



Woodrow First School

ALLERGY POLICY

Signed by:	
Reviewed by	Ilse Williams
Head Teacher	Richard Kieran
Chair of Governors	Reg Moore
Date Adopted	23rd September 2025
Date of Review	September 2026

Issue date: September 2026

Whole School Allergy Policy

1. Purpose

This policy aims to protect pupils, staff, and visitors who suffer from allergies, including but not limited to food, insect stings, latex, and environmental allergens. Some allergies can cause severe and potentially life-threatening reactions. Our goal is to minimise risk and ensure a safe, inclusive environment for all.

2. Scope

This policy applies to:

- All pupils
- All staff members
- Parents and carers
- Visitors and volunteers

3. Common Allergens

The school recognises a range of allergens, including:

- Food allergens: nuts, dairy, eggs, shellfish, sesame, soy, wheat, etc.
- Environmental allergens: pollen, dust mites, animal dander
- Insect stings: bees, wasps
- Materials: latex, certain cleaning products

4. Nut-Free School Commitment

As part of our allergy awareness and management, the school endeavors to operate a nut-free policy:

- Nuts or nut products are not allowed on site.
- This includes packed lunches, snacks, and birthday treats.
- Staff and parents must check food labels carefully.
- Our catering company, Aspens are a nut free company.
- School will review the need for a nut free environment when needed and at least annually.
- We trust all member of the school community to commit to our aim of an allergy aware and nut free environment.

5. Responsibilities When a Child Has an Allergy

a. Parents and Carers Must:

- Inform the School: Notify the school in writing of any diagnosed allergies as soon as possible.
- Provide Medical Documentation: Supply a copy of any medical advice or treatment plans.
- Submit Emergency Medication: Provide clearly labelled, in-date medication (e.g., EpiPens, antihistamines).
- Complete an Individual Healthcare Plan (IHP): Work with the school to develop and regularly review the IHP. (Appendix 1)
- Update the School: Inform the school immediately of any changes to the child's condition or treatment.
- Provide Allergen-Free Food: Ensure packed lunches and snacks are free from the child's allergens.
- Inform the school if the child has had an allergic reaction the night before of the morning before entering school.

b. The School Will:

- Develop and Maintain an IHP: Collaborate with parents, healthcare professionals, and staff.
- Create and regularly review the school risk assessment (Appendix 4). Including individual risk assessment for trips outside of the school building.
- Train Staff: Ensure all relevant staff are trained in allergy awareness and emergency response.
- Store Medication Safely: Keep emergency medication in a secure but accessible location.
- Monitor and Support: Supervise food consumption and activities to reduce exposure risks.
- Communicate Clearly:
 - Inform all staff and relevant pupils about the allergy and precautions. This include the use of a Red medical needs poster that is available in each classroom and the main office in school (Appendix 2)
 - Work with outside catering company to inform them of allergies within school and maintain systems in place to reduce exposure as per the school and catering company policy.
- Review Regularly: Reassess the IHP and procedures annually or after any incident.

6. Emergency Procedures for Allergic Reactions

If a pupil or staff member is exposed to an allergen:

1. Recognise Symptoms:

- Mild: rash, itching, sneezing, stomach pain
- Severe (anaphylaxis): swelling, difficulty breathing, dizziness, collapse

2. Immediate Action:

- Administer emergency medication (e.g., EpiPen) if prescribed
- Call 999 and state “anaphylaxis”
- Stay with the individual and monitor their condition
- Send someone to bring the emergency medication and IHP
- Inform the Head Teacher and Designated Safeguarding Lead

3. Contact Parents/Carers:

- Notify them immediately
- A staff member will accompany the child if taken to hospital if parents have not arrived.

4. Aftercare and Review:

- Complete an incident report (through the Office) and record sheet (Appendix 3)
- Review the IHP and school procedures
- Debrief with staff and family

Any additional steps which are personalised will be clearly stated on the IHP and shared with staff through the Red medical needs posters.

7. Education and Awareness

- Allergy awareness is included in the curriculum and assemblies.
- Pupils are taught to respect others’ health needs.
- Staff model inclusive and safe behaviour.

