Allergy Safety Policy

Allergy Safety Policy Document Status			
Date of Policy Creation	September 2026	**Chair of Governors**	Lee George
Adoption of policy by Governing Board	16/09/2026	**Executive Headteacher**	Jenny Gascoigne
Inception of new Policy	17/09/2026	**Governor/Staff Member Responsibility**	Jenny Gascoigne
Date of policy review	September 2027	**Day Care Manager**	Shelley Thursfield

Statement of intent
Wrockwardine Wood Infant School and Nursery and Oakengates Nursery Federation are committed to providing a safe, inclusive and supportive environment for children, staff and visitors with allergies.

Allergies can range from mild reactions to severe and potentially life-threatening anaphylaxis. We recognise that effective allergy management requires a whole-setting approach involving children, parents and carers, staff, catering providers, healthcare professionals and governors.

We will work in partnership with parents and carers to identify known allergies, assess individual risks and put appropriate measures in place so that children with allergies can attend our settings safely and participate fully in school and nursery life.

We recognise that it is not possible to guarantee a completely allergen-free environment. We will therefore take all reasonable steps to minimise exposure to known allergens while ensuring that robust emergency procedures are in place for both known and unexpected allergic reactions.

We will promote an allergy-aware, rather than an allergen-free, environment.
This policy is maintained as a dedicated allergy safety policy because of the specific and potentially life-threatening risks associated with anaphylaxis.

1. Legal framework

This policy has due regard to relevant legislation and statutory guidance, including:

- Children and Families Act 2014
- Children's Wellbeing and Schools Act 2026
- Equality Act 2010
- Human Medicines Regulations 2012, as amended
- Human Medicines (Amendment) Regulations 2017
- Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019, commonly referred to as Natasha's Law
- UK General Data Protection Regulation
- Data Protection Act 2018
- DfE statutory guidance on allergy safety in schools
- Department of Health guidance on the use of adrenaline auto-injectors in schools
- DfE statutory guidance on supporting pupils at school with medical conditions

This policy should be read alongside relevant federation policies and procedures, including:

- Supporting Pupils with Medical Conditions Policy
- Administration of Medication Policy
- Health and Safety Policy
- First Aid Policy
- Educational Visits Policy
- Behaviour Policy
- Anti-bullying Policy
- Safeguarding and Child Protection Policy
- Data Protection Policy
- Food and catering procedures
- Relevant individual healthcare plans and risk assessments

2. Definitions

For the purposes of this policy:

Allergy is an abnormal reaction by the immune system to a substance that would normally be harmless.

Allergen is a substance capable of causing an allergic reaction.

Common allergens include food, medication, insect stings, latex, animals, pollen and other environmental substances.

Allergic reaction is the body's response following exposure to an allergen. Reactions can range from mild to severe.

Symptoms may include:

- hives or an itchy rash
- flushing
- itching or tingling
- swelling of the lips, face or eyes
- tingling or itching in the mouth
- abdominal pain
- nausea or vomiting
- sudden changes in behaviour
- coughing or wheezing.

Anaphylaxis is a severe and potentially life-threatening allergic reaction involving problems with the airway, breathing and/or circulation.

Symptoms may include:

Airway

- swelling of the tongue
- throat tightness
- difficulty swallowing
- hoarse or changed voice

Breathing

- difficult or noisy breathing
- wheezing
- persistent coughing
- shortness of breath

Circulation

- dizziness
- becoming pale or floppy
- sudden sleepiness
- collapse
- loss of consciousness.

Skin symptoms may occur during anaphylaxis but may also be completely absent.

3. Roles and responsibilities

The Governing Board

The Governing Board is responsible for:

- ✓ ensuring an allergy safety policy is in place
- ✓ ensuring appropriate arrangements are made for children with allergies
- ✓ ensuring allergy safety risks are identified and appropriately managed
- ✓ ensuring staff receive appropriate allergy awareness and emergency response training
- ✓ ensuring appropriate arrangements are in place for individual healthcare plans
- ✓ ensuring the policy is readily available to parents, carers and staff
- ✓ ensuring the policy is published on the federation website
- ✓ monitoring the effectiveness of allergy safety arrangements
- ✓ reviewing this policy at least annually and following any significant incident or near miss.

Executive Headteacher and Allergy Safety Lead

Mrs Jenny Gascoigne, Executive Headteacher, is the named senior leader with overall responsibility for allergy safety across the federation.

