

Wolsey House Primary School



Allergy Safety Policy

Policy date: September 2026

Policy review date: September 2027

Together we grow, achieve and thrive.

Policy information

School	Wolsey House Primary School
Address	Beaumont Leys Lane, Leicester, LE4 2BB
Headteacher	Mr Steven Powell
Senior leader responsible for allergy safety	Mrs. Julie Cooper-Marsh
Named governor for allergy safety	Mrs. Bhavini Radunkalia
Approved by	Governing body
Approval date	
Review date	September 2027, and sooner after any serious incident, near miss or relevant change
Related documents	Supporting Pupils with Medical Conditions and Administration of Medicines Policy; Food and Catering Procedures; Educational Visits Policy; Data Protection Policy; Behaviour and Anti-bullying Policy

ACTION BEFORE APPROVAL: the governing body must confirm the named governor, spare-adrenaline kit locations, device strengths and the staff responsible for checking and replacement. These fields are identified in section 10 and Appendix A.

1. Statement of intent

Wolsey House Primary School is committed to ensuring that pupils with allergies are safe, included and able to participate fully in education and school life. We recognise that allergic reactions can be unpredictable and that anaphylaxis is a potentially fatal emergency affecting the airway, breathing or circulation.

This dedicated policy is made under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. The governing body will have regard to the Department for Education statutory guidance Allergy safety in schools (July 2026), publish this policy on the school website and keep it under review.

2. Scope and definitions

This policy applies throughout the school day and wherever Wolsey House is responsible for pupils, including Nursery and Reception, breakfast and after-school provision operated by the school, lunchtimes, clubs, PE, sports, educational visits and residential. It applies to permanent, temporary,

supply, peripatetic, agency, catering and wraparound staff, and regular volunteers with pupil-facing roles.

- Allergy: an immune-system reaction to a normally harmless substance, including food, insect stings, medicines, latex, contact or airborne allergens.
- Anaphylaxis: a potentially fatal systemic allergic reaction affecting airway, breathing or circulation.
- Food intolerance and coeliac disease are not allergies and do not cause anaphylaxis, but require robust dietary and cross-contamination arrangements under the school's wider medical and food procedures.
- Asthma is closely associated with allergy and can increase risk in anaphylaxis; asthma and allergy action plans must therefore be considered together.

3. Leadership and responsibilities

3.1 Governing body

- approve, publish and review this policy at least annually;
- name a governor to oversee allergy safety and hold leaders to account;
- ensure suitable resources, equipment, training, insurance and emergency arrangements;
- receive reports of serious allergy incidents and near misses and monitor resulting action.

3.2 Headteacher and allergy safety lead

- implement this policy and maintain a whole-school culture of allergy awareness;
- ensure all relevant staff receive annual training and new starters are trained before, or as soon as possible after, taking responsibility for pupils;
- coordinate identification, records, Individual Healthcare Plans (IHPs), Allergy Action Plans and Asthma Action Plans;
- ensure prescribed and spare medicines are rapidly accessible, in date and appropriately located;
- coordinate risk assessment, incident investigation, reporting and learning;
- liaise with parents, pupils, healthcare professionals, catering staff and contractors.

3.3 All staff

- complete required allergy training and know how to summon help;
- know how to check the allergy register and relevant plans for pupils in their care;
- reduce exposure to known allergens when planning lessons, food, celebrations, clubs and visits;
- respond immediately to suspected anaphylaxis, following training and the emergency procedure;
- report reactions, medication use, incidents and near misses promptly.

3.4 Parents, carers and pupils

Parents and carers should provide accurate, current information; prescribed medicines and devices; action plans; consent where required; and prompt notice of changes. Pupils will be involved according to age and competence, encouraged to tell an adult if they feel unwell and taught not to share food or medicines. Responsibility placed on pupils will never replace staff emergency arrangements.

4. Allergy awareness and emergency-response training

All staff present when pupils are scheduled to be on site will receive allergy-awareness and emergency-response training at least annually. This includes teaching and support staff, office and premises teams with pupil-facing roles, lunchtime staff, catering staff, breakfast and after-school staff, temporary and supply staff, peripatetic staff, agency workers and regular volunteers. Contractors without a pupil-facing role are not included, but must follow relevant site controls.

