



Witley C of E Infant School

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Allergy Safety Policy

Status of document	
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Review cycle	Annually or when an incident is experienced
Available on website	Yes
Approval level	Governors

This policy is compliant with the Allergy Safety in Schools [statutory guidance](#) published July 2026.

The Headteacher is the Allergy Lead and is responsible for allergy safety, including driving the implementation of the allergy safety policy and leading the review of this policy.

This policy is reviewed annually and where incidents or “near misses” suggest areas for improvement. Any review should take account of any incidents and “near misses” and should seek to learn lessons from them.

Governing bodies should ensure that the allergy safety policy is readily accessible to parents and staff.

Introduction

In line with Benedict’s Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Allergy Awareness Training

All staff in school should be **trained** in allergy awareness and emergency response, at least annually, during times when pupils are scheduled to be on site. This also includes temporary staff, supply teachers, agency workers and regular volunteers, catering staff and staff who may oversee children during breakfast/after school clubs. It is not intended to include contractors carrying out work such as builders, electricians or other ad hoc maintenance personnel.

New staff should be inducted, as well as arrangements to ensure supply and cover staff have received allergy awareness training.

Allergy awareness training should ensure all staff:

- Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage it;

- Understand that allergy includes multiple conditions (food, asthma, eczema, hay fever), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on **allergy triggers**;
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can recognise **anaphylaxis**;
- Know how to respond in an **emergency**, including:
 - calling emergency services and informing parents;
 - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
 - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices - EpiPen);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school's **allergy safety policy**;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss"). Anaphylaxis always requires an emergency response.

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Witley C of E Infant School is allergy aware, ensuring that the staff and pupils are actively aware of the risk posed by allergens, taking steps to minimise the risk of exposure and has robust emergency response plans in place:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff)
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog

Witley C of E Infant School will ensure that allergies are included in school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Food Provision and Catering:

Witley C of E Infant School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensure the contract with the school catering company, The Pantry, is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the pupils to check independently
- Provide pupil's allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- Enabling parents/carers to liaise with the catering company or school chef

- Identify pupils with allergies at point of service by photos in kitchen, individual lanyards and different coloured serving plates.
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary (“may contain”) labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen or canteen.
- Teach pupils not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

We actively discourage food that is not directly provided by the school (for example brought in as treats or to celebrate birthdays). However, if this does take place then the food is not consumed in school and distributed at the end of the day so that parent/carer permission can be sought in advance to ensure inclusion and safety for pupils with allergies.

Our Allergy Safety policy will be shared with our third party breakfast and after school provision provider, Hen House.

Ensure that FWS (PTA) events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary and if required. Our weekly cake raffle includes shop and homemade cakes. The FWS will provide a list of ingredients to the winner on request. Ensure that PTA members who are serving food have a basic awareness of allergen management (signpost to free FSA training).

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices. This includes the journey to and from;

- school,
- the classroom, lunch hall, playground and when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. In school one personal adrenaline device is kept in class in a small brightly coloured cross-body bag for easy access and carrying from zone to zone, including during wrap around care. The second device is kept in the school office unlocked medical cabinet (no more than 5 mins away). This is also the location of spare adrenaline devices.

Adrenaline devices must be stored at room temperature (in line with manufacturer’s guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

The [Human Medicines \(Amendment\) Regulations 2017](#) permit “spare” adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Witley C of E Infant School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil’s own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. We hold the following in school:

AAI for children under age 6 years (150 micrograms) EpiPen Junior
AAI for individuals over 6 years of age (300 micrograms) EpiPen

Spares are located in the main school office unlocked medicine cabinet and stored in clear bags and labelled ‘Emergency Anaphylaxis Kit’. Staff should make themselves aware of this location.

The allergy lead is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires

Pupil self-management:

Depending on their level of understanding and competence, children will be encouraged to take responsibility for and to always carry their own adrenaline device on them in a small brightly coloured cross-body bag.

Emergency preparedness

Witley C of E Infant School will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures. Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy

- the storage of spare adrenaline
- practice with adrenaline trainer devices

During fire drills and lockdown practices, Witley C of E Infant School will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Roles and Responsibilities:

Allergy lead and governing body:

The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The governing body, is responsible for monitoring this policy.