The Allergy Safety Lead will:

- ✓ lead implementation of this policy
- ✓ promote a positive allergy-aware culture
- ✓ ensure appropriate systems are in place to identify children with allergies
- ✓ ensure individual healthcare plans are developed where required
- ✓ ensure allergy and anaphylaxis risks are appropriately assessed
- ✓ ensure staff receive annual allergy awareness and emergency response training
- ✓ ensure new staff receive appropriate information and training as part of induction
- ✓ ensure supply and temporary staff receive the information required to work safely
- ✓ ensure catering staff are informed about relevant allergies
- ✓ ensure emergency medication is readily accessible
- ✓ ensure spare adrenaline devices are appropriately stored, checked and replaced
- ✓ ensure serious allergy incidents and near misses are recorded, investigated and reviewed
- ✓ liaise with parents, healthcare professionals and other agencies as required
- ✓ report significant concerns or incidents to governors
- ✓ lead or contribute to the annual review of this policy.

Operational duties may be delegated to appropriately trained members of staff, but overall accountability remains with the Executive Headteacher.

All staff

All staff are responsible for:

- ✓ completing allergy awareness and emergency response training at least annually
- ✓ understanding this policy
- ✓ knowing how to obtain information about children with known allergies
- ✓ being familiar with relevant individual healthcare plans and Allergy Action Plans
- ✓ recognising signs of allergic reactions and anaphylaxis
- ✓ responding immediately to suspected anaphylaxis

- ✓ knowing where emergency medication is located
- ✓ taking reasonable steps to prevent children being exposed to known allergens
- ✓ ensuring children do not share food, drinks, utensils or food containers
- ✓ considering allergen exposure when planning activities
- ✓ reporting allergic reactions, incidents and near misses promptly
- ✓ maintaining confidentiality while ensuring safety-critical information is shared appropriately.

Catering staff and catering providers

Catering staff are responsible for:

- ✓ complying with food safety and allergen legislation
- ✓ maintaining accurate allergen information
- ✓ ensuring staff understand the 14 regulated food allergens
- ✓ having systems in place to identify children with dietary requirements
- ✓ checking ingredients and allergen information
- ✓ reducing the risk of cross-contamination
- ✓ responding appropriately where ingredients, suppliers or menus change
- ✓ reporting errors, near misses or concerns immediately
- ✓ working with school staff and families to support children with allergies.

Parents and carers

Parents and carers are responsible for:

- ✓ informing the setting of any known or suspected allergy
- ✓ providing accurate and up-to-date information
- ✓ informing the setting promptly when information changes
- ✓ providing copies of relevant medical documentation
- ✓ supplying prescribed medication in accordance with the federation's medication procedures
- ✓ ensuring prescribed medication remains in date
- ✓ providing an up-to-date Allergy Action Plan or other healthcare professional plan where one has been issued
- ✓ working with staff in developing and reviewing their child's individual healthcare plan
- ✓ discussing concerns with the setting promptly.

4. Identifying children and adults with allergies

The federation will take reasonable steps to identify children with allergies before they start at the setting.

Information may be gathered from:

- admission documentation
- parents and carers
- previous schools or early years settings
- healthcare professionals
- existing medical documentation
- Allergy Action Plans
- Asthma Action Plans.

Parents will be asked to update relevant medical information regularly and whenever a child's circumstances change.

A formal diagnosis will not be required before reasonable safety arrangements are considered where there is credible information that a child may be at risk.

The federation will maintain a secure record of children with known allergies.

Information recorded may include:

- name
- photograph
- class or group
- known allergens
- likely route of exposure
- nature and severity of previous reactions
- signs and symptoms
- emergency contacts
- prescribed medication
- type and dose of adrenaline device where relevant
- location of medication
- presence of an Allergy Action Plan
- presence of an Asthma Action Plan
- whether an individual healthcare plan is in place.

Where relevant, staff and visitors will also be encouraged to provide information about significant allergies that may require emergency arrangements while on site.

5. Individual Healthcare Plans

An Individual Healthcare Plan, or IHP, will normally be developed where a child's allergy:

- has a functional impact on them while attending the setting
- creates a risk of harm
- requires arrangements which are additional to, or different from, the arrangements ordinarily available to all children.

This includes children who:

- require prescribed emergency medication
- may require adrenaline
- need reasonable adjustments
- require individual measures to minimise allergen exposure
- have co-existing conditions which increase their risk.

The IHCP will be developed in partnership with parents and carers and, where appropriate, healthcare professionals.

It will include, where relevant:

- the child's photograph
- allergy and allergens
- signs and symptoms
- likely route of exposure
- preventative measures
- emergency action
- prescribed medication
- location of medication

- adrenaline device and dose
- emergency contacts
- arrangements for meals and snacks
- classroom or activity adjustments
- arrangements for educational visits
- arrangements relating to breakfast or after-school provision
- relevant Asthma or Allergy Action Plans.

