



WOOLTON PRIMARY SCHOOL

ALLERGY AND ANAPHYLAXIS POLICY

2026–2027 | Effective 1 September 2026

BELIEVE • BELONG • BECOME

Safety • Trust • Voice • Care

OUR COMMITMENT

Every child with an allergy should be safe, fully included and able to participate in school life. Allergy safety is a whole-school responsibility: we reduce avoidable exposure, recognise reactions quickly, act immediately in an emergency and learn from incidents and near misses.

Policy owner	Governing Body / Headteacher
Named senior leader for allergy safety	Allison Mulvaney, Headteacher
Approval body	Governing Body
Adopted	Interim policy approved by the Headteacher, pending formal ratification by the Governing Body, October 2026
Effective	1 September 2026
Review	By 31 August 2027, and earlier where incident learning or guidance requires
Publication	School website; available to staff, pupils and parents/carers

This is Woolton Primary School's dedicated Allergy and Anaphylaxis Policy. It should be read alongside the school's arrangements for supporting pupils with medical conditions, first aid, medicines, safeguarding, educational visits, food safety and the EYFS.

Believe in safety. Belong with confidence. Become ready to act.



1. Purpose, legal framework and Benedict's Law

This policy sets out how Woolton Primary School (WPS) will identify, reduce and respond to allergy-related risks, including anaphylaxis. It applies throughout the school day and to breakfast and after-school provision, clubs, trips, visits, curriculum activities, celebrations, events and food supplied or brought onto the premises.

This policy meets the allergy-safety duties introduced by section 34 of the Children's Wellbeing and Schools Act 2026, commonly referred to as Benedict's Law. Section 34 inserted sections 100A and 100B into the Children and Families Act 2014. Section 100A requires the appropriate authority to have an allergy safety policy, review it at least annually, publicise it, publish it on the school website and have regard to statutory guidance. Section 100B enables further regulations on allergy management. WPS will have regard to the Department for Education's Allergy safety in schools statutory guidance, published on 6 July 2026 and applying in England.

- **Dedicated policy.** The school will maintain, publish and actively implement this Allergy and Anaphylaxis Policy.
- **Annual review.** The policy will be reviewed at least annually and sooner where serious incidents, near misses or changes in guidance indicate that practice should change.
- **Whole-school awareness.** The policy will be brought to the attention of staff, pupils and parents/carers at least annually and published on the school website.
- **Named leadership.** A senior leader will hold overall responsibility for implementation, assurance and review.

KEY PRINCIPLE

Anaphylaxis is a medical emergency. If Airway, Breathing or Circulation symptoms suggest anaphylaxis, staff must act immediately: GIVE ADRENALINE → CALL 999 → STAY WITH THE PERSON → FOLLOW THE ACTION PLAN.

2. Scope: what we mean by allergy

Allergy is an immune-system reaction to a substance that would normally be harmless. Triggers may include food, insect stings, medicines, latex, animal allergens, pollen, mould and other contact or airborne allergens. Allergic disease can overlap with asthma, eczema and hay fever.

Celiac disease and food intolerance require safe dietary arrangements but are not allergies and cannot themselves cause anaphylaxis. They will be managed through the school's wider medical and dietary arrangements. Where a child has both coeliac disease or intolerance and an allergy, the allergy elements of this policy also apply.

3. Core principles

- Children with allergies will be included in normal school life and will not be unnecessarily segregated, excluded from activities or treated as a problem to be managed.
- Individual needs will be understood rather than assuming that every child with the same allergen needs identical arrangements.
- Health advice, the child's voice and parent/carer knowledge will be taken seriously and incorporated into planning.
- Medication must be rapidly accessible. A child experiencing a reaction will not be sent alone to find help or medication; help and medication will come to them.
- WPS will be allergy-aware, not falsely described as allergen-free or "nut-free". Risk reduction and emergency preparedness are more reliable than a blanket guarantee that an allergen cannot enter the site.



- Allergy safety will be considered through an equality, SEND, attendance and wellbeing lens, with reasonable adjustments where required.