The allergy lead is responsible for ensuring:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the pupil starting
- holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of pupils at mealtimes
- Communication about:
 - the policy
 - the pupils who are on the register of those with allergies
 - the importance of recording and reporting near misses and incidents
- communication with:
 - governors to provide updates about the policy implementation
 - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
 - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
 - Caterer; the procedures in the kitchen and the procedures for ensuring that the pupils with allergies are provided with a safe meal
 - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
 - Pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- allergy training

All Staff are responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the pupils IHP
- implementing the pupils IHP
- creating an inclusive curriculum including teaching all children about allergies and who in their class has an allergy
- curriculum adaptation to minimise risks
- completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- building proactive relationships with parents/carers
- reporting near misses and incidents

Parents are responsible for:

- adhering to this policy
- providing school with the information they need to create individual health care plans
- updating school when reactions happen outside of school or any changes to the pupil's allergy and its management
- ensuring that the pupil always has in date medication with them at school

Identification of Individuals with Allergies

Admissions Data Collection: Detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission collected through our electronic enrolment form.

Information Sharing: UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through Arbor.

Transition: allergy information and existing care plans are shared as part of a pupil's transition. We will request allergy information from the parent/carer consider whether any of the arrangements are suitable to implement.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

Pupil Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents created by a GP/allergy nurse/clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the pupil photo is recognisable.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued. (IgE stands for immunoglobulin E, which is a type of protein antibody produced by your immune system that triggers allergic reactions).

Individual Healthcare Plans (IHPs) see Appendix 1

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Witley C of E Infant School will ensure that:

- pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan
- pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- individual healthcare plans are created whilst pupils are waiting for a diagnosis

School Trips and External Visits

Witley C of E Infant School ensures that pupils with allergies are fully included in all extracurricular activities. Our risk assessments address allergen exposure in each activity, emergency medication, transport, and proximity to emergency care.

Staff leading school trips will nominate a member of staff to carry all relevant emergency supplies and stay within close proximity of the pupil. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. **Witley C of E Infant School** will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Serious Incidents and "Near Misses":

Witley C of E Infant School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

We are aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

We use internal systems to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

If the serious incident or near miss occurred or was supplied by our catering company, The Pantry, then this incident is additionally reported by them via their own reporting system and to the local authority environmental health team

Witley C of E Infant School will share the report with the pupil's parents/carers, the pupil and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. We will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

Wellbeing and Support

Allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Witley C of E Infant School:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons in PSHE
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promotes "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new starters or anxious pupils
- has proactive engagement with new starters with known allergies, setting out the school, college or setting's policies and the support available

Safeguarding:

Witley C of E Infant School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs:

<https://www.anaphylaxis.org.uk/education>

Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>

Spare Pens in School: <https://www.sparepensinschools.uk>

Benedict's law:

<https://benedictblythe.com/benedicts-law>

<https://www.anaphylaxis.org.uk/education/benedicts-law>

August 2026

Completed by: H Szczepanski

Appendix 1

Witley C of E Infant School		Current photo
Individual Healthcare Plan – ALLERGY/ASTHMA		
NAME:	DOB:	
Year / class:		
Emergency contacts: see Arbor		
Staff who need to be aware: All		
Allergy: Known Allergens: Is child aware that they are having an allergic reaction and whether they can alert others. Y/N		
How the allergy is managed, include care or action plans or prescribed medication issued by healthcare professionals. Avoidance of known allergens/triggers. Can the child take responsibility for managing their allergy. Y/N		
Impact on education: <i>i.e. absence/learning</i>		
Arrangements for support including any details of support or adaptations at meal/snack time:		
Visits and trips: <i>Children prescribed with an EpiPen need a named member of staff on trips who hold medication and are allocated to the child.</i>		
Emergency response: <i>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.</i> <i>Spare EpiPens are kept in the main office medicine cabinet (unlocked)</i>		
Last discussed with parent/carer:		Date
Completed and issued by:		Date:
Next planned review:		Date:

See overleaf

Individual Healthcare Plan for allergy/asthma

Medication needed while in school

Non-prescription medication: Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting

Has parental consent been given for the allergy medication to be administered, and the date of consent.
Y/N

Parental consent:

Date:

Prescription medication: Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).

Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.

Has parental consent been given for the allergy medication to be administered, and the date of consent.
Y/N

Prescribed by:

Date:

Parental consent:

Date:

Use of “spare” adrenaline devices:

Has parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency. **Y/N**

Parental consent:

Date:

Use of “spare” salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.*

Parental consent:

Date:

Annex: Care or Action Plans issued by healthcare professionals

Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.*

Issued by:

Date:

Care Plan: *Note where any relevant care plan can be found.*

Note what staff are responsible for delivering / supporting delivery of the care plan.

Note which healthcare professional issued the plan, their role and the date issued.