Where a healthcare professional has provided an Allergy Action Plan or Asthma Action Plan, this will be attached to or clearly referenced within the IHP.

When an updated professional Action Plan is received, the IHP will be reviewed and amended as necessary.

IHCPs will be reviewed at least annually and sooner when:

- the child's condition changes
- medication changes
- a new Action Plan is received
- there has been an allergic reaction
- there has been a significant near miss
- parents, staff or healthcare professionals request a review.

6. Information sharing and confidentiality

Information about a child's allergy will be shared with those members of staff who need the information to keep the child safe and provide appropriate support.

This may include:

- teaching staff
- support staff
- lunchtime staff
- catering staff
- breakfast and after-school club staff
- supply and temporary staff
- staff accompanying educational visits
- relevant first aiders
- senior leaders.

Information about a child's allergy will be shared with staff who need this information in order to keep the child safe and provide appropriate support. Information will be handled in accordance with the school's Data Protection Policy and UK GDPR and will only be shared where necessary and proportionately.

At the **start of each term**, the catering team will be provided with an up-to-date list of children with known allergies, including photographs to support accurate identification. This information will be updated and shared with the catering team **whenever the school is informed of a new allergy or a significant change to an existing allergy**.

Each classroom and nursery room will have an up-to-date **allergy list with photographs** so that all staff working with children can readily identify children with known allergies and understand the allergens relevant to them. These lists are confidential and must only be accessed by staff who require the information to safeguard children.

At **Wrockwardine Wood Infant School and Nursery**, the allergy information will be kept on a **green-covered clipboard underneath the teacher's computer desk in each classroom**.

At **Oakengates Nursery School**, allergy information will be readily available in the **main nursery kitchen and baby room kitchen**, as well as being available to staff working directly with the children.

Where a child has an **Individual Healthcare Plan (IHCP)**, this will be shared with all staff who work with or have responsibility for that child. Relevant staff will be required to **read the IHCP and sign to confirm that they have read and understood the arrangements**, including the child's allergens, signs and symptoms, preventative measures and emergency response.

Current IHCPs will be stored securely in the **allergy folder within the first-aid cupboard in the administration office**. Staff who need access to an IHCP in order to support a child will know where it is stored and how to access it promptly.

Children's health information is **special category personal data** under UK GDPR and will be managed in accordance with the federation's Data Protection Policy.
Information will be:

- accurate and kept up to date
- shared only where necessary and proportionate
- stored securely
- accessible to staff who need it in an emergency
- handled sensitively and respectfully.

Where photographs or allergy information are displayed in food preparation or staff areas for safety reasons, these will be positioned in areas intended for staff access rather than unnecessary public display.

Safety-critical information will not be withheld from appropriate staff where sharing is necessary to protect a child.

7. Minimising exposure to allergens
The federation will take reasonable steps to reduce the risk of individuals coming into contact with known allergens.

Controls will reflect the nature of the allergen and individual level of risk.
We do not describe either setting as completely "allergen free" because it is not possible to guarantee that an allergen will never enter the environment.
Instead, we promote an **allergy-aware culture**.

Food brought into the setting
Children will be taught not to share or swap:

- food
- drinks
- utensils
- cups or bottles
- food containers.

Parents will be informed where arrangements are needed because of a significant allergy.
Where food is brought into the setting for celebrations or activities, staff will consider the needs of children with allergies before it is distributed.
Unlabelled or home-produced food may present additional risks because complete allergen information may not be available.
Staff will not give a child food where they cannot be sufficiently confident that it is safe for that child.

Environmental and contact allergens
Where a child has a known allergy to an environmental or contact allergen, reasonable measures will be identified through the child's IHP or risk assessment.

This may include allergies to:
- pollen
- dust
- animals
- latex
- insect stings
- substances or materials.

8. Curriculum and activities
Allergy safety will be considered when planning activities involving food or other potential allergens.

This includes:
- cooking
- baking
- messy play
- craft activities
- sensory play
- science activities
- gardening
- celebrations
- cultural activities
- activities involving animals.

Staff should check relevant ingredients or materials in advance.
Suitable alternative materials or approaches will be considered where necessary so that children with allergies are able to participate safely and are not unnecessarily excluded.

Reasonable adjustments will be made wherever required.

9. Food allergy and catering
The federation and its catering provider will maintain effective systems to identify children with food allergies and dietary requirements.
Where appropriate, more than one method of identification will be used.

This may include:
- allergy records
- children's photographs
- information held by catering staff
- staff identification at the point of service.

Catering arrangements will ensure that:

- allergen information is available
- ingredients are checked
- changes to products and suppliers are considered
- suitable meals are identified
- risks of cross-contamination are minimised
- catering staff are aware of children with allergies.

