WOODMANSEY CE
PRIMARY SCHOOL

Building Strong Foundations • Unlocking Potential • Inspiring a Generation

Allergy and Anaphylaxis Policy

Written by: J. Williams

Approved by: Governing Body

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1. Policy Statement

Woodmansey CE Primary School is committed to providing a safe, inclusive and well-managed environment for pupils with allergies. We recognise that allergy can be life-threatening and that effective practice depends on accurate information, well-trained staff, clear routines, careful risk assessment and prompt emergency response. Our aim is to minimise avoidable risk while ensuring pupils with allergies are able to participate fully in school life.

2. Purpose & Scope

This policy sets out how Woodmansey CE Primary School will identify, support and protect pupils with allergies, including pupils at risk of anaphylaxis. It applies during the school day, before and after school provision where run by the school, educational visits, sporting fixtures, school events, food-related activities and any other school-led activity.

The policy should be read alongside the school's wider arrangements for supporting pupils with medical conditions. It does not replace individual clinical advice, allergy action plans or emergency medical treatment. It provides a whole-school framework so that responsibilities are clear and pupils are not disadvantaged because of allergy.

3. Core Principles

- Allergy safety is a safeguarding, health and inclusion matter.
- Pupils with allergies should be able to take part in school life as fully as possible.
- Prevention, preparation and prompt response are all essential.
- Parents and carers must provide accurate, up-to-date information and medication, but school systems must support this through regular checks and reminders.
- All staff should understand the signs of allergic reaction and anaphylaxis, know how to summon help and know the location of emergency medication.
- Woodmansey is an allergy-aware school. We do not describe the school as allergen-free because this could create false reassurance.
- Food should not be given to primary-age pupils with food allergy without parental engagement and permission.
- Records of incidents and near misses should be used to improve systems, not simply filed.

4. Legal and guidance framework

This policy reflects the following legal duties and national guidance:

- Children and Families Act 2014, Section 100: maintained school governing bodies must make arrangements to support pupils with medical conditions.
- Department for Education: Supporting pupils at school with medical conditions statutory guidance.

- Department for Education allergy guidance for schools, including expectations around food substitutions, special dietary needs and practical allergy risk management.
- Human Medicines Regulations and Department of Health guidance on the use of adrenaline auto-injectors in schools.
- Food Information Regulations 2014 and Food Standards Agency allergen guidance, including the requirement to provide allergen information for the 14 regulated allergens.
- Equality Act 2010: reasonable adjustments must be considered where an allergy or associated condition amounts to a disability.
- DfE 2026 proposals and consultation on updated statutory guidance for pupils with medical conditions and allergies, including the expected emphasis on dedicated allergy safety policies, spare adrenaline devices, staff training and improved incident learning.

5. Definitions

Term	Meaning at Woodmansey
Allergy	A reaction of the body's immune system to a substance that is usually harmless. Reactions can range from mild symptoms to a serious, life-threatening reaction.
Allergen	A substance that can trigger an allergic reaction. Common allergens include peanuts, tree nuts, sesame, milk, egg, fish, shellfish, soya, wheat, latex, insect venom, pollen and animal dander.
Anaphylaxis	A serious, life-threatening allergic reaction that can affect the airway, breathing or circulation. It can develop rapidly and requires immediate treatment.
Adrenaline auto-injector	A pre-filled device used to administer adrenaline in an emergency. This may include devices such as EpiPen or Jext, or another prescribed device.
Allergy Action Plan	An individual plan, preferably the BSACI Allergy Action Plan, completed by a health professional and agreed with parents. It explains the child's allergens, symptoms and emergency treatment.

6. Identification of pupils with allergies

The school will gather allergy and medical information at the point of admission, during transition into school, when a child joins mid-year and whenever a parent or health professional reports a new diagnosis or change in need.

