



Allergy Safety Policy

Policy Owner	Headteacher
Approved By	Full Governing Body
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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy has regard to the Department for Education (DfE) statutory guidance Allergy safety in schools (2026), which applies from September 2026, and the DfE statutory guidance Supporting pupils at school with medical conditions. It also has regard to current Department of Health and Social Care/MHRA guidance on the safe use of adrenaline auto-injectors (AAIs).

- The policy reflects the school's duties under the Children and Families Act 2014, the Equality Act 2010, the Health and Safety at Work etc. Act 1974, the Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019.
- Wood Ley will maintain a dedicated, published allergy safety policy, led by a named senior leader, reviewed at least annually and publicised to staff and pupils.

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The named senior leader responsible for allergy safety is the Headteacher, Mrs S Renwick. The allergy lead oversees the implementation, communication and annual review of this policy.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils which is delegated to the school administrative staff.
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils with a diagnosed allergy have an up-to-date Allergy Action Plan or equivalent clinical plan where provided by a healthcare professional, and an Individual Healthcare Plan (IHP) where this is required. The IHP will capture the pupil's specific allergy arrangements and link to any Allergy Action Plan and/or Asthma Plan.
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 School administration team

The school administration team supports the allergy lead by:

- Co-ordinating allergy information and paperwork received from families
- Co-ordinating the receipt, storage and return of allergy medication with families
- Supporting the agreed monthly checks to ensure spare AAIs are present, stored correctly and in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Assessing risk

The school will conduct a **risk assessment** for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

Wood Ley does not describe itself as an allergen-free school, as it is not possible to eliminate all risk of exposure. Instead, the school uses a proportionate, risk-based approach informed by the allergies of pupils currently attending.

- Where an individual risk assessment identifies a particular food or allergen as presenting a significant risk, the school may introduce reasonable restrictions or additional controls. These will be communicated clearly to relevant pupils, families, staff and catering providers and reviewed when circumstances change.
- Food sharing is not permitted. Staff will reinforce handwashing and cleaning arrangements and will supervise food-related activities appropriately. Any restriction will be designed to reduce risk without creating a false assurance that the environment is completely allergen-free.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
 - Regular check-ins with their class teacher

5.7 Events and school trips

- Pupils with allergies will be enabled to participate in visits, residentials, events and off-site activities. Planning and risk assessment will identify allergen exposure risks, access to prescribed AAI and spare AAI where appropriate, staff competence, emergency procedures, catering arrangements and communication with venues/providers.
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

This links to our 'supporting pupils with medical conditions' policy.

- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
 - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of **the spare AAI**, which may be different to the personal AAI prescribed for the pupil
 - A photograph of each pupil to allow a visual check to be made
- The register is kept in the child's classrooms and the school office and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupils receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the **staff member will initiate the school's emergency response plan**, following the pupil's allergy action plan
 - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures

Follow these steps if you think you or someone you're with is having an anaphylactic reaction:

1. Use an adrenaline auto-injector (such as an EpiPen) if you have one – instructions are included on the side of the injector.
2. Call 999 for an ambulance and say that you think you're having an anaphylactic reaction.
3. Lie down – you can raise your legs, and if you're struggling to breathe, raise your shoulders or sit up slowly (if you're pregnant, lie on your left side).
4. If you have been stung by an insect, try to remove the sting if it's still in the skin.
5. If your symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.

Do not stand or walk at any time, even if you feel better.

Call 999 if:

- your lips, mouth, throat or tongue suddenly become swollen
- you're breathing very fast or struggling to breathe (you may become very wheezy or feel like you're choking or gasping for air)
- your throat feels tight or you're struggling to swallow
- your skin, tongue or lips turn blue, grey or pale (if you have black or brown skin, this may be easier to see on the palms of your hands or soles of your feet)
- you suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)

You or the person who's unwell may also have a rash that's swollen, raised or itchy.

These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
 - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

7. Adrenaline auto-injectors (AAIs)

The school maintains spare AAIs for emergency use in accordance with current statutory allergy safety guidance and current Department of Health and Social Care/MHRA guidance. Spare devices are additional to, not replacements for, a pupil's prescribed AAIs.