8. Compliance and Monitoring

- We trust all staff and families to support this policy.
- Breaches will be addressed sensitively but firmly to ensure safety.

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- Nut Free School

- School will endeavor to create a nut free environment to reduce the chance of exposure to nuts for individuals. School acknowledges that this is an aim and cannot be monitored.
- School will work with parents and children to develop awareness of allergies. This includes supporting children and families to identify and treat symptoms of their allergies independently.
- If a nut product is found in school it will remain unopened (if possible) and be stored safely.

For children: Parents will be called to arrange some replacement food and the food can be collected at the end of the day or disposed of at parents request. Hands will be washed by all who have touched the item.

For staff: Food will be stored safely, hands will be washed, and the item will be taken home at the end of the day.

- The policy will be reviewed annually or after any serious incident.

8. Reasonable adjustment

School recognises that there are cases where the exclusion of nut products from an individual's diet can be detrimental to their health and well-being.

In these cases parents must inform the school of these circumstances so the school can:

- Make an informed risk assessment
- Create an agreed plan with the parent and child (where appropriate)
- Provide a written agreement to parents (See Appendix 6)

This will enable the school to remain vigilant and support the needs of all.



Woodrow First School

Individual Health Care Plan

First Name

Surname

Gender

Date of birth

Child's address

Medical diagnosis or condition

Date created

Review date

Family Contact Information

Name

Relationship to child

(mobile)

Name

Relationship to child

Phone no. (work)

(mobile)

Name

Relationship to child

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Appendix 1 – Individual Health Care Plan

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Child's Photo

Information about the child's medical need.

This to include:

Name of medical need.

Symptoms to look out for.

Details of any emergency procedure.

Details of staff to notify in an emergency.

ADMINISTRATION OF ANTIHISTAMINE AND EPIPEN MEDICATION FOR CHILDREN WITH ALLERGIES

Pupil Name: _____ Class: _____ DOB: _____

ALWAYS CHECK THE LAST DATE AND TIME MEDICATION HAS BEEN USED.

DATE	TIME	MEDICATION USED	DOSE DELIVERED	REACTION?	STAFF SIGNATURE	PRINT NAME

IF ANTIHISTAMINE HAS BEEN ADMINISTERED YOU MUST MONITOR PATIENT CAREFULLY AND CONTACT PARENTS.

IF EPIPEN HAS BEEN USED YOU MUST CALL 999 AND STATE ANAPHYLAXIS.

Whole School Allergy Management Risk Assessment

The school should have an allergy policy which is monitored. Clear communication and procedures should be regularly communicated to all staff. Annual training is recommended when allergic students are on roll or when a student with an allergy joins the school.

Training is available from: <https://www.anaphylaxis.org.uk/allergywise/>

Policy is free to download: <https://www.anaphylaxis.org.uk/wp-content/uploads/2023/03/Model-Policy-for-allergy-at-school-v2-060323.pdf>

If this is required in an editable format, please download from the best practice resource section: <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
<p>Medication:</p> <p>Storage: Location of each student's medication Location of generic 'spare' AAI</p> <p>Consider:</p> <ul style="list-style-type: none"> • is there consistency of container throughout the school to make it easily identifiable? • Is the student able to self carry their own medication? • Is the back up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication? • Is the students and back up medication always accessible regardless of the time of day? <p>Training:</p>	<p>Orange medical boxes and individual boxes with photo on that are transported with a child who moves more.</p> <p>No – Medication to be transported by an adult due to age of children. This will be reviewed. In Reception – x2 sites for medication In year 1 – medication is kept in box in the room with child</p> <p>Yes</p>	<p>Unlikely</p>	<p>Low</p>