Training will cover:

- how allergic reactions occur and the difference between allergy, coeliac disease and intolerance;
- common allergens and where to find pupil-specific trigger information;
- the full range of allergic symptoms and recognition of anaphylaxis;
- how to call 999, locate emergency medication and inform parents;
- practical use of the adrenaline devices stocked by the school and emergency asthma inhalers;
- use of the allergy register, IHPs and Allergy/Asthma Action Plans;
- risk reduction, wellbeing, reporting and learning from incidents and near misses.

New staff will receive training through induction. Supply and cover staff will receive a concise briefing before taking responsibility for pupils and must know how to access immediate help. Awareness training does not replace any pupil-specific clinical competency or delegation arrangements.

5. Wellbeing and inclusion

Allergy can cause significant anxiety and can lead to pupils feeling different, isolated or unsafe. Staff will listen to the pupil and family, use proportionate arrangements, avoid unnecessarily singling pupils out and ensure reasonable adjustments permit full participation.

- Allergy-related teasing, food intimidation, deliberate exposure or exclusion will be treated seriously under the behaviour and anti-bullying policies.
- Pupils will be supported after a reaction or frightening near miss, including through pastoral support and reintegration planning.
- Age-appropriate awareness will be taught without identifying an individual pupil unless this has been agreed with the pupil and parents. Friends may be taught how to obtain adult help, but are never made responsible for treatment.

6. Minimising exposure to known allergens

Wolsey House cannot guarantee an allergen-free environment. The school will take reasonable, proportionate steps to reduce foreseeable risks and will not describe itself as “allergen free” or “nut free”. Restrictions for a class, year group, event or area may be introduced following an individual risk assessment and clearly communicated.

6.1 Food provided by school

- Catering staff will receive current allergy information before preparing or serving food.
- Menus and ingredient information will identify the 14 regulated allergens, and recipes or substitutions will not be changed without updating information and controls.

- Named arrangements will prevent cross-contact during storage, preparation, cooking, service and cleaning.
- At each meal or snack time, responsibility for checking the correct meal for each pupil will be explicit. For EYFS children, allergy and dietary information will be obtained before admission, kept current and shared with all staff involved in food preparation, handling or checking.
- If safe provision cannot be confirmed, food will not be served until the catering lead and school have resolved the concern with the parent.

6.2 Food brought into school

- Parents will be asked not to send food for sharing unless it has been agreed in advance and full ingredient information is available.
- Class celebrations, rewards, fundraising, staff food and community events will be planned with allergy risks in mind. Individually wrapped items are not automatically safe.
- Pupils will be discouraged from sharing or swapping food, bottles, cutlery or utensils. Handwashing and cleaning routines will reduce cross-contact.

6.3 Curriculum, environment and activities

Staff planning cooking, science, craft, sensory, music, gardening or animal-related activities will check the allergy register and assess ingredients and materials. Risks may include food packaging, latex balloons or gloves, adhesives, paints, seeds, animal feed, fur, feathers, pollen, insect stings and airborne or contact allergens. Substitutions or reasonable adjustments will be made where needed.

7. Identification and records

Allergy information will be gathered on admission, at annual data checks, following a new diagnosis or reaction, and during transition from another setting. Parents should provide healthcare letters, prescriptions and current Allergy and Asthma Action Plans where available.

The allergy safety lead will maintain a secure, current allergy register identifying:

- the person, known allergens and typical symptoms;
- whether an IHP, Allergy Action Plan or Asthma Action Plan is held;
- prescribed medication and whether adrenaline devices are carried or stored;
- location and expiry dates of medication;
- consent or eligibility information relevant to spare devices;
- essential emergency and contact arrangements.

Staff and regular visitors will be invited to disclose allergy information relevant to their safety. Visitor information will be managed proportionately and separately from pupil records.

8. Individual Healthcare Plans

A pupil will have an IHP where the allergy has a functional impact at school, creates a risk of harm and requires arrangements additional to or different from those made generally. This includes pupils requiring prescribed adrenaline, proactive medication, avoidance arrangements, flexibility, reasonable adjustments or an emergency response.