7.1 Provision and purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- AAIs have been sourced from local pharmacy

- The number and dosage of spare AAI's held will be kept under review so that appropriate devices are readily available for the pupils on roll.
- EpiPen® is the brand of spare adrenaline auto-injector (AAI) purchased and held by Wood Ley Community Primary School. The school uses a single brand of spare AAI, where appropriate, to support consistency in staff training and reduce the risk of confusion when administering an AAI in an emergency.
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of [the guidance](#))

7.2 Storage (of both spare and prescribed AAI's)

The allergy lead will make sure all AAI's are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- Located so that they can be accessed rapidly in an emergency
- The main spare AAI kit is held in the school office; additional arrangements will be made where risk assessment shows this is necessary.
- Spare AAI's will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAI's)

Mrs Green and Mrs Tierney are responsible for checking monthly that:

- The AAI's are present and in date
- Replacement AAI's are obtained when the expiry date is near

7.4 Disposal

AAI's can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

7.5 Use of AAI's off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAI's should carry their own AAI with them on school trips and off-site events
- School spare will be part of the first aid kit taken by the member of staff leading the trip

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

8. Recording, reporting and learning from incidents and near misses

All allergic reactions requiring treatment, use of an AAI, emergency-service involvement, and significant allergy-related near misses will be recorded promptly and reported to the Headteacher/allergy lead.

Parents/carers will be informed as appropriate. Following a significant incident or near miss, the allergy lead will review what happened, identify any learning, and update the pupil's risk assessment, IHP/Allergy Action Plan, staff briefing, training or wider school procedures where necessary.

Where a school AAI is administered, the school will record whether the pupil's own or the school's spare device was used and will arrange replacement of any used device.

9. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Whole-school allergy awareness and emergency-response training will be provided at least annually and as part of induction for relevant new staff. Training will cover risk reduction, recognition of allergic reactions and anaphylaxis, the need to act without delay, how to call 999, correct positioning, where AAIs are kept and how to administer the devices held by the school. Additional pupil-specific training will be provided where required.

10. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- SEND Policy and SEND Information Report
- Child Protection and Safeguarding Policy
- Educational Visits Policy
- Equality information and objectives
- First aid policy

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:

Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue

BREATHING:

Difficult or noisy breathing
Wheeze or persistent cough

CONSCIOUSNESS:

Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Appendix 2

Schools may administer their “spare” adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school’s spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you **MUST** call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Practical points:

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location
- If the pupil’s condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics: – if the child is known to have an allergy; – what might have caused this reaction e.g. recent food; – the time the AAI was given. The guidance in this document has been developed in conjunction with representatives of the following organisations:
 - British Society for Allergy & Clinical Immunology (Paediatric Allergy Group)
 - British Paediatric Allergy, Immunity and Infection Group
 - Royal College of Paediatrics and Child Health
 - Allergy UK
 - Anaphylaxis Campaign. The Department of Health would like to thank Dr. Paul J. Turner for his work on this guidance

An anaphylactic reaction always requires an emergency response Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil’s own AAI(s).

Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times.

This guidance does not supersede this advice from the MHRA,¹ and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil. This change applies to all primary and secondary schools (including independent schools) in the UK.

Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish. Those facilities choosing to hold a spare AAI(s) should establish a policy or protocol for their use in line with “Supporting pupils at school with medical conditions:

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England”² (Supporting Pupils), and with reference to the guidance in this document. The protocol could be incorporated into the wider medical conditions policy required by Supporting Pupils.

An effective protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of spare AAI(s) in line with Supporting Pupils a register of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- written consent from the pupil’s parent/legal guardian for use of the spare AAI(s), as part of a pupil’s individual healthcare plan.
- ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.
- appropriate support and training for staff in the use of the AAI in line with the schools wider policy on supporting pupils with medical conditions.
- keeping a record of use of any AAI(s), as required by Supporting Pupils and informing parents or carers that their pupil has been administered an AAI and whether this was the school’s spare AAI or the pupil’s own device

DFE - Guidance on the use of adrenaline auto-injectors in schools

11. Communication, publication and review

This policy will be published on the school website, made readily available to parents and carers, and publicised to staff and pupils in age-appropriate ways. Relevant allergy information will also be communicated to supply staff, volunteers, catering staff, wraparound-care staff and trip leaders on a need-to-know basis.

The Headteacher/allergy lead will review this policy at least annually and sooner following a significant allergy incident or near miss, a material change in the needs of pupils on roll, or a change in legislation or statutory guidance.