- Parents and carers must inform the school of any allergy, previous serious reaction, history of anaphylaxis and prescribed medication.
- The school office, Inclusion Lead/SENDCo and relevant staff will ensure information is recorded and shared with those who need to know.
- Information will be checked at least annually and whenever there is a change in diagnosis, treatment, medication or risk.
- The school will keep a register of pupils with allergies and identify pupils prescribed an adrenaline auto-injector.

- Class teachers, support staff, midday supervisors, wraparound staff, trip leaders and relevant supply staff must be made aware of pupils with allergies in their care.
- Information will be managed sensitively, balancing confidentiality with the need to keep pupils safe.

7. Roles and Responsibilities

Role	Responsibilities
Governing Body	Ensure appropriate policies and oversight are in place; receive assurance that allergy arrangements are implemented; monitor serious incidents and learning from near misses through appropriate governance routes.
Headteacher	Promote a culture of allergy awareness; ensure this policy is implemented; allocate responsibilities; ensure training and emergency arrangements are in place; report significant concerns to governors where appropriate.
Inclusion Lead/ SENDCo	Coordinate support for pupils whose allergy links to wider medical, SEND, safeguarding or inclusion needs; support Individual Healthcare Plans and reasonable adjustments; liaise with families and staff.
School Office / First Aid Lead	Maintain medical records, allergy register and medicine administration records; check medication in school; send reminders when medication is approaching expiry; ensure emergency information is accessible.
Class Teachers	Know pupils with allergies in their class; plan food, craft, science, cooking and celebration activities safely; ensure supply staff have essential information; support inclusion and pupil confidence.
Support Staff and Midday Supervisors	Know pupils with allergies in their care; follow lunch, snack and supervision procedures; respond promptly to signs of reaction and report concerns immediately.
Catering Staff / School Cook	Ensure allergen information is available and accurate; avoid cross-contamination; identify pupils with food allergies safely; communicate with parents and school staff where needed.
Trip Leaders and Visit Staff	Risk assess allergy needs before visits; ensure medication and action plans travel with the pupil; brief venue staff; ensure trained adults can respond in an emergency.
Parents and Carers	Provide accurate information, allergy action plans and medication; ensure medication is in date; tell school immediately about changes; work with school to support safe participation.
Pupils	Tell an adult immediately if they feel unwell, think they may have eaten or touched an allergen or notice symptoms. Older pupils may take more responsibility where agreed with parents and staff.
All Staff and Volunteers	Follow this policy, complete required training, avoid giving unplanned food to pupils and act quickly if an allergic reaction is suspected.

8. Allergy Action Plans and Individual Healthcare Plans

Every pupil with a diagnosed food allergy or risk of anaphylaxis should have an up-to-date Allergy Action Plan. BSACI Allergy Action Plans are preferred because they

provide a nationally recognised format agreed by allergy specialists and allergy charities.

- Allergy Action Plans should be completed by a medical professional and shared with school by parents or carers.
- The plan should include allergens, symptoms, medication, emergency treatment and parent/carer contact details.
- Where a pupil's needs are complex, the Allergy Action Plan may sit alongside a wider Individual Healthcare Plan.
- Copies of the relevant plan must be kept with the pupil's medication and made available to staff who need to know.
- Plans should be reviewed at least annually or sooner if medical advice, medication, risk level or school arrangements change.
- Staff must not create or alter clinical instructions themselves. Any uncertainty should be discussed with parents and, where needed, an appropriate health professional.

9. Symptoms and emergency treatment

Symptoms of an allergic reaction usually appear quickly, but they may also occur later. Staff should take symptoms seriously, especially where a pupil has been exposed to a known allergen or says they feel unwell after eating, drinking, touching or being stung.

Type of symptom	What staff may see or hear
Mild to moderate symptoms	Raised red rash or hives; itching or tingling in the mouth; swelling of lips, face or eyes; stomach pain, nausea or vomiting.
Airway symptoms	Swelling in the throat, tongue or upper airway; tight throat; hoarse voice; difficulty swallowing.
Breathing symptoms	Sudden wheezing; breathing difficulty; noisy breathing; persistent cough; struggling to talk or breathe.
Circulation symptoms	Dizziness; feeling faint; sudden sleepiness; confusion; pale clammy skin; collapse or loss of consciousness.