<p>Check that the course has medical input/review</p> <p>Training should be updated annually</p> <p>Ideally all staff would be trained. If this is decided against, a rationale based on risk assessment should be produced.</p> <p>Consider:</p> <p>Will there always be a member of staff available to administer an AAI throughout the school day who is not further than 5 minutes away from the student at any given point.</p> <p>Course must include:</p> <ul style="list-style-type: none"> • Signs and symptoms of allergy & anaphylaxis • Emergency response • Administration of adrenaline auto-injectors • Prevention of reactions <p>Ideally would include:</p> <ul style="list-style-type: none"> • Types of allergen: food and non-food • Curriculum • Trips & visits including sports • Reporting and recording <p>AllergyWise® for Schools is a low cost, CPD certified course that is clinically reviewed and assured to be up to date.</p> <p>Food and drink:</p>	<p>Majority of staff are trained. The small proportion of staff who have not completed the full training have a short management-based training session.</p> <p>Yes</p> <p>National college allergy and anaphylaxis training – September 1st 2025</p>	
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<p><u>Catering:</u></p> <ul style="list-style-type: none"> • What systems are in place to ensure that the student eats safely? Do all the catering and lunchtime staff know who has allergies and how to ensure that they are safe. Do they know how to report near misses and what to do should a reaction occur? • What measures do you have in place for liaison with the catering contractor and lunchtime supervisory staff? • Ensure up to date allergen information is available for each menu and that it is easily accessible, ideally on school website. • Make sure that any unexpected changes to the menu and allergens are communicated urgently to student/parent/guardian so that a different choice can be made. • Ensure that allergen matrix is available and kept up to date. The FSA have a free to download one: https://www.fooddocs.com/food-safety-templates/food-allergen-chart <p>Consider:</p> <ul style="list-style-type: none"> wrap round care break times lunch times 	<p>On site caterers are allergy aware and provide nut free food. Children with allergies/dietary requirements are flagged through the ordering system and the band/bandage system when they collect their lunches.</p> <p>Children with allergy have an allocated staff member who take responsibility to monitor the individual child.</p> <p>These staff members are fully trained and several other staff members with full training are in the room/next door too.</p> <p>Business manager liaises with cater and breakfast club.</p> <p>Staff training organised.</p> <p>Is available to parents and school through app.</p> <p>Newsletter/app</p> <p>We are introducing the aim to be nut free by asking parents and staff to consider the food they bring into school due to the contact risk.</p> <p>This includes lunchtimes and breakfast club.</p>	<p>Unlikely</p>	<p>Low</p>
		<p>Possible</p>	<p>Medium</p>

<p><u>Events involving food:</u></p> <p>Cake sales Parties Other PTA events Drinks</p> <ul style="list-style-type: none"> • How can these be made inclusive? • What are the risks if the allergens are present during the events? Is handwashing possible? • What information has to be shared ahead of the event to remind all about the exclusion of an allergen if this has been agreed. Allergen Matrix can be found here: https://www.fooddocs.com/food-safety-templates/food-allergen-chart • Are allergens displayed, where appropriate to the event? 	<p>All food events to be risk assessed and discussed with parent if needed. All people coming into school to be made aware of nut allergy.</p> <p>Consideration of the range of foods available. Consideration given to our policy of allergy awareness and nut free aim.</p> <p>Handwashing to happen as much as is possible at events. Handwashing after eating to be embedded in whole school eating routines and upon return to classrooms after events.</p> <p>Reminders to parents, staff and organisers. Posters on entrance to doors and office staff to remind visitors as they enter school.</p> <p>If a school prepared food stall – school to follow policy to use nut free products to reduce risk of exposure.</p> <p>If a stall created by a visitor – school to share our policy upon booking/organising. Allergen posters to be displayed as per the individuals providers policy. School to display posters throughout school.</p>	<p>Possible</p>	<p>Medium</p>
<p><u>Celebrations:</u></p>			

