
- Cross-contact controls include appropriate storage, preparation, utensils, cleaning, hand hygiene, labelling and staff communication.
- Suitable safe meals and reasonable adjustments are provided, including access to free-school-meal entitlement. A pupil will not be excluded from lunch because of allergy.
- If ingredients or menus change at short notice, allergen information and the pupil's safe provision must be rechecked before food is served.

Food brought in by others

- Families and staff must follow current school guidance on packed lunches, celebrations, treats and food donations.
- Unlabelled food or food whose ingredients and cross-contact risk cannot be established will not be given to a pupil with a food allergy.
- Staff must check the relevant IHP before any pupil with allergy takes part in tasting or cooking.
- External providers and event organisers must provide allergen information and follow the school's agreed controls.
- Any seating or food-zone arrangement will be individually risk assessed, supervised and inclusive; it will not be used as a substitute for safe food handling.

10. Visits, clubs and off-site activities

- All pupils with allergy will be enabled to participate through reasonable adjustments. A parent will not be required to attend solely because the school has not arranged appropriate support.
- The visit leader will complete an individual allergy risk assessment, consult the IHP and confirm safe food, travel, accommodation, provider communication and emergency access before departure.
- A pupil at risk of anaphylaxis will have both prescribed devices immediately available and a staff member trained to administer adrenaline will be present.
- Medication will be carried by the pupil or a named adult as set out in the IHP; it will never be inaccessible in a coach luggage compartment or other remote storage.
- The visit leader will consider taking an appropriate pair of spare AAIs. The five-minute access principle will inform arrangements on the school site before departure and at activities where practicable.
- Emergency contacts, Action Plans, the location/postcode and access to a charged phone will be confirmed. The visit will not proceed until required safety arrangements are in place.

11. Emergency response to suspected anaphylaxis

Treat as anaphylaxis where there is sudden onset and a potentially life-threatening Airway, Breathing or Circulation problem, with or without skin symptoms. If in

doubt, give adrenaline. Adrenaline should be administered as soon as possible and within five minutes. Do not wait to call 999 before giving adrenaline.

Possible signs

Airway	Swelling of tongue or throat; difficulty swallowing; hoarse voice; persistent cough; noisy breathing.
Breathing	Difficult or laboured breathing; wheeze; rapid breathing; blue/grey colour; exhaustion.
Circulation	Pale, clammy or floppy appearance; dizziness; collapse; confusion; reduced consciousness.
Other possible symptoms	Widespread hives or flushing, facial/lip swelling, persistent vomiting or severe abdominal symptoms may occur, but skin symptoms may be absent.

Immediate actions

1. Call for the nearest emergency anaphylaxis kit and the pupil's own medication. Send an adult; do not send the pupil.
2. Lay the pupil flat with legs raised. If breathing is very difficult, allow them to sit with legs extended. Do not allow them to stand, walk or suddenly sit up. If unconscious and breathing, place in the recovery position.
3. Administer the pupil's prescribed adrenaline device immediately if available. Otherwise use an appropriate spare AAI. Note the time. Do not delay for consent or to contact parents.
4. Call 999 immediately and state "anaphylaxis". Give the school/activity address, access instructions, pupil details and the time adrenaline was administered. Follow the call handler's instructions.
5. If there is no improvement after five minutes, administer the second prescribed or spare adrenaline device and note the time.
6. Stay with the pupil and monitor Airway, Breathing and Circulation. Begin CPR and use the AED if the pupil becomes unresponsive and is not breathing normally, following trained emergency procedures.
7. Contact parents/carers after emergency treatment and the ambulance call have commenced. Send the Action Plan, medication details and used devices with ambulance clinicians.
8. Every pupil treated for suspected anaphylaxis must be transferred to hospital by ambulance for assessment, even if they appear to recover.

Mild or moderate symptoms

For isolated mild/moderate symptoms, staff will follow the pupil's Allergy Action Plan and IHP, give prescribed medication as directed and monitor continuously. A pupil will not be left alone. If symptoms progress, or any Airway, Breathing or Circulation sign appears, the anaphylaxis procedure will begin immediately.