4. Roles and responsibilities

Who	Responsibilities
Governing Body	Ensure the school has a dedicated, published Allergy and Anaphylaxis Policy; receive assurance that it is implemented; consider allergy risks on the school risk register; review learning from serious incidents and near misses; ensure sufficient resources and training.
Headteacher / named senior leader	Lead implementation; ensure roles are clear; oversee training, risk management, emergency readiness, catering arrangements and review; ensure serious incidents and near misses are investigated in a learning-focused way.
Operational medical / first-aid team	Maintain current allergy records, IHPs and Action Plans; check medicines and emergency equipment; coordinate parent/carer information; support staff briefings and emergency arrangements.
Catering provider / food handlers	Meet food information law and School Food Standards; maintain allergen controls; provide accurate, accessible allergen information; prevent cross-contact; communicate menu changes; work with the school and families on safe meals.
All staff and regular volunteers	Complete allergy awareness training; know how to identify relevant pupils and access their plans; reduce avoidable exposure; recognise allergic reactions and anaphylaxis; know where emergency medication is; act immediately and report incidents/near misses.
Parents/carers	Tell school promptly about diagnosed or suspected allergy, previous reactions, medication and changes; provide current healthcare information and prescribed medication; replace expired or used medication; work with school on IHPs and safe participation.
Pupils	With age-appropriate support, understand their own allergy, avoid sharing food, tell an adult if they feel unwell or think they have been exposed, and increasingly participate in managing medication and risk where appropriate.

5. Identifying pupils with allergies

WPS will gather allergy information before admission where possible and whenever a child joins, changes class or phase, or develops new symptoms. Information may come from parents/carers, the child, a previous setting and healthcare professionals.

- A current central allergy register will record the child, known allergens, level of risk, medication, whether an IHP is required, and whether an Allergy Action Plan and/or Asthma Action Plan is held.
- Up-to-date photographs and essential allergy information will be available to relevant staff in controlled staff-only locations, particularly where food is prepared, served or used in activities.
- Information will be checked at least annually and whenever parents/carers or clinicians provide an update.
- For children joining at the start of a term, arrangements should be ready for their start. For an in-year move, every reasonable effort will be made to put appropriate arrangements in place promptly and, where relevant, within two weeks.



- Staff and visitors with allergies will also be considered in relevant food, event and emergency arrangements.

6. Individual Healthcare Plans and Action Plans

A pupil will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact at school, creates a risk of harm and requires arrangements that are additional to or different from normal school provision. The IHP will be developed with the pupil and parents/carers and will take account of healthcare advice.

- known allergens and likely routes of exposure;
- signs and symptoms, including the child's usual presentation;
- preventive measures and reasonable adjustments;
- medication, dose/device, storage and access arrangements;
- what to do in a mild/moderate reaction and in anaphylaxis;
- when and how to call 999 and contact parents/carers;
- arrangements for lunch, PE, clubs, trips, wraparound and other higher-risk contexts;
- who needs to know and how information will be shared safely;
- the child's level of independence and self-management;
- review arrangements and triggers for earlier review.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it will be attached to or clearly referenced in the IHP. A new clinical Action Plan will trigger review of the IHP.

7. Staff allergy awareness and emergency response training

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision. New starters and cover staff will receive suitable information before taking responsibility for pupils.

WPS Kitt Medical provision. For 2026–27, WPS will use Kitt Medical as its provider for the school's spare emergency adrenaline auto-injector (AAI) provision and whole-staff allergy/anaphylaxis training. The Kitt Medical subscription includes access to CPD-accredited online training for all staff. WPS will monitor completion and retain training records. This provision supplements, and does not replace, each pupil's prescribed medication, Individual Healthcare Plan or Allergy Action Plan.

- what allergy is, the range of allergic conditions and the difference between allergy, coeliac disease and food intolerance;
- common triggers and how exposure can occur;
- signs of mild/moderate reactions and signs of anaphylaxis affecting Airway, Breathing or Circulation;
- how to locate and follow an IHP, Allergy Action Plan or Asthma Action Plan;
- where prescribed and spare emergency medication is kept;
- how to use the school's adrenaline devices and emergency asthma arrangements;
- how to summon help, call 999 and communicate with parents/carers;
- how to reduce avoidable exposure and prevent food cross-contact;
- how allergy can affect inclusion, confidence and anxiety;
- how to report and learn from incidents and near misses.