The school will coordinate the IHP with the pupil, parents, relevant staff and healthcare professionals. It will set out triggers, symptoms, avoidance, everyday support, medication, emergency action, training, information sharing, trips and review arrangements. Any healthcare-professional Allergy Action Plan and Asthma Action Plan will be attached or expressly referenced.

IHPs will be reviewed at least annually and sooner after a reaction, near miss, change in diagnosis, medication or action plan, or transition. Interim risk-assessed arrangements will be used while information is being obtained; support will not simply be withheld.

9. Prescribed adrenaline and emergency medication

Pupils prescribed adrenaline devices must have rapid access at all times, including in classrooms, dining areas, playgrounds, sports fields, clubs and visits. In anaphylaxis, adrenaline should be administered as soon as possible and practically within five minutes.

- Pupils will carry their devices only where this is agreed as safe and appropriate in their IHP; otherwise devices will be stored in an unlocked, clearly marked, rapidly accessible location known to staff.
- The school and parents will agree arrangements for devices travelling between home and school. Parents remain responsible for supplying prescribed devices; the school will check availability and expiry and contact parents in good time.
- Prescribed devices will be stored with the pupil's action plan where practicable and kept separate from spare school devices to avoid confusion.
- No emergency treatment will be delayed while attempting to contact a parent.

10. School spare adrenaline devices

Wolsey House will stock spare adrenaline devices for emergency use in accordance with current law and DfE guidance. Devices will be stored in pairs, clearly labelled as school spares, unlocked and capable of being brought to any pupil within five minutes. Appropriate dose strengths will be available for the age and weight profile of pupils, informed by current guidance and pharmacy advice.

Spare kit 1 location	In School Office in Red Medical Bag
Spare kit 2 location	In School Office in Red Medical Bag
Dose strengths and quantities	2 x 0.15 mg Epipen 2 x 0.3mg Epipen
Monthly checker	Jacqueline Hayes
Replacement responsibility	Jacqueline Hayes

Each emergency anaphylaxis kit will contain the spare devices, clear instructions and any other items specified by current guidance. Emergency asthma reliever inhalers and spacers will be located with or close to the kits where the school elects to hold them.

- Kits will be checked at least monthly and after every use for correct contents, integrity, storage conditions and expiry dates.
- Used, damaged or expired devices will be replaced promptly and disposed of through an appropriate sharps/pharmacy route.
- Spare devices will be used only in accordance with current legislation, statutory guidance, the pupil's IHP/action plan and emergency-service advice.
- All administration will be recorded and parents informed.

11. Emergency response

Any member of staff who suspects anaphylaxis must act immediately. If in doubt, treat as anaphylaxis and seek emergency help.

1. Send for the nearest prescribed or spare adrenaline devices and the pupil's action plan. Do not leave the pupil alone.
2. Administer adrenaline without delay in accordance with training and the device instructions. Note the time.
3. Call 999 and state "anaphylaxis". Give the school address: Wolsey House Primary School, Beaumont Leys Lane, Leicester, LE4 2BB. Follow dispatcher instructions.
4. Position the pupil appropriately: lie flat with legs raised where possible; if breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk. A pregnant person should lie on their left side.
5. If symptoms do not improve, or return, give the second adrenaline device after five minutes where directed by the action plan, training or emergency service.

6. If the pupil also has asthma, give the reliever inhaler after adrenaline; asthma treatment must not replace adrenaline for anaphylaxis.
7. Arrange for someone to meet the ambulance. Contact parents after emergency action is under way.
8. The pupil must be transferred to hospital for observation even if they appear to recover. A member of staff will accompany them or remain until a parent arrives.

A mild or moderate reaction will be managed in accordance with the pupil's action plan and monitored continuously because it can worsen. Staff will seek urgent help if airway, breathing or circulation symptoms develop.

12. Visits, trips, sport and off-site activity

Pupils with allergy will be enabled to participate. A pupil-specific risk assessment will consider travel, venue, food, accommodation, activities, allergens, communication, trained staff, emergency services and medication access.

- The pupil's prescribed adrenaline devices and action plan will travel with them and remain accessible, not locked in luggage or a vehicle.
- At least one accompanying adult will be trained and confident to administer adrenaline.
- A second prescribed device, and spare school devices where appropriate and permitted, will be considered in planning.
- Providers will be given necessary allergy information securely and their food and emergency arrangements checked in advance.
- Parents will not be required to attend solely because their child has an allergy.

13. Serious incidents and near misses

All allergic reactions requiring significant intervention, suspected anaphylaxis, administration of adrenaline, accidental exposure and near misses will be recorded promptly. Incidents first recognised after the pupil returns home may be reported through the school office by telephone on 0116 266 7566 or by email to office@wolseyhouse.leicester.sch.uk.

- Immediate safety and medical needs take priority.
- Parents and the headteacher/allergy safety lead will be informed promptly; serious incidents and near misses will be reported to the governing body.
- The school will consider statutory or external reporting, including food-safety, HSE, safeguarding, insurer and healthcare routes as applicable.
- The investigation will identify what happened, why controls did or did not work, and actions required.
- The relevant IHP, risk assessment, training and this policy will be reviewed, and learning communicated without inappropriate disclosure.

14. Information sharing and confidentiality

Health information is special-category data under UK GDPR. The school has lawful bases to use and share information where necessary to protect health, fulfil legal duties and provide education safely. Information will be accurate, secure and limited to those who need it.

Relevant teachers, support staff, lunchtime and catering staff, wraparound staff, supply staff and visit leaders will receive enough information to keep the pupil safe. Emergency services and external providers will receive necessary information. Photographs or summary information will be displayed only where proportionate, secure from unauthorised viewing and reviewed regularly.

15. Awareness, publication and complaints

This policy will be published on the school website, available in hard copy on request and covered in annual training. Parents will be reminded to provide updated allergy information. Age-appropriate pupil awareness will be promoted through the curriculum, assemblies or class discussion without transferring adult responsibility to children.

Concerns should be raised with the class teacher, allergy safety lead or headteacher. Unresolved concerns may be pursued through the school's published complaints procedure.

16. Monitoring and review

The governing body will review this policy at least annually and sooner following a serious incident, near miss, material change in pupil need, site arrangements, legislation or guidance. Monitoring will include training completion, IHP and register reviews, device checks, catering assurance, trip risk assessments, incident themes and feedback from pupils and parents.

17. Legal framework and guidance

- Children and Families Act 2014, sections 100-100B, as amended;
- Children's Wellbeing and Schools Act 2026, section 34;
- DfE, Allergy safety in schools: statutory guidance (July 2026);
- DfE, Allergy safety policy - template (July 2026);
- DfE, Supporting pupils at school with medical conditions;
- Early Years Foundation Stage statutory framework;
- Equality Act 2010;
- Human Medicines Regulations 2012, as amended;
- Health and Safety at Work etc. Act 1974;
- UK GDPR and Data Protection Act 2018;
- MHRA advice and resources for safe use of adrenaline devices.

Appendix A - Implementation checklist

Action	Owner	Completion / evidence
Appoint named allergy-safety governor	Governing body	
Confirm Mrs Julie Cooper-Marsh as senior allergy-safety lead and identify deputy	Headteacher	
Complete five-minute site-access assessment and approve kit locations	Headteacher / H&S lead	
Select appropriate adrenaline-device strengths and quantities with pharmacy advice	Allergy safety lead	
Purchase and label devices in pairs; establish replacement and disposal route	School business/office team	
Name monthly checker and create check log	Headteacher	
Update allergy register, IHPs and action plans	Allergy safety lead / SENDCo	
Deliver annual training to all in-scope staff and induction route for new/supply staff	Headteacher	
Confirm catering allergen and cross-contact procedures	Catering lead	
Publish policy and communicate to parents, staff and providers	Headteacher / office	
Test emergency response through a drill and record learning	Allergy safety lead	

Appendix B - Spare adrenaline device check record

Kit location						
Device brand / dose						
Required quantity		Pair: 2 devices				
Named checker						
Date	Devices present	Expiry dates	Packaging / storage satisfactory	Instructions present	Action / replacement	Initials

Appendix C - Approval and version record

Approved by	
Headteacher signature / date	
Chair of governors signature / date	
Named allergy-safety governor	
Next review	September 2027 or earlier as set out in section 16

Version history

Version	Date	Summary
Draft 1	August 2026	Personalised from the Department for Education allergy-safety policy template and aligned with the July 2026 statutory guidance.