12. Incidents, near misses and learning

- Every allergic reaction, administration of emergency medication, serious incident and near miss is recorded promptly, including time, location, suspected trigger, symptoms, actions, device and dose used, staff involved, emergency response and outcome.
- Parents/carers are informed. They may report a reaction that becomes apparent after the pupil has left school through the school office or directly to Mrs Byrne; it will be recorded and reviewed in the same way.
- Mrs Byrne coordinates a timely, proportionate review with the pupil/family, relevant staff and healthcare or catering professionals where appropriate. Immediate safety actions are not delayed pending a full review.
- Reviews use a no-blame learning approach while addressing any misconduct or safeguarding concern through the appropriate policy. Learning informs IHPs, risk assessments, training, staffing, catering and this policy.
- External reporting, including to the Trust, local authority, insurer, HSE, Ofsted or safeguarding partners, will be completed where the circumstances and applicable requirements require it.
- Information is communicated internally only as necessary and with respect for the pupil's privacy and wellbeing.

13. Wellbeing, equality and bullying

- Pupils with allergy will be listened to and involved in planning according to age and understanding.
- Reasonable adjustments will support equal access to meals, learning, play, clubs, trips and celebrations.
- Staff will address anxiety, embarrassment, exclusion and stigma through sensitive pastoral and curriculum support.
- Threatening a pupil with an allergen, deliberately exposing them, force-feeding, mockery or exclusion connected to allergy will be treated seriously under the Behaviour and Anti-Bullying Policies and may also constitute a safeguarding matter.
- Attendance decisions and rewards will not disadvantage a pupil for unavoidable allergy-related appointments, treatment or absence.

14. Unacceptable practice

Woodloes will not:

- prevent or delay a pupil's access to prescribed or emergency medication;
- ignore the views of the pupil or parent/carer, medical evidence or healthcare-professional advice;
- assume that every pupil with allergy requires the same support, or that an older pupil needs no support;
- assume there is no allergy solely because diagnosis or investigation is not yet complete;
- send an unwell pupil to the office or medical room without suitable adult supervision;

- send a pupil experiencing suspected anaphylaxis to collect medication: help and medication must come to them;
- require or pressure a parent/carer to attend school to administer medication or provide support that the school should reasonably arrange;
- exclude a pupil unnecessarily from lessons, meals, clubs, visits or other activities, or require a parent to accompany a trip solely because of allergy;
- send a pupil home frequently for reasons connected to allergy without appropriate assessment and support; or
- penalise allergy-related absence or exclude affected pupils from attendance rewards where absence results from their medical condition.

15. Communication, complaints and review

This policy will be published on the school website, made available in hard copy on request and communicated annually and at induction or transition. Age-appropriate allergy-safe behaviours will be reinforced through assemblies, curriculum teaching, dining routines and reminders. Contractors or visitors with pupil-facing responsibilities will be briefed proportionately.

Concerns should be raised promptly with Mrs Byrne so that immediate safety issues can be addressed. Formal complaints will be considered under the school's published Complaints Policy. Raising a complaint will not affect a pupil's support or inclusion.

Mrs Byrne will review implementation at least annually and sooner following a serious incident, near miss, complaint, new clinical information or change in statutory guidance. Monitoring will include the allergy register, IHP completeness, staff training, medication location and expiry checks, five-minute access checks, catering assurance, incident trends and stakeholder feedback. The governing body will receive proportionate assurance information.

Appendix A - Emergency anaphylaxis quick guide

SUSPECT ANAPHYLAXIS? GIVE ADRENALINE. CALL 999.