Emergency action: suspected anaphylaxis
Use the pupil's adrenaline auto-injector without delay, call 999 and state ANAPHYLAXIS. Keep the child lying flat with legs raised unless breathing is difficult, in which case they may be propped up for as short a time as possible. Do not stand the child up or sit them in a chair, even if they appear to feel better.

- Keep the child where they are, call for help and do not leave them unattended.
- Send another adult to collect the pupil's medication and action plan immediately.
- Administer adrenaline immediately if anaphylaxis is suspected and note the time given.
- Call 999 and clearly state anaphylaxis.

- If there is no improvement after five minutes, or symptoms return, administer a second AAI if available.
- Call parents or carers as soon as possible after emergency help has been summoned.
- If there are no signs of life, begin CPR and continue until emergency services arrive.
- All pupils who receive adrenaline, or where anaphylaxis is suspected, must be taken to hospital for assessment even if they appear to recover.

10. Supply, storage and care of medication

Parents and carers are responsible for providing prescribed medication, ensuring it is in date and replacing it when needed. The school will support this through checking routines and reminders.

- Pupils prescribed AAIs should have two devices available in school wherever possible.
- Medication must be clearly labelled with the pupil's name and stored with the current Allergy Action Plan.
- An allergy kit should usually include two AAIs, antihistamine if included on the plan, asthma inhaler if included on the plan and any required spoon or measuring device.
- Medication must be accessible to staff, not locked away in a way that delays emergency treatment and kept within a reasonable distance of the pupil.
- AAIs must be stored at room temperature and protected from direct sunlight and temperature extremes.
- Medication held in school will be checked at least termly by the school office or First Aid Lead, with parents reminded where medication is missing, damaged or approaching expiry.
- Used AAIs must be handed to ambulance staff or disposed of safely as sharps through the agreed clinical waste route.
- Older pupils may carry medication where this is agreed with parents, school and medical advice, but staff must still know where the medication is and how to respond.

11. Spare adrenaline auto-injectors

Woodmansey will maintain spare adrenaline auto-injectors for emergency use in line with current national guidance, local health and safety advice and the school's risk assessment. Spare devices are not a replacement for a pupil's own prescribed medication.

- Spare AAIs should be stored clearly, safely, not locked away and in a location known to all staff.
- Spare AAIs should be checked monthly and replaced before expiry.
- The school will record the type, dose, expiry date, storage location and check history for each spare AAI.
- Written parental consent for use of a spare AAI should be included in the pupil's Allergy Action Plan or Individual Healthcare Plan where required.

- Where anaphylaxis is suspected in a pupil without a prescribed AAI or allergy action plan, staff must call 999, state anaphylaxis and follow emergency service advice. Staff should follow current training and national guidance on use of any available spare AAI.
- Following any use of an AAI, the incident must be recorded, parents informed and replacement devices obtained as soon as possible.

12. Organisational prevention and monitoring

All staff will receive allergy awareness and anaphylaxis training annually. New staff, supply staff and volunteers will receive proportionate information as part of induction before working with pupils.

- common allergens and causes of allergic reaction;
- how to recognise mild, moderate and severe symptoms;
- ABC symptoms: airway, breathing and circulation;
- how to use the school's emergency procedures;
- how and when to administer an AAI, including use of trainer devices;
- where pupil medication and spare AAIs are stored;
- how to read and follow Allergy Action Plans;
- how to reduce risk during snacks, lunches, baking, cooking, science, crafts, visits, celebrations and school events;
- how to report incidents, near misses and concerns.

The Headteacher will ensure that at least two named members of staff coordinate training, policy implementation and medication checks. Training records will be retained by the school.