Children with food allergies will not routinely be segregated from their peers.
Any seating or supervision adjustment will only be made where it is proportionate to an individual child's risk and wellbeing.

10. Food allergen information and labelling

The federation and catering provider will comply with relevant food allergen legislation.
Where food is pre-packed for direct sale, applicable requirements under Natasha's Law will be followed.

The 14 regulated allergens are:

- cereals containing gluten
- crustaceans
- eggs
- fish
- peanuts
- soybeans
- milk
- nuts
- celery
- mustard
- sesame
- sulphur dioxide and sulphites above the regulated threshold
- lupin
- molluscs.

Where required, ingredients lists will clearly emphasise allergens.
Food must not be described as "free from" an allergen unless those responsible for providing it can reasonably ensure that this description is accurate.
Catering staff will maintain appropriate allergen traceability and food safety arrangements.
Any allergen-related food safety incident or near miss will be recorded and investigated.

11. Prescribed adrenaline devices

Children who have been prescribed adrenaline devices must have rapid access to their medication.

Adrenaline should be capable of reaching the child promptly in an emergency, including when they are:

- in the classroom
- eating lunch
- outside
- using the playground
- participating in PE or outdoor activities
- attending breakfast or after-school provision
- taking part in educational visits.

For children within our EYFS and infant-age settings, prescribed devices will normally be held by responsible adults rather than carried independently by the child.

Prescribed devices will be:

- clearly identified
- readily accessible
- not locked away where this would delay access
- stored in accordance with manufacturer instructions
- protected from extremes of temperature
- taken with the child when they leave the setting for an educational visit or activity where required.
-

The child's IHCP will state:

- what device has been prescribed
- the dose
- where it is normally stored
- arrangements for taking it on trips
- arrangements for the device to remain at school or travel between school and home, where appropriate.

Parents remain responsible for ensuring prescribed medication supplied to the setting is within its expiry date.

The setting will also operate checking arrangements so that approaching expiry dates can be identified and parents reminded where appropriate.

A record will be maintained of children who:

- have prescribed adrenaline devices
- have an Allergy Action Plan
- have an IHCP relating to allergy.

12. Spare adrenaline auto-injectors

The federation maintains spare adrenaline auto-injectors for emergency use.

Current stock includes appropriate paediatric doses, including:

- **150 microgram devices**
- **300 microgram devices**

The precise quantity, brand, expiry date and location of each device will be recorded on the federation's emergency medication register.
Spare devices are additional emergency provision and do not replace individually prescribed medication.

Storage

Spare adrenaline devices will:

- be readily accessible
- not be locked away
- be clearly identified as emergency/spare devices
- be stored in pairs
- be stored according to manufacturer instructions

- be located so that adrenaline can be taken to a person experiencing anaphylaxis within five minutes.

Because the federation operates across more than one setting, each site will maintain appropriate access to spare adrenaline devices according to the age and needs of children on that site.

Wrockwardine Wood Infant School and Nursery Emergency anaphylaxis kit location:	FIRST AID CUPBOARD IN THE ADMIN OFFICE – TOP SHELF LEFT HAND SIDE
Oakengates Nursery School Emergency anaphylaxis kit location:	TOP SHELF OF THE TAMBOR UNIT IN THE ADMIN OFFICE

Checking emergency kits
Emergency anaphylaxis kits will be checked at least termly and additionally as required.

Checks will include:

- correct devices are present
- devices are in date
- devices have not been damaged
- packaging is intact
- instructions remain available
- any emergency salbutamol inhaler and spacer held by the setting remain in date
- stock has been replaced following use.

Mrs Sara Griffiths is the named staff member who will undertake routine checks under the oversight of the Allergy Safety Lead.

Disposal
Expired or used adrenaline devices will be disposed of safely in accordance with manufacturer and pharmaceutical guidance.
Used devices may be handed directly to ambulance staff following an emergency.

13. Use of spare adrenaline devices

A spare adrenaline device may be used where anaphylaxis is suspected and:

- the child's own prescribed device is unavailable
- the child's device is damaged or cannot be used
- another dose is required
- an individual without a previously prescribed device experiences suspected anaphylaxis.

The federation will seek advance parental consent for use of spare adrenaline where a child is known to be at risk.

Advance consent will normally be recorded within the child's IHCP or associated documentation.

However, **lack of prior parental consent must not delay reasonable emergency action where anaphylaxis is suspected, and the administration of adrenaline is necessary to save life.**
Staff should not delay emergency treatment while attempting to locate consent documentation.

14. Staff training

All staff present during times when children are attending either setting will receive allergy awareness and emergency response training at least annually.

This includes, where applicable:

- teachers
- nursery practitioners
- teaching assistants
- administrative staff
- lunchtime staff
- senior leaders
- catering staff
- breakfast and after-school club staff
- regular volunteers
- peripatetic staff
- temporary staff
- supply staff
- agency staff with pupil-facing responsibilities.

Training will include:

- what allergies are
- how allergic reactions occur
- the difference between food allergy, intolerance and coeliac disease
- common allergens
- signs and symptoms of allergic reactions
- recognition of anaphylaxis
- the ABC approach: Airway, Breathing and Circulation
- when adrenaline should be administered
- how to access emergency medication
- how to use the types of adrenaline device available within the setting
- how to contact emergency services
- responsibilities for informing parents
- the relationship between asthma and severe allergic reaction
- individual healthcare plans
- Allergy and Asthma Action Plans
- reducing exposure to allergens
- recording incidents and near misses
- the emotional and social impact of allergies
- the requirements of this policy.

New staff will receive appropriate information and training as part of induction.

Supply, agency, temporary and cover staff will receive relevant information about:

- children with significant allergies
- emergency procedures
- locations of emergency medication.

Where a gap in training is identified, a risk assessment will be undertaken and additional controls implemented until the gap has been addressed.

15. Mild to moderate allergic reactions

Possible mild to moderate symptoms include:

- swollen lips, face or eyes
- itchy or tingling mouth
- hives or itchy rash
- abdominal pain
- vomiting
- sudden change in behaviour.

Where a child displays mild to moderate symptoms:

1. A member of staff will stay with the child.
2. The child's IHCP or Allergy Action Plan will be followed.
3. Appropriate medication will be administered where authorised.
4. The child will be closely monitored.
5. Parents or carers will be contacted.
6. Staff will watch carefully for any progression towards anaphylaxis.

Children who have experienced a reaction will be monitored for an appropriate period in accordance with their individual plan and professional advice.
If symptoms progress or anaphylaxis is suspected, staff will immediately follow the emergency anaphylaxis procedure.

16. Managing anaphylaxis

Anaphylaxis should be considered where there are sudden problems with:

A – Airway
B – Breathing
C – Circulation

One or more ABC symptoms is sufficient to suspect anaphylaxis.
Where a child with both asthma and food allergy develops sudden breathing difficulty following possible allergen exposure, staff should consider anaphylaxis and administer adrenaline promptly rather than assuming symptoms are caused only by asthma.

Emergency procedure

If anaphylaxis is suspected:

1. **Give adrenaline immediately. Do not delay.**
2. Lay the child flat with their legs raised where possible.
3. If breathing is difficult, allow the child to sit up gently, but do not allow them to stand or walk around.
4. Call **999** and state clearly: **"ANAPHYLAXIS."**
5. Provide the location and access instructions.
6. Stay with the child.
7. Contact the child's parents or carers.
8. If symptoms do not improve, or symptoms return, administer a second dose of adrenaline after **five minutes**, using a second device.
9. Begin CPR if the child becomes unresponsive and is not breathing normally.
10. Continue to monitor the child until emergency services arrive.

Staff should not make the child stand or walk, even if they appear to be improving.

All children who have received adrenaline for suspected anaphylaxis require emergency medical assessment.

A member of staff will accompany the child to hospital if their parent or carer has not arrived, with appropriate staffing and safeguarding arrangements put in place for the remainder of the setting.

The following information will be provided to emergency services:

- child's name and date of birth
- known allergies
- possible trigger
- symptoms observed
- medication administered
- time adrenaline was administered
- time of any second dose
- relevant medical information.

Used devices should accompany the child or be handed directly to ambulance personnel.

17. Educational visits and off-site activities

Children with allergies will be supported to participate fully in educational visits wherever reasonably possible.
Allergy must not in itself be used as a reason to exclude a child.

When planning a visit, staff will consider:

- identified allergens
- food arrangements
- venue information
- access to emergency medication
- travel arrangements
- staff competence and training
- emergency medical access
- communication with parents
- appropriate reasonable adjustments.

A specific risk assessment will be undertaken for a child at risk of anaphylaxis where required.
A child prescribed adrenaline will have access to their own prescribed devices throughout the visit.
Appropriately trained staff will accompany the child.
The setting will consider whether spare adrenaline devices should also accompany the group.
Where a venue cannot provide food that can reasonably be confirmed as suitable, alternative safe food arrangements will be made.

18. Wellbeing and inclusion

The federation recognises that living with an allergy can have a significant impact on a child's:

- wellbeing
- confidence
- sense of safety
- participation
- relationships
- experience of mealtimes and social events.

Children may experience anxiety about accidental exposure or anaphylaxis.