1. Send an adult for the pupil's own medication and the nearest emergency anaphylaxis kit.
2. Lay flat with legs raised; if breathing is difficult, allow sitting with legs extended. Do not allow standing or walking.
3. Give the pupil's own adrenaline device immediately, or use an appropriate spare AAI. Note the time.
4. Call 999 and say "anaphylaxis". Do not delay treatment to seek consent or contact parents.
5. Give a second device after five minutes if there is no improvement.
6. Stay with the pupil, monitor breathing and start CPR/AED if required.
7. Contact parents after treatment and the ambulance call have begun.
8. Hospital transfer by ambulance is required even if the pupil recovers.

Emergency kit locations

Primary kit	Main school office / reception
Temporary/event provision	Relocated or additional paired kit identified in the event/visit risk assessment so five-minute access is maintained

Appendix B - Monthly emergency medication check

Check	Required evidence
Location/access	Correct kit locations; visible signage; unlocked and immediately accessible; route unobstructed.
Stock	Paired AAIs present in each required dosage; pupils' two prescribed devices available as planned.
Condition	Packaging/seals intact; solution/device condition checked in line with manufacturer instructions; stored at room temperature away from direct heat/sunlight.
Expiry	Expiry dates recorded; replacement initiated early enough to prevent a gap.
Contents	Instructions, Action Plans/summary information, emergency inhaler/spacers where applicable.
After use	Replacement ordered immediately; used device transferred/disposed of safely; record and review completed.

Date: _____ Checked by: _____

Actions/target date: _____

Reported to Mrs Byrne: _____ Completed/sign-off: _____

Appendix C - Incident and near-miss record

Field	Record
Pupil/person and date/time	
Location and activity	
Known/suspected allergen and exposure route	
Symptoms and progression	
Medication/device/dose and exact times	
999 call and ambulance outcome	
Staff/witnesses	
Parent/carer notification	
Immediate controls introduced	
Review participants and findings	
Learning/actions, owner and deadline	
IHP/risk assessment/policy/training updates	

Appendix D - Trip and activity allergy checklist

- IHP and current Allergy/Asthma Action Plans reviewed.
- Individual allergy risk assessment completed with pupil/family involvement.
- Both prescribed adrenaline devices and other prescribed medication in date and immediately accessible.
- Named trained adult confirmed; all relevant adults briefed.
- Appropriate paired spare AAIs considered and included where required.
- Food provider, venue and transport arrangements checked; allergen information and cross-contact controls confirmed.
- Emergency address/postcode, access point, mobile signal/charged phone and emergency contacts recorded.
- Medication not stored in inaccessible luggage or exposed to extreme temperature.
- Contingency for delay, changed food/activity and overnight storage agreed.
- Pupil included without requiring parental attendance solely because of allergy.

Visit/activity: _____ Date: _____

Visit lead: _____

Approved by: _____ Date: _____

Outstanding actions: _____

Appendix E - Implementation assurance checklist

Area	Minimum assurance
Leadership	Mrs Byrne named; policy published; annual/incident review diarised; governors receive assurance.
Records	Register current; eligible pupils have IHP and current Action Plan; essential information reaches relevant staff.
Training	All required staff trained annually; induction and supply/cover arrangements evidenced; records retained.
Medication	Two prescribed devices accessible where applicable; paired spare stock, correct dosage, safe unlocked storage and monthly checks.
Five-minute access	Site test completed for classroom, dining hall, playground, field, clubs and events; additional provision made where needed.
Catering	Current allergen information, substitution checks, cross-contact controls and safe-meal arrangements assured.
Trips	Individual risk assessments, medication access and trained adult arrangements checked before departure.
Learning	Incidents and near misses logged, reviewed without blame and actions completed.

Key government sources

- Department for Education: Allergy safety in schools' statutory guidance and policy template (published 6 July 2026).
- Department for Education: Supporting pupils at school with medical conditions statutory guidance.
- Department of Health and Social Care: Using emergency adrenaline auto-injectors in schools.
- Department of Health and Social Care: Emergency asthma inhalers for use in schools.
- Medicines and Healthcare products Regulatory Agency: Adrenaline auto-injectors - guidance and resources for safe use.
- Department for Education and Food Standards Agency: allergy guidance, allergen information and school food requirements.