13. Catering and school meals

Catering arrangements must be managed so that pupils with food allergies can eat safely and with dignity. The school will work with catering staff, parents and pupils to ensure allergen information is accurate and pupils are identifiable to staff in an appropriate way.

- The Catering Manager or School Cook will be informed of pupils with food allergies and any specific dietary requirements.
- A secure system will be used so catering and midday staff can identify pupils with allergies, for example a current list with photographs kept in the kitchen or serving area.
- Menus and allergen information should be available in advance wherever possible. Short-notice menu substitutions must not compromise a pupil's special dietary needs.
- Food preparation and serving procedures must minimise cross-contamination. This may include preparing allergy-safe food first, using clean utensils and surfaces and checking labels carefully.
- Food sent from home for pupils with allergies should be clearly labelled with the child's name.
- Parents and carers are encouraged to speak directly with the school and catering staff where individual dietary arrangements are needed.

- Pupils should be taught, in an age-appropriate way, to check before selecting or accepting food.

14. Snacks, treats, curriculum activities and events

Food can be part of curriculum learning and community life, but it must be planned carefully. This includes baking, cooking, science experiments, craft, celebrations, birthday treats, fundraising events, fairs, visitors, residentials and cultural food activities.

- Staff must check allergy information before using food in lessons or events.
- Food should not be given to primary-age food-allergic children without parental engagement and permission.
- Where an activity includes a known allergen for a pupil, staff must consider substitution, additional controls or an alternative inclusive activity.
- Ingredient labels must be retained or checked when food is provided by school, external providers or families.
- Home-baked donations should be managed carefully. They should include ingredient information and should not be used as a reliable option for pupils with significant food allergies unless agreed with parents.
- Prepacked for direct sale items must follow Food Standards Agency requirements, including clear allergen information where applicable.
- Handwashing and surface cleaning should be built into food-related activities, particularly where allergens may be present.
- Communication with families should be clear, calm and practical. The aim is to reduce risk without isolating pupils with allergies.

15. Educational visits, sport and residentials

Pupils with allergies should be included in trips, sport, residentials and wider opportunities wherever this can be done safely. Allergy needs must be considered as part of the Evolve visit planning and risk assessment process.

- Trip leaders must check Allergy Action Plans, medication and consent arrangements before the visit.
- Medication, including two AAIs where prescribed, must travel with the pupil and remain accessible throughout the visit.
- At least one adult on the visit should know how to recognise anaphylaxis and administer the pupil's AAI.
- Venues, host schools, caterers and residential centres should be briefed in advance where food or allergy risks are relevant.
- Alternative food arrangements should be made where a venue cannot safely meet a pupil's needs.
- Emergency contacts, nearest hospital arrangements and mobile phone access should be considered in visit planning.
- For sporting fixtures, the host school should be informed that a pupil with allergy is attending where relevant and a trained member of staff should accompany the pupil or team.

16. Inclusion, safeguarding and wellbeing

Allergy can affect a pupil's confidence, participation and sense of safety. Staff should make reasonable adjustments so pupils with allergies can take part without unnecessary restriction, embarrassment or isolation.

- Pupils with allergies must not be excluded from trips, parties, food activities or curriculum experiences because planning has been left too late.
- Staff should avoid language that blames, frightens or singles out pupils with allergies.
- Bullying, teasing, threatening behaviour or deliberate exposure to allergens must be treated seriously as a safeguarding and behaviour concern.
- The school will consider reasonable adjustments where allergy constitutes, or is linked to, a disability under the Equality Act.
- Pupil voice should be used, where age-appropriate, to understand what helps the pupil feel safe, included and confident.
- Attendance, participation and emotional wellbeing should be considered where allergy causes anxiety or absence.

17. Allergy awareness and the school community

Woodmansey promotes whole-school allergy awareness rather than relying on a blanket claim that the school is nut-free or allergen-free. This is because many allergens can cause serious reactions and no school can guarantee the complete absence of an allergen.

- Families will be asked to support allergy-aware practice, for example by avoiding sending in foods that create known risks where individual pupils require this as part of a risk assessment.
- Messages to parents should explain the reason for any class-specific request without sharing unnecessary personal information.
- Staff will teach pupils age-appropriate routines such as not sharing food, washing hands after eating and telling an adult if someone feels unwell.
- Allergy awareness should be revisited through staff briefings, induction, class routines, events planning and pupil reminders.
- Where a specific allergen presents a significant risk in a class or activity, an individual risk assessment may require tighter controls for that context.

18. Risk Assessment

The school will use both whole-school and individual risk assessment to reduce allergy risks. Risk assessment should be proportionate and practical, with controls that can be understood and followed by staff.

Risk area	Examples to consider
Whole-school risks	Catering, lunch routines, snacks, playground supervision, visitors, staff training, medication storage, emergency access, events, clubs and communication systems.

Individual pupil risks	Specific allergens, age, understanding, reaction history, asthma, medication, class routines, lunch arrangements, trips, emotional wellbeing and reasonable adjustments.
Activity-specific risks	Baking, cooking, science, craft, fundraising food, school fairs, sports fixtures, residentials, cultural food events and external visitors.
Review triggers	New pupil, new diagnosis, change in medication, incident or near miss, new catering provider, change to school layout, new activity or updated national guidance.

19. Incidents, near misses and learning

Any allergic reaction, suspected anaphylaxis, emergency medication use, medication error or near miss must be recorded promptly and reviewed by leaders. The purpose is to improve safety and prevent recurrence.

- Record what happened, who was involved, symptoms, medication given, times, staff response, emergency services contact and parent/carer communication.
- Report serious incidents through the school's health and safety and safeguarding routes, and to the local authority or RIDDOR where applicable.
- Debrief staff involved in the incident and check whether any pupil or staff member needs support afterwards.

Review whether the Allergy Action Plan, medication storage, supervision, catering system, communication or risk assessment needs to change.
Share learning with staff while respecting confidentiality.

20. Monitoring and evaluation

The Headteacher, Inclusion Lead/SENDCo, First Aid Lead, school office and catering staff will work together to monitor the effectiveness of this policy. Governors will receive assurance through the appropriate committee or headteacher reporting route. annual review of allergy register and action plans;

- termly check of pupil medication in school;
- monthly check of spare AAIs;
- training completion records for staff;
- review of incidents, near misses and lessons learned;
- pupil and parent feedback where allergy support is significant;
- review of educational visits and food-related events;
- policy review in response to final DfE guidance and any local authority updates.

21. Sources and useful links

Source	Link
DfE: Supporting pupils at school with medical conditions	https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

DfE: Allergy guidance for schools	https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
DfE 2026 consultation: support for pupils with medical conditions and allergies	https://www.gov.uk/government/consultations/proposal-on-support-for-pupils-with-medical-conditions-at-school
DfE 2026 announcement: stronger protections for children with allergies in school	https://www.gov.uk/government/news/stronger-protections-for-children-with-allergies-in-school
Anaphylaxis UK: Safer Schools Programme	https://www.anaphylaxis.org.uk/education/safer-schools-programme/
Anaphylaxis UK: Model Allergy Policies	https://www.anaphylaxis.org.uk/education/model-allergy-policies/
BSACI: Paediatric Allergy Action Plans	https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/
Allergy UK: Schools and childcare settings	https://www.allergyuk.org/information-and-support/at-school/for-schools/
Spare Pens in Schools	https://www.sparepensinschools.uk/
Food Standards Agency: allergen guidance	https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
Food Standards Agency: PPDS allergen labelling	https://www.food.gov.uk/allergen-labelling-changes-for-prepacked-for-direct-sale-ppds-food
NICE: Anaphylaxis assessment and referral after emergency treatment	https://www.nice.org.uk/guidance/cg134