Staff will:

- reassure children that appropriate safety measures are in place
- encourage children to talk about worries or concerns
- avoid unnecessary restriction or exclusion
- make reasonable adjustments
- work with families to support participation
- promote age-appropriate understanding amongst peers where appropriate.

Children will not be teased, bullied, isolated or deliberately exposed to allergens because of an allergy, dietary need or medication.

Any such behaviour will be addressed promptly in accordance with the Behaviour and Anti-bullying Policies.

Information shared with other children will be age appropriate, proportionate and discussed with parents where individual medical information may be identifiable.

19. Serious incidents and near misses

All allergy-related incidents and significant near misses will be recorded.

This includes:

- allergic reactions
- suspected anaphylaxis
- administration of adrenaline
- accidental exposure to a known allergen
- incorrect food being provided
- failures in allergen information or labelling
- emergency medication not being available when required
- incorrect storage of emergency medication
- occasions where normal safety procedures were not followed.

The incident record should include:

- date and time
- person affected
- location
- suspected allergen or cause
- circumstances of exposure
- symptoms
- action taken
- medication administered
- staff involved
- whether emergency services were contacted
- communication with parents
- immediate learning identified.

Parents and carers should also inform the setting if they believe a child has experienced an allergic reaction arising from an exposure at school or nursery that only became apparent after the child returned home.

Following a serious incident or significant near miss, the Allergy Safety Lead will review:

- the child's IHP
- relevant risk assessments
- emergency response

- staff training
- supervision
- catering arrangements
- medication arrangements
- communication systems
- this policy where appropriate.

Actions and lessons learned will be documented and implemented.
Serious concerns will be shared with the Governing Board and other relevant agencies where required.

20. Raising awareness of allergy safety

This policy will be:

- published on the federation website
- available to parents and carers
- available in hard copy on request
- communicated to staff
- included within annual staff allergy awareness training.

Children will be supported to develop age-appropriate awareness of allergy safety.

This may include teaching children:

- not to share food
- to wash their hands appropriately
- to tell an adult if they or a friend feel unwell
- to be kind and inclusive towards children with allergies.

For our younger children, responsibility for emergency recognition and response remains firmly with adults.
Pupil awareness is not a substitute for staff training or adult supervision.

21. Monitoring and review

This policy will be reviewed at least annually by the Executive Headteacher/Allergy Safety Lead and the Governing Board.

It will also be reviewed sooner following:

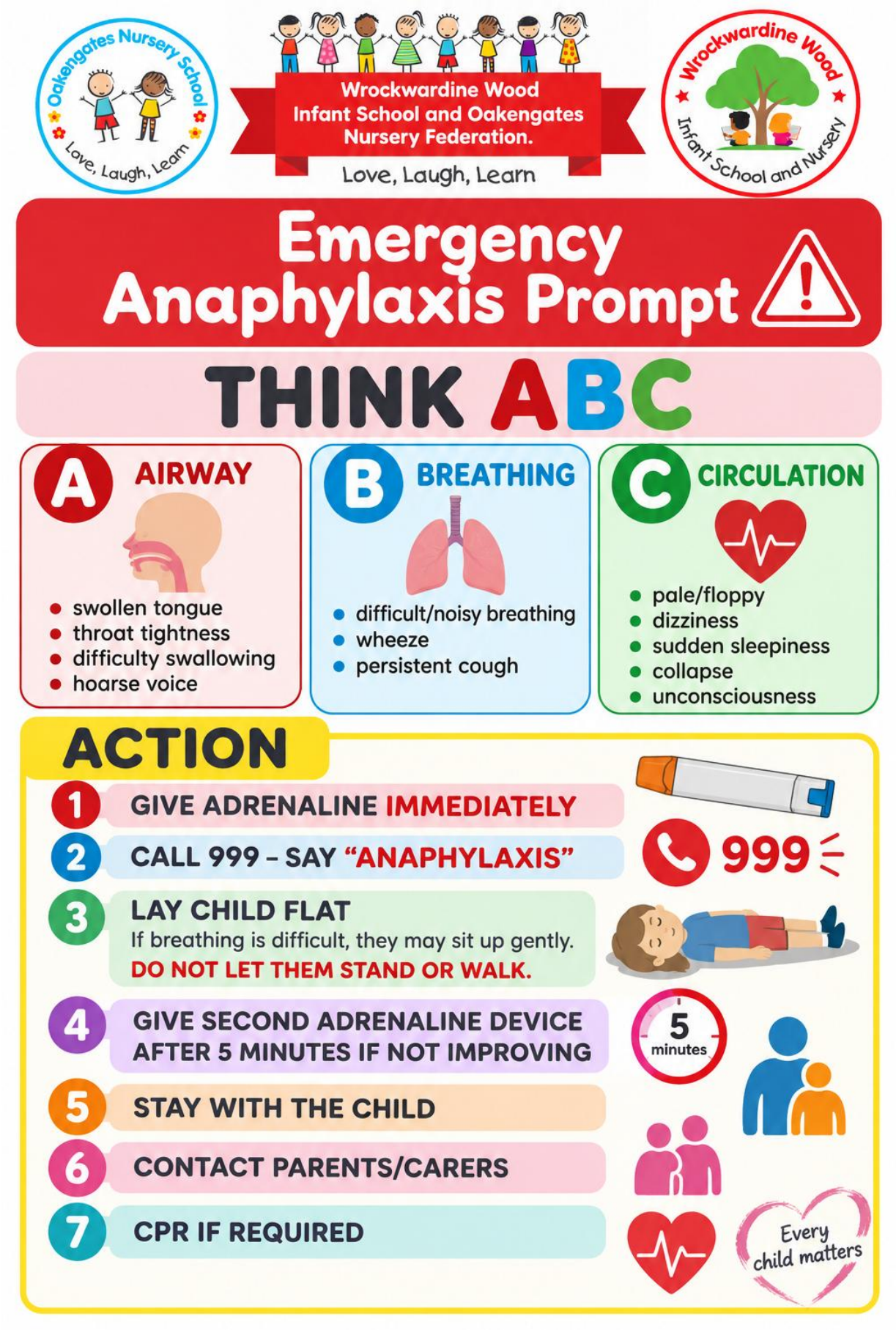
- a serious allergic reaction
- administration of adrenaline
- a significant near miss
- changes to statutory guidance
- changes in legislation
- significant changes to federation arrangements.