ANNUAL ASSURANCE

WPS will keep a training record and will test emergency readiness through briefing, practical demonstration and/or a simulated allergy emergency drill. Learning from a drill will be recorded and acted upon.



8. Minimising exposure to known allergens

The aim is to reduce foreseeable and avoidable exposure while keeping pupils included. Risk controls will reflect the individual child, their trigger, the route of exposure and the setting or activity.

- Food, drinks and lunchboxes for pupils with food allergy will be clearly identifiable and not shared or swapped.
- Good handwashing, cleaning of tables/surfaces and safe handling of utensils will be used to reduce cross-contact. Hand sanitiser is not a substitute for washing when food allergens need to be removed.
- Food for a pupil with an allergy will be prepared and served using agreed allergen controls. Allergen information must remain accurate when menus or ingredients change.
- Unlabelled food will be treated cautiously. Ingredients and allergen information will be checked before food is used in cooking, tasting, celebrations or curriculum activities.
- Activities involving food, flour, glue, animal products, bird feed, balloons/latex, plants or other potential allergens will be considered at planning stage and adapted where needed.
- Parents/carers will be given clear expectations about food brought from home. Birthday treats, class celebrations and fundraising food will be managed in line with current allergy risk controls.
- For contact or airborne allergens, reasonable measures will be agreed in the child's IHP, including adjustments to activities, animals, ventilation or seating where relevant.

9. Food allergy and school meals

WPS will work with its catering provider to ensure food provided at school complies with food allergen information law and that pupils and parents/carers can access accurate information about allergens in meals. The school will make reasonable efforts and reasonable adjustments so that pupils with allergy can participate in the school meal offer, including free school meal entitlements.

- At least two robust methods will be used where practicable to identify pupils with known food allergy at mealtimes, balanced carefully against privacy and inclusion.
- Children with allergies will not routinely be segregated at a separate table.
- Menu substitutions or last-minute changes must not bypass allergy checks.
- Food handlers will be trained in allergen labelling, cross-contact prevention and escalation of concerns.
- Food prepacked for direct sale and non-prepacked food will carry/provide allergen information as required by law.



10. Recognising and responding to an allergic reaction

MILD / MODERATE REACTION

Possible signs include swollen lips/face/eyes, itchy or tingling mouth, hives or itchy rash, abdominal pain/vomiting, mild throat symptoms or a sudden change in behaviour. Follow the child's Action Plan, give medication if directed, inform parents/carers and observe continuously in a safe place for at least 60 minutes because symptoms can worsen.

ANAPHYLAXIS: AIRWAY • BREATHING • CIRCULATION

AIRWAY: throat/tongue swelling, hoarse voice, difficulty swallowing. BREATHING: sudden wheeze, breathing difficulty, persistent cough or noisy breathing. CIRCULATION: faintness, dizziness, unusual sleepiness/confusion, pale clammy skin or collapse. Anaphylaxis can occur without a rash.

11. Emergency anaphylaxis response

- **1. ACT.** If Airway, Breathing or Circulation symptoms suggest anaphylaxis — or if in doubt — treat as anaphylaxis.
- **2. GIVE ADRENALINE IMMEDIATELY.** Use the person's prescribed adrenaline device first if it is available. If it is not available, has misfired or the person has no prescribed device, use the school's suitable spare AAI.
- **3. CALL 999.** Request an ambulance for anaphylaxis. Do not delay adrenaline while waiting to contact emergency services.
- **4. KEEP THE PERSON SAFE AND STILL.** Do not make someone with anaphylaxis stand or walk to the office. Bring help and medication to them. Follow the position advised in the individual Action Plan and emergency training.
- **5. STAY WITH THEM.** Monitor Airway, Breathing and Circulation continuously. Send another adult to meet the ambulance and contact parents/carers.
- **6. SECOND DOSE.** If there is no improvement after five minutes, give a second dose of adrenaline using a second device, in line with training and the Action Plan.
- **7. HOSPITAL.** A child treated for anaphylaxis requires ambulance assessment and hospital care even if they appear to recover.