<ul style="list-style-type: none"> Consider discouraging cake and sweets for children as treats both for birthdays and school celebrations. Where food is used, consider the impact for the students with allergies and discuss with parent/carer/student at the earliest opportunity to plan for a safe and inclusive event. 	<p>Families are discouraged to bring in sweets or treats for class. If they are shared these are handed out at the end of the day for parents to decide if the child is able to eat them. Any nut product or non labelled product that is brought in for celebrations is given back to parent. Parents are regularly reminded of our aim to be nut free.</p> <p>All food based events planned within the classroom and as part of celebrations to include options that are inclusive for our children with allergies.</p>	<p>Unlikely</p>	<p>Low</p>
<p>Curriculum activities:</p>			
<p><u>Cooking:</u></p> <ul style="list-style-type: none"> Adapt recipes for all to create a safe cooking space. If a recipe cannot be adapted, can a different recipe be used? Has the allergic student got their own set of cooking materials? Are allergies included in the food technology curriculum so that all students have awareness of the impact of allergies to the health of the allergic person. Are all students made aware of the impact of their actions on an allergic person should the specific allergens not be excluded? Are all students taught about cross contamination and the impact of this? <p><u>Creative activities: e.g. junk modelling, pasta</u></p>	<p>Recipes to be adapted to ensure they are safe for all in the class.</p> <p>Opportunities to talk and teach about allergies to be utilised throughout the year to include elements of cross contamination where appropriate.</p> <p>Good food hygiene and allergy awareness to be embedded in lunchtime routines.</p>	<p>Unlikely</p>	<p>Low</p>
<p><u>Creative activities: e.g. junk modelling, pasta</u></p>	<p>Staff to monitor and risk assess resources coming in from homes.</p>	<p>Unlikely</p>	<p>Low</p>

<ul style="list-style-type: none"> When using packaging ensure that the allergens have not been in those packets; for example: crunchy nut cornflakes should not be in a classroom where a student has a peanut allergy. When students are bringing in materials from home, ensure that communication is sent to parent/carers to specify what they are unable to bring in and monitor this when the packaging comes into school. Plastic containers should be washed in hot soapy water to remove allergens. 	<p>If parents are asked to bring in resources, a reminder is given about our commitment to nut free aim..</p> <p>Staff to risk assess any food based resource or activity both in and out of the classroom.</p>		
<p><u>Music: instrument sharing (cross contamination issue)</u></p> <ul style="list-style-type: none"> Do instruments have to be shared? Do blowing percussion instruments have to be shared? How can they be sterilised if they do? Can the allergic student have their own blowing instrument that they don't need to share? 	<p>Instruments will need to be shared around school – nut free aim minimises risk for our child with contact contamination risk.</p> <p>Instruments that go in mouths to be sterilised. If a child has an allergy they are to have their own instrument that is used for the course of the lessons. Instruments to be sterilised/washed at the end of the block.</p> <p>Parents to be given the option to send in their own instrument if they wish</p>	Unlikely	Low
<p><u>Science activities:</u></p> <ul style="list-style-type: none"> Review the science curriculum and see where allergens are used. Consider whether these have to be used and whether there are alternates that can be used? If essential, the activity needs to be individually risk assessed for the 	<p>Teachers to risk assess all activities and find alternative resources to deliver the activity.</p>	Rare	Low

<p>allergic student. How can that lesson be made inclusive and safe?</p> <ul style="list-style-type: none"> Consider the impact of cross contamination and whether this could cause a reaction for the allergic student. 			
<p><u>PE:</u> Consider: Indoor Outdoor Forest Schools</p> <ul style="list-style-type: none"> Where emergency medication is kept during PE and how quickly it can be accessed. If it is left in the classroom/changing room and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins? Is there an allergy trained member of staff present during after school clubs? Is there an allergy trained member of staff accompanying away sporting events? 	<p>Emergency medication to be kept in the designated boxes and taken with the child to PE lessons etc for quick access.</p> <p>Allergy trained staff members at breakfast clubs, after school clubs and wrap around care.</p>	<p>Unlikely</p>	<p>Low</p>
<p><u>Break time:</u> Consider: Playground Field</p> <ul style="list-style-type: none"> Where emergency medication is kept during breaktimes and how quickly it 	<p>Staff to maintain visual sight on children. Staff to use walkie talkie system to communicate quickly.</p>	<p>Unlikely</p>	<p>Low</p>