The review will consider:

- allergy-related incidents
- near misses
- staff training
- emergency medication arrangements
- catering arrangements
- feedback from children and families where appropriate
- lessons arising from individual healthcare plan reviews.

The next scheduled review is **September 2027**.

Appendix 1 – Emergency Anaphylaxis Prompt



Appendix 2 – Federation Emergency Medication Arrangements

Setting	Emergency kit location	150 microgram devices	300 microgram devices	Person responsible for checks
Wrockwardine Wood Infant School and Nursery	FIRST AID CUPBOARD IN THE ADMIN OFFICE – TOP SHELF LEFT HAND SIDE	2 DEVICES	2 DEVICES	Mrs Sara Griffiths
Oakengates Nursery School	TOP SHELF OF THE TAMBOR UNIT IN THE ADMIN OFFICE	2 DEVICES	N/A as for children aged 6 and over.	

Checks will be recorded at least termly and after any emergency use.

The Allergy Safety Lead retains overall responsibility for ensuring appropriate arrangements are in place across both settings.

Appendix 3 – Individual Healthcare Plan – Allergy
An electronic copy can be found here: Wrockwardine Wood Infant School & Nursery - Useful Forms

Individual Healthcare Plan for Allergy	
	Current photo
Name	
Date of birth	
Class	
Emergency contact 1	
Name:	
Relationship to Child:	
Telephone Number:	
Emergency contact 2	
Name:	
Relationship to Child:	
Telephone Number:	
Allergy	
What allergy or allergies does your child have?	
What are your child's known allergens/triggers? *Please list anything known to cause an allergic reaction, for example particular foods, medicines, insect stings, latex or other substances.*	
What signs or symptoms does your child experience when they have an allergic reaction?	

Is your child able to recognise when they are having an allergic reaction and tell an adult that they need help?	☐Yes ☐No ☐Sometimes
Please provide any further information that would help staff recognise when your child may be having an allergic reaction:	
How is the allergy managed?	
Does your child have an Allergy Action Plan or other care plan provided by a healthcare professional?	☐ Yes – please provide a current copy ☐ No
Has your child been prescribed medication for their allergy?	☐ Yes ☐ No
Has your child been prescribed an adrenaline auto-injector (AAI), such as an EpiPen or Jext?	☐ Yes ☐ No
If yes, please provide details:	
What practical measures are normally taken to help your child avoid their allergen(s)? *For example, avoiding particular foods, checking ingredients or labels, preventing cross-contact, or avoiding particular substances or situations.*	
How much responsibility is your child currently able to take for managing their allergy? *For example, can they recognise foods or substances they must avoid, ask an adult before eating something, recognise symptoms or know when to ask for help?*	