NEVER SUBSTITUTE AN INHALER FOR ADRENALINE

A child with food allergy and asthma who suddenly develops breathing difficulty may be experiencing anaphylaxis. Give adrenaline first when anaphylaxis is suspected. A reliever inhaler may also be required if the Action Plan directs, but it must not delay or replace adrenaline.

12. Prescribed and spare adrenaline devices

Pupils prescribed adrenaline must have rapid access to their devices throughout the school day, including lunch, playgrounds, PE, clubs and visits. Arrangements for taking prescribed devices home and bringing them back to school will be agreed with parents/carers. The school will monitor expiry dates and replacement arrangements.

WPS will maintain spare adrenaline auto-injectors (AAIs) for emergency use in line with the Human Medicines Regulations 2012 (as amended in 2017) and DfE/DHSC guidance. The July 2026 statutory guidance expects all schools to stock suitable spare adrenaline devices and states that further regulations are intended. WPS adopts this safeguard now. Spare AAIs will be:



Local supply arrangement. WPS will maintain its school spare AAI stock through the Kitt Medical Anaphylaxis Kitt service. Kitt Medical supplies emergency adrenaline pens as part of the service and manages replacement before expiry or following reported use. These are school emergency devices and are separate from adrenaline pens prescribed personally to individual pupils.

- stored in pairs and clearly labelled as school emergency devices;
- readily accessible to adults and not locked away;
- positioned so a suitable pair can be brought to a person experiencing anaphylaxis within five minutes;
- checked routinely for expiry and condition and replaced promptly after use or expiry;
- safely disposed of after use through the appropriate sharps/medicines route.

Advance parental consent for use of a spare AAI will be sought where practical. However, lack of recorded prior consent must not delay reasonable life-saving action in an emergency. A spare AAI may be used for a person presenting with anaphylaxis, including a first recognised reaction, where this is necessary to save life.

13. Emergency asthma arrangements

Because asthma and food allergy can overlap, asthma arrangements form part of allergy safety. Pupils with asthma should have rapid access to their prescribed reliever inhaler. Where WPS holds emergency salbutamol inhalers and spacers, these will be managed in line with the separate national guidance, including the specific consent requirements that apply to emergency asthma inhalers.

14. Trips, visits, clubs and off-site activity

Allergy must be considered early in educational visit and event planning. A child will not be excluded from a trip simply because they have an allergy where reasonable arrangements can enable safe participation.

- A specific allergy risk assessment will be completed for any pupil at risk of anaphylaxis on an external visit.
- Prescribed adrenaline devices will travel with the pupil and remain immediately accessible.
- At least one accompanying adult will be confident in recognising anaphylaxis and administering adrenaline. All accompanying staff will know the emergency plan.
- Catering, accommodation, transport, remote locations and access to emergency medical care will be considered.
- Where appropriate, a pair of spare school AAIs may accompany the visit provided this does not leave the school site without adequate emergency cover.
- Clubs and wraparound providers will receive the information and training they need before taking responsibility for a pupil with allergy.

15. EYFS and safer eating

Nursery and Reception arrangements will also meet the current EYFS statutory framework. Before admission, the school will obtain information about special dietary needs, food allergies, intolerances and health requirements. Staff involved in preparing, serving or supervising food will receive relevant information and be clear who is responsible for checking each child's food at meals and snacks.

During eating, WPS will meet EYFS paediatric first-aid requirements and maintain close, developmentally appropriate supervision. Allergy Action Plans and IHPs will be available to the staff who need them, and emergency medication will remain rapidly accessible.

16. Wellbeing, inclusion and bullying

Allergy can cause significant anxiety for a child and family. WPS will balance vigilance with normality: pupils should feel safe without being singled out. The school will support age-appropriate self-management, listen to the child's views and provide reasonable adjustments.

- Bullying, teasing, threatening a pupil with an allergen, deliberate exposure or exclusion because of allergy will be treated seriously and may constitute a safeguarding concern.



- Children will not be penalised for allergy-related appointments or absence and will not be routinely sent home or excluded from normal school activities because arrangements require additional thought.
- Information about a child's allergy will be shared sensitively and only with people who need it for safety, inclusion or care.

17. Serious incidents and near misses

WPS will use a learning-focused, no-blame approach to serious incidents and near misses while still addressing any professional practice issue that requires management action.

- **Serious incident.** An allergy-related event in which a person is harmed or placed at immediate and significant risk of harm, including events requiring emergency medication, urgent clinical intervention or emergency services.
- **Near miss.** An allergy-related error, omission or system failure that did not cause harm but clearly could have led to a serious incident if circumstances had been slightly different.

Following a serious incident or near miss, the school will:

- record the event as soon as feasible through the formal accident/incident process, including who was affected, what happened, when and where, likely causes, response and outcome;
- inform parents/carers as soon as possible and share the report with them;
- inform the named senior leader and ensure significant information is also recorded on CPOMS where it contributes to the child's safeguarding/support chronology;
- notify the relevant healthcare professional where the incident concerns delivery of a healthcare or Action Plan;
- consider whether food-safety, HSE or other statutory/external reporting duties apply;
- review the pupil's IHP and emergency arrangements where appropriate;
- identify system learning and implement actions, including changes to policy, training, communication, food controls or emergency equipment where needed;
- provide periodic incident/near-miss assurance to governors.

18. Information sharing and confidentiality

Allergy and health information is special category personal data. WPS will hold and share it lawfully, proportionately and respectfully. Relevant staff must have enough information to keep a child safe, while unnecessary disclosure will be avoided.

- Parents/carers and pupils will be involved in decisions about routine information sharing wherever appropriate.
- Essential emergency information may be displayed in staff-only areas where food is handled or where emergency response is coordinated.
- Supply, cover, lunchtime, club and trip staff will be given the information necessary to carry out their responsibilities safely.
- No member of staff should withhold urgent health or safeguarding information because they are uncertain about data protection; advice should be sought without delaying necessary action.

19. Unacceptable practice

The following are inconsistent with this policy:

- locking away emergency medication so it cannot be reached rapidly;
- sending a child experiencing a reaction to seek help alone;
- ignoring the child's, parent's or clinician's information or advice;
- assuming that lack of a formal diagnosis means no safety arrangements are required while assessment is ongoing;
- assuming all pupils with the same allergen need the same support;



- using an asthma inhaler instead of adrenaline when anaphylaxis is suspected;
- delaying adrenaline while seeking permission or waiting for an ambulance;
- excluding a child unnecessarily from meals, trips, clubs or curriculum activities;
- creating a false sense of security by promising an allergen-free environment;
- failing to record or learn from a serious incident or near miss.

20. Communication, publication, monitoring and review

This policy will be published on the school website, available in hard copy on request and brought to the attention of staff, pupils and parents/carers at least annually. Allergy awareness will be included in staff induction and annual update arrangements. The school will keep under review any regulations made under section 100B of the Children and Families Act 2014 and amend this policy promptly where the legal requirements change.

The Governing Body will review this policy at least annually. The review will take account of serious incidents, near misses, emergency drills, complaints, changes in pupil need, catering arrangements, statutory guidance and feedback from pupils and families with allergy.

21. Related school arrangements

- Supporting pupils with medical conditions / medicines procedures;
- First aid and emergency response;
- Child Protection and Safeguarding Policy;
- Educational Visits Policy and risk assessment procedures;
- Food safety, catering and allergen procedures;
- EYFS policies and safer eating arrangements;
- Equality / SEND and reasonable adjustments;
- CPOMS Staff Handbook and incident-recording procedures.

22. Key statutory and national references

- Department for Education — Allergy safety in schools (statutory guidance, 6 July 2026; applies in England)
- Children's Wellbeing and Schools Act 2026, section 34 — inserting sections 100A and 100B into the Children and Families Act 2014 ('Benedict's Law')
- Children and Families Act 2014, section 100 — duty to support pupils with medical conditions
- Department for Education — Supporting pupils with medical conditions at school; Allergy guidance for schools; School Food Standards resources
- Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2017 — emergency AAls in schools
- Food Information Regulations 2014 and Food Information (Amendment) (England) Regulations 2019 ('Natasha's Law') — allergen information, including food prepacked for direct sale
- Equality Act 2010 — disability discrimination and reasonable adjustments where applicable
- UK GDPR and Data Protection Act 2018 — protection and proportionate sharing of health information
- Department of Health and Social Care — Using emergency adrenaline auto-injectors in schools
- Medicines and Healthcare products Regulatory Agency — Adrenaline auto-injectors: safe use guidance and resources
- EYFS statutory framework — information, supervision and paediatric first-aid requirements for early years provision
- Kitt Medical — Anaphylaxis Kitt service, spare adrenaline pens and whole-staff CPD training



Appendix A — Anaphylaxis: immediate staff response

REMEMBER

IF IN DOUBT, TREAT FOR ANAPHYLAXIS. Adrenaline given promptly is the key life-saving treatment.

1	Recognise Airway / Breathing / Circulation symptoms or follow the child's Allergy Action Plan.
2	Give adrenaline immediately. Use prescribed device first if available; otherwise use a suitable spare school AAI.
3	Call 999 for an ambulance. Say "anaphylaxis". Do not delay adrenaline while making the call.
4	Do not make the person stand or walk. Bring help and medication to them; follow emergency positioning training/Action Plan.
5	Stay with the person and monitor continuously. Contact parents/carers and arrange for an adult to meet the ambulance.
6	If there is no improvement after 5 minutes, give a second dose of adrenaline using a second device.
7	Hand the used device(s), Action Plan and relevant information to ambulance staff. Record and review the incident afterwards.



Appendix B — September / annual allergy safety assurance

Assurance area	Evidence / check
Policy	Published on website; approval/review dates complete; staff/parent/pupil awareness arrangements in place.
Leadership	Named senior leader confirmed; operational coordinator and governor assurance route clear.
Pupil register	Current list checked against admissions and parent/medical information; photos and allergens accurate.
IHPs and Action Plans	Required IHPs complete; current Allergy/Asthma Action Plans attached; parent and clinician information current.
Prescribed medication	Two devices where clinically prescribed; in date; labelled; accessible; arrangements cover lunch, PE, clubs and travel.
Spare AAIs	Kitt Medical school emergency AAI provision in place; appropriate doses stored in pairs, visible/accessible, clearly labelled, within five minutes of likely need; Kitt replacement/expiry arrangements and local checks scheduled.
Asthma emergency kit	Emergency inhaler/spacers managed under the separate national guidance and consent requirements.
Training	Kitt Medical whole-staff CPD allergy/anaphylaxis training completed annually; completion record includes staff, supply/cover, regular volunteers, catering and wraparound personnel as applicable.
Food controls	Catering allergen information and cross-contact controls checked; meal identification arrangements robust; menu-change escalation clear.
Trips/events	Risk-assessment process explicitly includes allergens, medication, trained staff and emergency access.
Incidents	Accident/incident and near-miss route clear; CPOMS used additionally where relevant to chronology; governor learning route established.
Emergency drill	Simulated anaphylaxis response tested and learning recorded.



Appendix C — Live WPS emergency medication schedule

COMPLETE BEFORE PUBLICATION

I have deliberately not invented physical medication locations. Complete this short schedule with the actual WPS locations before the policy goes on the website. Locations must allow a suitable pair of spare AAIs to reach a person experiencing anaphylaxis within five minutes.

Live detail	WPS arrangement
Named senior leader	Allison Mulvaney, Headteacher
Operational allergy / medical coordinator	Allison Mulvaney, Headteacher
Prescribed pupil medication storage / access arrangements	Main School Office / Mike Logan for access
Kitt Medical Anaphylaxis Kitt / spare AAI location 1	Hall 1 – wall by kitchen
Kitt Medical Anaphylaxis Kitt / spare AAI location 2	
Emergency asthma inhaler / spacer location(s)	Main School Office
Catering allergy contact	Karl Brown – School Chef
Out-of-hours / wraparound emergency arrangements	Rosemarie Whyte - 07960417379
Expiry check responsibility and frequency	Allison Mulvaney - Monthly

Document control

Version	1.1
Status	Governor Approval – Due October 2026
Effective	1 September 2026
Next review	By 31 August 2027 or earlier if required