<p>can be accessed. If it is left in the classroom and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins?</p> <ul style="list-style-type: none"> Is there an allergy trained member of staff present during break times? 	<p>Staff to educate children on the importance of being allergy aware and possible symptoms.</p> <p>Emergency medication is kept within the classroom next to the playground and can be accessed quickly during break time.</p> <p>During PE on the field or around the track staff to take emergency box with them.</p> <p>Allergy trained members of staff throughout school.</p>		
<p>School animals:</p> <p>Consider: Therapy dogs and the access they have to children with allergies. Is there an allergen free area that the student will be safe in? We have Dogs in School guidance that will assist with this section.</p>	<p>N/A</p>		
<p>Visitors & supply staff:</p> <p>Consider:</p> <ul style="list-style-type: none"> Has the visitor been made aware of the school's policy? If there is an allergy free zone that has been created due to a student's individual risk assessment, how has this been communicated to the visitor/supply staff? Does the visitor need to know about the student's allergy? Will they be using the student's allergen? Do they 	<p>Signs on entrance. School office to verbally this when visitors arrive and include it on bookings for visitors. E.g. supply/ Nut free aim in school. Staff training Posters Communicated while entering school.</p>	<p>Unlikely</p>	<p>Low</p>

<p>need to know they have to have eliminated cross contamination from themselves through handwashing after eating?</p>			
<p>Offsite activities: Day trips: Consider:</p> <ul style="list-style-type: none"> • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Storage of AAls • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • Is food being taken or served? It may be necessary to request that other students do not bring specific allergens on the trip to reduce risk during the day. Communication with venues and parent/carers to set out expectations. • Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity. <p><u>Residential visits including D of E:</u> Consider:</p>	<p>All trips individually risk assessed.</p> <p>At least 1 member of staff on each trip to have full training. At least x2 for trips with child with allergy.</p> <p>To be considered on trip paperwork.</p> <p>Places visiting to be made aware of the allergy.</p> <p>Alternative emergency contact process highlighted.</p> <p>Class teacher to discuss/make aware trip arrangements with parents.</p>	Possible	Medium

<ul style="list-style-type: none"> • Storage of AAIs for each activity being undertaken & overnight • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • What food is being served? Consider cross contamination. Do any menu changes need to be made to ensure safety? Will the allergic person have sufficient to eat? Does any food need to be taken? • Can students eat food in rooms? • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Do other students need to understand signs, symptoms of allergy, how to call for help and administer an AAI? 	<p>To be considered on Bell Heath risk assessment.</p>		
<p>Other:</p>			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.				
Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence	Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium
	Possible	Low	Medium	High	High
	Likely	Medium	Medium	High	Extreme
	Certain	Medium	Medium	High	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened

Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable

Name - **EXAMPLE**

Lunchtime arrangements and agreements

I can find it difficult to...

I may need...

Parents will: **EXAMPLE**

- Reduce the number of nut products in my lunchbox as much as is possible.
- Inform school of which products contain nuts in my lunchbox at the beginning of each day.
- Communicate any changes in eating habits/preferences.

School will: **EXAMPLE**

- Ensure **EXAMPLE** washes their hands when they arrive at school, before and after eating.
- Store the lunchbox in a safe place throughout the day to reduce risk to others.
- Ensure tables are washed with warm soapy water after eating.
- Dispose of any packaging for nuts products carefully in the outside bin.
- Regularly review arrangements to create a safe environment for all.

Information for Hire companies

Woodrow First School is an allergy aware school.

There are members of our school community who have severe allergies which may result in anaphylaxis.

For some members of our community anaphylaxis may occur through **digestion of and direct and indirect contact** of nuts. E.g. touching a door handle which has been used after eating a peanut butter sandwich.

For this reason we ask hire companies to support our aim to create a Nut free environment and therefore reduce the risk of exposure.

We ask that hire companies:

- Ensure that all children and adults wash hands with soap and water when they enter the school building.
- Ensure that all children and adults wash hands with soap and water before and after eating.
- Wash table and utensils with warm soapy water after use.
- All resources and food that is brought onto the school premises is removed after the session.

Do not bring nut-based products on to the school site, such as:

- Nuts
- Nutella
- Peanut butter
- Products that contain nuts such as a snickers bar.

If these products do come into school we ask that they are not opened and are taken home at the end of the hire time.