Impact on Education:	
What could happen if your child's allergy is not managed appropriately? *Please include the potential severity of an allergic reaction.*	
Does your child's allergy affect their learning, attendance or ability to take part in school/nursery activities?	☐ No ☐ Yes
If yes, please give details:	
Does your child's allergy affect their emotional wellbeing? *For example, do they experience worry or anxiety about food, eating, having an allergic reaction or joining in with activities?*	☐ No ☐ Yes
If yes, please give details:	
Does your child have any special educational needs or additional needs that may affect their ability to understand, communicate or manage their allergy?	☐ No ☐ Yes
If yes, please give details:	
Arrangements for support *To be agreed with parents/carers and completed by* ***school/nursery***	
What specific support or adaptations will be put in place for this child?	
How will we reduce the risk of the child coming into contact with their known allergen(s)?	

ngements are required at meal t times? *arrangements relating to food , checking ingredients, avoiding cross- ervision or other necessary precautions.*	
Are any arrangements required to support the child's learning following allergy-related absence or missed learning?	☐ No ☐ Yes
If yes, details of support:	
Visits and trips:	
Are any additional arrangements required to enable the child to participate safely in educational visits, trips, sporting activities, clubs or activities outside the normal timetable?	☐ No ☐ Yes
If yes, please give details:	
Is an individual risk assessment required for visits or particular activities?	☐ No ☐ Yes
If yes, the risk assessment should consider, where relevant: ✓ *access to the child's medication;* ✓ *food, snacks and meal arrangements;* ✓ *potential exposure to known allergens;* ✓ *travel arrangements;* ✓ *staff awareness and supervision;* ✓ *access to emergency medical assistance; and* ✓ *any other child-specific arrangements.*	

Emergency response	
Does the child have an Allergy Action Plan issued by a healthcare professional? ***If an Allergy Action Plan is in place, staff must follow the emergency instructions contained within the plan.***	☐ Yes – a current copy is attached to this IHCP ☐ No
What signs or symptoms may indicate that the child is experiencing a serious allergic reaction?	
What action should staff take in an emergency?	
Emergency medication	
Medication prescribed:	
Where the child's emergency medication is kept:	
Location of the school/nursery's spare adrenaline auto-injector(s), where applicable:	
IHCP discussed and created with parents:	**Date**
Issued by:	**Date:**
Next planned review:	**Date:**
Staff who need to be aware of this plan:	

	Individual Healthcare Plan for Allergy **Annex A: Medication needed while in School/Nursery**
Name:	
Date of Birth:	
Class:	
Non-prescription medication	
Does your child require any non-prescription medication to manage their allergy while at school/nursery? *For example, an oral antihistamine.* **☐ No ☐ Yes**	
If yes, please provide the following information:	
Name of medication:	
Dose:	
When should the medication be given? *Please include the symptoms or circumstances that would indicate that the medication is required.*	
Is this emergency medication? *☐ Yes ☐ No*	
Where should the medication be stored in school/nursery?	
How quickly does your child need access to this medication?	
Parental consent:	
Do you give consent for school/nursery staff to administer this medication to your child in accordance with this Individual Healthcare Plan and any associated Allergy Action Plan? ☐ Yes ☐ No	**Parent Name:** **Parent/Carer Signature** **Date:**

Parental consent: Use of "spare" adrenaline devices:	
If your child is at risk of anaphylaxis, do you give consent for the school/nursery's spare adrenaline auto-injector to be administered to your child in an emergency, where appropriate and in accordance with their Individual Healthcare Plan/Allergy Action Plan? ☐ Yes ☐ No ☐ Not applicable	**Parent Name:** **Parent/Carer Signature** **Date**:

Individual Healthcare Plan for Allergy Annex B: Care or Action Plans issued by healthcare professionals	
Name:	
Action and Care Plans in Place *Please tick to all that apply and attach any Action Plan to the IHCP for use in an emergency.*	
Allergy Action Plan	
Asthma Action Plan	
Other Care Plan *Please name:*	
Plan/s Issued by:	
Role/Service	
Date issued	
Review Date *if applicable*	

Prescription medication	
Has your child been prescribed any medication by a healthcare professional to manage their allergy? *For example, an adrenaline auto-injector (AAI), such as an EpiPen or Jext, or prescribed antihistamine.* ☐ No ☐ Yes	
If yes, please provide the following information:	
Name of medication:	
Dose and Strength:	
When should the medication be given? *Please include the symptoms or circumstances that would indicate that the medication is required.*	
How should the medication be given?	
Is this emergency medication? ☐ Yes ☐ No	
Where should the medication be stored in school/nursery?	
How quickly does your child need access to this medication?	
Prescribed by and Date	
Parental consent to administer prescribed medicine:	
Do you give consent for school/nursery staff to administer this prescribed allergy medication in accordance with this Individual Healthcare Plan and any associated Allergy Action Plan? ☐ Yes ☐ No	**Parent Name:** **Parent/Carer Signature** **Date**: