

Welton St. Mary's Church of England Primary Academy



Our Vision

As an inclusive Christian community we value each person, seeking to release everyone's full potential as promised by Jesus Christ. We seek to provide a safe, inspiring and creative learning environment providing opportunities for all to flourish. Through challenge, support and care, we strive for excellence in all that we do; always building on the foundations of shared values with consistently high expectations rooted in God's love. Together we are encouraged to be agents of positive change in this world.

'May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit.' Romans 15:13

Wisdom Hope Community Dignity

Together we care, learn and thrive

Allergy & Anaphylaxis Policy

Approved October 2026

ALLERGY & ANAPHYLAXIS POLICY

1. Purpose and Aims

Welton St Mary's Church of England Primary Academy is committed to maintaining a safe, inclusive, supportive learning environment in which pupils, staff, volunteers, governors, visitors, contractors, catering providers, members of the wider Academy community who have allergies can participate fully in school life.

Welton St Mary's Church of England Primary Academy operates an 'Allergy Aware Environment'. No environment can be guaranteed to be completely allergen free, therefore we will focus upon risk reduction, education, communication, supervision, emergency preparedness and early intervention.

The Academy recognises that allergies may present significant health risks, including life-threatening anaphylaxis. Through effective risk assessment, robust preventative measures, appropriate staff training, personalised planning, prompt emergency response procedures, continuous monitoring, regular reviews, collaborative working with families, healthcare professionals, external agencies, the Academy seeks to minimise risk whilst promoting inclusion, safety, wellbeing, attendance, and high educational achievement.

This policy outlines the Academy's approach to managing allergies and anaphylaxis in order to minimize risk, ensure rapid and effective responses to emergencies, and support pupils to participate fully in Academy life. The Academy is committed to creating a safe, inclusive environment and promoting a whole-Academy culture of allergy awareness.

This policy applies to:

Pupils, Employees, Volunteers, Governors, Agency Workers, Contractors, Visitors and external providers using the Academy premises.

2. Scope and Legal Framework

This policy has been developed with regards to both statutory and non-statutory guidance including the Department for Education guidance on supporting pupils with medical conditions, the Early Years Foundation Stage (EYFS) framework, Food Information Regulations 2014, and Department of Health guidance on adrenaline auto-injectors (AAIs). It also reflects requirements arising from Benedict's Law (Children's Wellbeing and Academy's Act 2026) and DfE Allergy Safety in Academy's Statutory Guidance (July 2026)

3. Understanding Allergies and Anaphylaxis

An allergy is an abnormal immune response to a substance that is usually harmless. Symptoms can range from mild to life-threatening. Things that cause allergic reactions are called allergens for example foods, pollen, insect stings, animals, certain medication or dust, which can cause symptoms ranging from mild to severe, including hives, swelling, or anaphylaxis.

Anaphylaxis is a severe allergic reaction that can affect airway, breathing, and circulation, and requires immediate treatment with adrenaline. Common allergens include nuts, milk, eggs, sesame, fish, insect venom, and animal dander.

A food intolerance is when you have difficulty digesting certain foods or ingredients in food. It's not usually serious, but eating the food you're intolerant to can make you feel unwell.

4. Roles and Responsibilities

The Academy adopts a whole-Academy approach to allergy management. Named roles are outlined below to ensure clarity and accountability.

Governing Body

The Governing Body shall approve this policy, receive annual allergy safety reports from the Allergy Safety Lead, Monitor compliance, Ensure sufficient resources are available and review serious incidents, near misses. They will ensure an annual policy review is undertaken.

Headteacher

The Headteacher is responsible for strategic oversight of this policy, ensuring compliance with statutory requirements, allocating resources, training and ensuring regular policy review. Ensure pupils with allergies receive appropriate support, Ensure suitable emergency arrangements exist. To help them with this workload they will ensure that an Appointed Named Allergy Safety Lead is in place at all times, but it is there overall responsibility to monitor overall compliance.

Allergy Safety Lead

Allergy Lead (headteacher): Oversees implementation of the policy, maintains the allergy register, ensures staff training is completed, and monitors AAI provision. Monitor Individual Healthcare Plans, Monitor medication expiry dates. Conduct annual allergy audits (Example in Annex A) and produces the report for governors. Lead investigations into incidents and Coordinate policy review.

Designated Safeguarding Lead (DSL)

DSL ensures that allergy management is aligned with safeguarding procedures, particularly where there may be concerns about neglect, medical compliance, or pupil vulnerability.

Special Educational Needs Coordinator (SENCo)

SENCo Works with families and healthcare professionals to ensure appropriate Individual Healthcare Plans (IHPs) are in place and supports pupils with additional needs.

Special Educational Needs Coordinator Administrator

SENCo Administrator: Will ensure that AAI medication is kept in date, alert parents to medication due to expire so they can bring in replacements before expiry. Undertake First Aid provision checks including AAI.

First Aiders

Maintain emergency equipment, check medication expiry, support emergency responses, and ensure appropriate records are kept following incidents.

Midday Supervisors / Opal Playleaders

Receive specific lunchtime allergy awareness training, supervise safe eating practices, monitor pupils during mealtimes, and respond to any concerns promptly.

All Staff

All teaching and non-teaching staff must complete annual allergy training, understand their responsibilities, recognise symptoms, and respond appropriately in emergencies.

Parents/Carers

Parent / carers are required to provide accurate medical information, supply medication, and keep the Academy updated. Ensure our catering providers (Currently Good Lookin Cooking) have up to date information and are updated as soon as Allergies / Anaphylaxis become apparent or change in any way.

Pupils

Develop awareness of their allergies (where age appropriate) and support safe practices across the Academy.

5. Individual Healthcare Plans (IHPs)

The Academy maintains an up-to-date register of pupils and employees at risk of anaphylaxis. We will obtain this information through:

- Admission forms
- Annual requested for medical updates via its MIS system/Parent Mail
- Healthcare professional communication to the Academy
- Parent / Carer notifications
- Information from previous educational settings (followed up once on the Academy's roll)

Where an allergy is identified, the Academy shall ensure an Individual Healthcare Plan is present. To help assist the Academy in deciding if an IHP is required the Academy will use the below criteria. All pupils with diagnosed allergies must have an Allergy Action Plan, which functions as their Individual Healthcare Plan. Those with 'intolerances' will not have IHCP but records will be held within the schools MIS system. These plans include details of allergens, symptoms, medication, and emergency procedures.

An Individual Healthcare Plan shall be developed where:

- An allergy has a functional impact on the child.
- Risk of harm exists.
- Additional arrangements are required beyond normal Academy procedures.

Each IHP shall include:

- Pupil details.
- Photograph.
- Known allergens.
- Medication requirements.
- Emergency contacts.
- Support arrangements.
- Educational adjustments.
- Mealtime arrangements.
- Visit arrangements.
- Emergency procedures.
- Review schedule

Example of a completed IHP can be found at Annex B

A blank IHP can be found at Annex C

6. Risk Assessment and Prevention

The Academy conducts risk assessments for activities involving potential allergens, including lessons, trips, and events. We use an out-sourced Catering Team and staff follow the allergen labelling provided by them. The Academy promotes awareness rather than relying on complete bans of allergens.

The Academy shall implement reasonable measures to reduce allergen exposure.

Examples of these measures include:

- Promoting no food sharing.
- Routine handwashing before, after eating.
- Cleaning eating surfaces.
- Careful planning of cooking activities.
- Consideration of allergens in curriculum activities.
- Risk assessment for trips.
- Staff awareness of known allergens.
- Effective communication with catering providers.
- Work to ensure prevent cross-contamination is limited where possible

The Academy operates an Allergy Aware approach rather than a 'Nut Free' policy. To ensure the safety and wellbeing of all pupils, the Academy requires clear and specific information regarding any allergies. The Academy is unable to safely manage guidance such as 'sometimes have', 'if cooked', or 'a small amount is acceptable', as these descriptions lack clear, measurable parameters for risk assessment. Therefore, where allergies are present, parents/carers must provide precise details of the allergen, the nature of the reaction, and any relevant management requirements to enable appropriate safeguards to be put in place.

7. Emergency Procedures

All staff are trained to recognise allergic reactions and follow emergency procedures. In cases of suspected anaphylaxis, adrenaline must be administered immediately using Adrenaline **Auto-**

Injectors (AAIs), emergency services must be called, and the pupil monitored until help arrives. A second dose may be administered if necessary.

Any AAI devices are stored in the Main Office. Bags are clearly labeled with students Name and IHP are printed out and kept with the medication. The current school radio system can be used to request the pens be brought to the child or a staff member could retrieve them personally to administer.

The Academy endeavors to maintains spare AAIs on site at all times. One of each AAI suitable for the age profile of the students in school. School AAI are clearly labelled and checked regularly. All used devices are disposed of safely in accordance with guidelines and replaced promptly after use or once expired. The expiry date of the AAI is held on the medical tracker system to ensure that it is monitored regularly. AAI will also be checked as part of the termly First Aid provisions checks undertaken by the SendCo Administrator.

8. Academy Trips and Activities

Pupils with allergies are fully included in Academy trips and activities. Risk assessments are completed in advance. Staff assure medication and trained supervision are always available. Pupil specific AAI are signed out from the admin office (Medical supply cupboard which is marked by the green First Aid Cross) at the start of a trip and signed back in once the trips have concluded. School's second emergency AAI are taken out on a trip.

9. Training

All staff must complete annual training in allergy awareness, recognising symptoms, emergency response, and use of AAIs. New staff receive training as part of induction and this must be complete before the end of probation period.

10. Communication Systems

The Academy ensures effective communication of allergy information to all staff, including temporary and visiting staff. Systems are in place to ensure critical information is accessible when needed. The school's MIS system holds all relevant information for Pupils and Staff and can be accessed by Teachers, Admin staff, SLT. Teachers are responsible for ensuring any Teaching Assistant working with a child with medical needs is aware of the needs. Midday Staff are given access to medical needs via the folder within the admin office and are required to review this termly. SendCo Admin will ensure updates; newly diagnosed and relevant information is communicated as and when required.

11. Incident Reporting and Review

All allergic reactions and near misses are to be recorded, reviewed, and used to improve practices. Serious incidents are reported in accordance with statutory requirements. Incident reporting and Reviews will be undertaken by the Allergy Safety Lead.

12. Early Years (EYFS Compliance)

In Early Years settings, staff take all necessary steps to ensure children are kept safe and well. Staff are trained in medication administration, and children with medical conditions are supported to fully access provision.

13. Policy Review

This policy will be reviewed annually or sooner if required by legislative changes or incidents.

14. Linked Policies

This policy should be read alongside the Supporting Pupils with Medical Conditions policy, Health and Safety policy, Behaviour policy, medical policy and School Food policy

15. GDPR / Safeguarding

Health information shall be managed in accordance with UK GDPR requirements. Information shall be shared only where necessary to for example to protect safety, support inclusion, facilitate emergency response or deliver educational provision. The school recognises that effective management of medical conditions forms part of its safeguarding responsibilities. Any concerns relating to repeated lack of medication failure to disclose significant allergy information, neglect of medical needs, repeated non-compliance with agreed arrangements, not providing medication required may be managed through safeguarding procedures where appropriate .

Annex A Audit Example

Annual Allergy Safety Audit

Audit Details

Academic Year	
Academy/School	
Completed By	
Role	
Date Completed	
Next Review Date	

Category	Audit Item	Yes	No	Comments	Date Completed (if initially answered 'No')
Governance	Policy reviewed	☐	☐		
Governance	Governors informed	☐	☐		
Governance	Named Lead identified	☐	☐		
Training	All staff trained	☐	☐		
Training	New staff inducted	☐	☐		
Training	Records complete	☐	☐		
Medication	Medication in date	☐	☐		

Medication	Medication accessible	☐	☐		
Medication	Medication stored correctly	☐	☐		
Healthcare Plans	Healthcare Plans reviewed	☐	☐		
Healthcare Plans	Healthcare Plans signed	☐	☐		
Healthcare Plans	Healthcare Plans current	☐	☐		
Food Safety	Allergen information available	☐	☐		
Food Safety	Catering staff aware of allergy requirements	☐	☐		
Food Safety	Risk assessments completed	☐	☐		
Incidents	Incidents reviewed	☐	☐		
Incidents	Lessons learned identified	☐	☐		
Incidents	Actions implemented	☐	☐		

Summary of Actions Required

Action Required	Responsible Person	Target Date	Completed (Y/N)	Date Completed

ANNEX B – Completed IHP example

Source


www.anaphylaxis.org.uk


allergywise@anaphylaxis.org.uk

anaphylaxis UK
A brighter future for people with serious allergies

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 Anaphylaxis UK, a charity registered in England and Wales (1085527) and in Scotland – charity number: SC051390

Individual healthcare plan: example	
Name: Date of birth:	Picture:
Class:	
Emergency contact: <i>name and relationship</i>	
People who need to know: <i>Names and roles</i> <i>Who needs to be aware</i>	
Information sharing: <i>Permission is granted for this information to be shared with anyone who needs this information to keep my child safe.</i> Parental consent:	
Date issued: <i>date</i> Next review: <i>date</i>	Last discussed with parents: <i>date</i>
Medical condition: Allergy to milk, grass pollen and animal dander Asthma	

My medical condition means that:

T may have allergic reactions to milk, whether cooked or uncooked. T will have hives when playing on the grass as well as have itching, watering eyes and sneezing. When exposed to animal dander, T may become wheezy and begin sneezing.

T has previously had anaphylaxis when exposed to milk. T is unable to eat any product that contains milk. T have previously had milder reactions when touching products that used to contain milk or had milk in them. Each reaction that T has had, has varied in severity and it is not possible to predict the severity of any future ones should they occur.

T's grass pollen allergy is seasonal. During the grass cutting season this varies greatly and is impacted by long grasses in the fields and grass cutting.

T's reactions to animal dander depend on the circumstances of exposure. Some animals, such as horses tend to also trigger an asthma attack, whilst dogs and cats do not seem to impact T's asthma as much.

T's asthma is relatively stable but will worsen if she has a cold. She takes daily medication for her asthma and carries a reliever inhaler. Exposure to grass pollen makes breaktime a time that T needs to have access to the inhaler and consideration needs to be given to how the school dog is managed around T.

Are there any physical restrictions caused by the medical condition(s)? T needs to have the inhaler in an accessible location during PE, breaktime and on trips. T may become wheezy during PE.

How my condition is managed:

T has antihistamine for mild to moderate reactions and adrenaline devices for anaphylaxis. T needs to have this medication with her at all times including at lunchtime and breaktime. T needs to bring the medication to and from school each day.

T takes a preventor inhaler twice a day at home and carries the reliever inhaler so that it is always available.

T is generally quite sensible about carrying the medication but does need support to ensure that it is always remembered especially after lunch.

How my condition affects my education:**Impact on health**

T only becomes unwell with the allergies when T is exposed to the allergens. During the winter the grass pollen allergy doesn't have as much impact and during the spring and summer. T can become quite unwell with the grass pollen allergy during the spring and summer months with it making her cranky as T doesn't always sleep well.

The times that T has experienced anaphylaxis, she has needed several days to recover and has become anxious about a further anaphylaxis happening. T can become unwilling to be independent.

During the winter months T can suffer from repeated colds that negatively impact the asthma and meaning that more use of the reliever inhaler is needed.

Impact on learning

T's asthma has the biggest impact on learning as the colds triggering the asthma cause more days absent than would usually be expected. The colds and asthma impact sleeping meaning that when T is in school, T finds it harder to concentrate. T's grass pollen allergy impacts on events that happen in the summer such as sports day. It is important that the grass is cut a few days before sports day to enable T to be able to participate fully.

Impact on wellbeing

T becomes anxious following anaphylaxis and can be withdrawn and self-isolating. It is important to ensure that T is given support and reassurance with patience on return to school. T would benefit from ELSA/counselling to support the anxiety. T doesn't like to feel different from friends and doesn't like being singled out. T needs to be included and where something different is given, for example a different chocolate treat, that this is done quietly and sensitively.

When supporting T with medication carrying, this also needs to be done quietly and sensitively as otherwise it impacts on wellbeing with T feeling like T stands out. T feels bad when T is absent due to colds and asthma and it is important that T's absence doesn't impact on the class attendance award.

T may need encouragement to join in with activities and reassurance provided that the activity or event is safe for T.

How my conditions affects my life:

T often misses out on the treats that other children enjoy; a spontaneous day out, an ice cream from the ice cream or chocolate from the shop. T can sometimes

become sad when other students are talking about their weekends as T is aware of how T is unable to do the same things.

Are there any considerations needed at meal or snack times?

T must only eat the food at school that has been specially prepared for T and that has been checked by an adult before being given to T.

T needs to wash T's hands before eating as do those who are sitting with T. T knows that T is unable to eat food that is not T's and other students need to be taught that they must not food share or touch T's food.

T's medication bag must be in the lunch hall in case of reaction.

School's arrangements to support me:**Medication:**

T's prescribed medication will be in the orange bag that sits on the teacher's desk.

This includes antihistamine, adrenaline devices, asthma inhaler.

The school's spare adrenaline devices are located in the dining hall in red grab bag and are wall mounted and labelled 'Emergency adrenaline devices'.

Awareness:

In addition to whole school allergy awareness assemblies, T's class are taught about allergy, anaphylaxis and what to do if someone is having a reaction.

Curriculum:

T's teacher reviews the curriculum making adaptations to lessons that would have used milk in any of the activities. Trips are communicated to parents as soon as they are being planned with meetings happening to ascertain the concerns about the trip so that these can be factored into the planning.

Cooking recipes will be adapted so that they don't use any milk for any of the students. Cooking will be separately risk assessed with some of the control measures being that T's group will cook first. Surfaces appropriately cleaned all equipment to go through the dishwasher before use.

Training:

In addition to the online training the staff will be able to use the trainer adrenaline devices. Before supply staff work in T's class, they will be made aware of the way they call for help if T has an reaction and how to use the internal telephone system to get support.

School environment:

The school dog needs to be limited to areas that T doesn't access to avoid triggering T's animal dander allergy. T is unable to access working with the dog to ensure that T doesn't have an allergic reaction. Students who have worked with the school dog, need to wash their hands before returning to the classroom. T needs to avoid being on the grass just after it has been cut as this is likely to cause an exacerbation of T's asthma due to the grass pollen allergy. If it isn't possible to have the grass cut outside of school hours, then T needs to avoid the field on the day that it has been cut and needs to be given the opportunity to play elsewhere on the school site with friends of her choosing.

Visits and trips:

School needs to let T's parents know as soon as the trip is planned so that it can be discussed and the risks identified. The trip leader will ensure that all questions are discussed with the venue and a further meeting with T's parents to go through the control measures.

T will be in the teacher's group on the trip. The teacher will hold T's medication. The trip risk assessment will identify the risks for T and the control measures that need to be put in place. The risk assessment will be shared with everyone on the trip and a briefing held to remind all adults of action to be taken in an emergency where T is having a reaction.

Emergency response:

Refer to the Allergy Action Plan.

Do not move T and administer adrenaline as soon as possible.

Is the student aware of their health worsening? Are they able to alert an adult?

T is generally aware that T is experiencing symptoms and will let an adult know. T often describes the mouth as 'hurting and feeling weird' rather than itching or tingling

Student's comments:

Signed: *School: name and role* **Date:**

Signed: *parent or carer* **Date:**

Annex C – IHP Template

Individual healthcare plan	
Name: Date of birth:	Picture:
Class:	
Emergency contact:	
People who need to know:	
Information sharing: Parental consent:	
Date issued: Next review:	Last discussed with parents:
Medical condition:	
My medical condition means that: Are there any physical restrictions caused by the medical condition(s)?	
How my condition is managed:	
How my condition affects my education: <u>Impact on health</u> <u>Impact on learning</u> <u>Impact on wellbeing</u>	
How my conditions affects my life: Are there any considerations needed at meal or snack times?	
School's arrangements to support me: <u>Medication:</u> <u>Awareness:</u> <u>Curriculum:</u> <u>Training:</u>	
School environment:	
Visits and trips:	
Emergency response:	

Is the student aware of their health worsening? Are they able to alert an adult?	
Student's comments:	
Signed: <i>School: name and role</i> Date:	Signed: <i>parent or carer</i> Date: