

WOODLANDS PRIMARY SCHOOL, HEDGEHOGS NURSERY & SUNBEAMS CLUB



ALLERGY SAFETY POLICY

Reviewed Date: September 2026

To be reviewed: September 2027

Purpose and principles

Woodlands Primary School, Hedgehogs Nursery and Sunbeams Club (the school) strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents, volunteers, and pupils, with the intention of minimising the risk of allergic reaction/anaphylaxis occurring whilst at school. School are committed to ensuring that children with allergies and related medical or dietary conditions are safe, included and able to participate fully in school life. In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children. The school will take reasonable steps to identify and reduce known risks, while maintaining robust emergency arrangements because allergic reactions can occur unexpectedly, including in children (or adults) with no previous diagnosis.

This policy is written to align with the Department for Education statutory guidance Allergy safety in schools (July 2026), the accompanying government allergy safety policy template, section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026, the Statutory Framework for the Early Years Foundation Stage, and relevant food-information, equality, safeguarding and health-and-safety duties.

The school is an allergy-aware environment. It does not claim to be completely allergen-free however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies. A blanket 'nut-free' label is not used as a substitute for individual risk management, clear allergen information, good hygiene, safe food handling and effective emergency response.

Scope and definitions

Allergy: An immune-system reaction to a normally harmless substance such as food, an insect sting, a contact allergen or an airborne allergen. For signs and symptoms, please see Annex A.

Anaphylaxis: A potentially life-threatening allergic reaction affecting Airway, Breathing and/or Circulation (ABC). It requires immediate adrenaline and an emergency response. For signs and symptoms, please see Annex A.

Asthma: A long-term lung condition that may be allergic in nature and can overlap with anaphylaxis. A reliever inhaler must never be used instead of adrenaline to treat anaphylaxis.

Coeliac disease: An autoimmune condition requiring strict avoidance of gluten. It is not an allergy and does not itself cause anaphylaxis, but is managed through the school's wider medical and dietary arrangements.

Food intolerance: A non-immune reaction to food which does not cause anaphylaxis. It is managed through the school's wider medical and dietary arrangements.

Adrenaline device (AD): A prescribed or school-held emergency adrenaline device. At present, school "spare" devices are adrenaline auto-injectors (AAIs).

Leadership, governance and review

The Governing Body is accountable for ensuring that an allergy safety policy is in place, published, implemented, reviewed at least annually and considered after any serious incident or near miss. The Headteacher (and in their absence the Deputy Headteacher) is the named senior leader with responsibility for allergy safety, implementation, training, monitoring and policy review. Operational tasks may be delegated, but accountability remains with senior leadership.

Allergy-related risks will be included within the school risk-management framework and escalated to governors where appropriate.

The policy will be published on the school website and made available in hard copy on request. At least annually, the school will take active steps to bring the policy and its key expectations to the attention of all pupils, parents/carers and all persons working at the school, whether paid or unpaid. Allergy safety will also form part of staff induction and annual allergy-awareness training.

For specific roles and responsibilities, see Annex B.

Identification and information gathering

The school will actively seek accurate, current information about children's health and wellbeing (be that in September at the start of the school year, at the start of each term in pre-school and nursery children) or upon successful in-year transition. This includes allergies, anaphylaxis risk, asthma, eczema, coeliac disease, food intolerance, dietary requirements, medication, other medical conditions and any relevant clinical advice.

Parents/carers will digitally complete the school health and wellbeing information form on admission, when requested as part of an annual review, or in the event of a near miss, and must notify the school promptly of any new diagnosis, change in symptoms, treatment, medication, dose, expiry date or emergency plan.

A central health/medical register will identify pupils with allergies and relevant conditions, whether they have an Individual Healthcare Plan (IHP/HCP), Allergy Action Plan and/or Asthma Action Plan, and where emergency medication is held and whether they have had a near miss for auditing purposes.

Information will be shared with staff on a need-to-know basis so that pupils can be kept safe and included. Health information is special category data and will be handled proportionately, securely and respectfully.

Where a condition is suspected or under investigation, the school will not assume that the absence of a formal diagnosis means that no risk exists. Interim reasonable arrangements, supported by health care providers, will be agreed where necessary.

Staff will be encouraged to notify the Headteacher/School Business Manager confidentially of any allergy or medical condition that may require workplace adjustments or emergency support and, where appropriate, the location of their emergency medication. Visitors undertaking activities where allergy information may be relevant will be encouraged to make the school aware of significant allergy risks. Appropriate information will be shared only where necessary for safety and emergency response.

Individual Healthcare Plans and clinical plans

An Individual Healthcare Plan will be considered where a pupil's allergy or medical condition has a functional impact in school or places them at risk of harm and, as a result, requires arrangements additional to or different from those ordinarily available. The Headteacher will determine whether an IHP is required in consultation with parents and, where appropriate, relevant healthcare professionals.

IHPs will be personalised and will record the child's condition, triggers, symptoms, preventive arrangements, reasonable adjustments, medication, storage and access arrangements, emergency response, trip arrangements, relevant contacts and review arrangements.

Any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional will be attached to and clearly referenced in the IHP. Updated clinical plans will trigger review of the IHP.

The school will generate a standardised IHP template from verified parent information; the named class/setting staff member will check the plan for accuracy before it is shared with parents for confirmation/signature.

Parents remain responsible for providing current medical information and prescribed medication in the original labelled container, ensuring it is in date, and supplying updated action plans or clinical documentation when available. The school remains responsible for the arrangements it must make during the school day and will not make a child's safety dependent on a parent attending school to provide routine medical support.

Parent/carer partnership and responsibilities

Effective allergy and medical safety depends on a genuine partnership and understanding between home, school and healthcare professionals. Parents/carers are expected to:

- provide complete and accurate information about allergies, asthma, intolerances, coeliac disease, other health conditions and dietary requirements;
- notify the school immediately of changes to diagnosis, symptoms, medication, dosage, treatment or clinical advice;
- ensure prescribed medication and emergency devices are supplied as agreed, correctly labelled, in date and replaced before expiry or after use;
- provide or seek updated Allergy/Asthma Action Plans and other clinical documentation where this is available;
- ensure children take prescribed medication before school where clinically required and support age-appropriate self-management, including teaching children not to share food and to seek adult help promptly if they feel unwell;
- check information sent by school, including menus and allergen symbols, and raise questions promptly where a child has a dietary or medical need;
- work constructively with school if information is incomplete, contradictory or requires clarification.

Staff responsibilities and training

All staff present during times when pupils are scheduled to be on site, including permanent, temporary, supply, agency, peripatetic, catering, wraparound and regular volunteer staff, will receive allergy awareness and emergency response training at least annually. New staff will receive appropriate induction, and cover/supply staff will be informed of children in their classes with allergies and locations of emergency medication.

Training will cover allergy, asthma, eczema and related conditions; the distinction between allergy, coeliac disease and intolerance; recognition of mild/moderate reactions and anaphylaxis; location and use of emergency medication; calling 999; use of Allergy/Asthma Action Plans; risk reduction; wellbeing; and incident/near-miss reporting.

First-aid training alone is not treated as a substitute for allergy-awareness and emergency-response training.

Staff must know how to access the current medical information for children in their care and must check relevant plans before trips, food activities, cooking, science, craft, animal contact or other activities that could involve allergens.

Staff must not send a child experiencing a possible allergic emergency to another location. Help and emergency medication must be brought to the child.

Minimising exposure to allergens

The school will take reasonable, proportionate steps to minimise exposure to known allergens while avoiding unnecessary exclusion or segregation.

Food and drink containers for children with allergies will be clearly identifiable, labelled by parents. Food sharing, swapping of utensils and trading of food will be actively discouraged by staff and should also be taught by parents and carers.

Allergen risks will be considered when planning classroom activities, cooking, craft, science, music, sensory play, animal encounters and special events. Alternative materials will be used where needed.

Old food packaging, play dough/flour, some glues, bird feed and other materials that may contain allergens will be considered during activity risk assessment.

Where airborne or contact allergens are relevant, reasonable adjustments will be made in line with the child's individual plan.

Children with allergies will not routinely be segregated from peers at mealtimes. Safety and inclusion will be balanced through reliable identification and service controls.

Where relevant to individual pupils, the school will also consider environmental factors including pollen, animal allergens, mould, ventilation and air quality as potential triggers for allergy or asthma and will make reasonable adjustments where required.

Food provision, menus and dietary information

Catering arrangements will comply with relevant food-information and allergen-labelling law. The catering team will maintain current allergen information, control cross-contamination and communicate ingredient/substitution changes promptly.

Menus will use a clear symbol/key system to identify dietary and allergen-related information, including the school's agreed categories such as halal, wheat/gluten-related requirements and other relevant dietary needs. Parents will be given the key and reminded that they must check menus in light of their child's individual needs before their child orders lunch (preferably with the child, so as to support educating the child on their condition).

Menu symbols are an additional communication aid and do not replace statutory allergen information or ingredient labelling. Information concerning the 14 regulated allergens will remain clear, accurate and readily accessible to pupils and parents/carers.

Food brought into school for birthdays, celebrations, fundraising or special events must not be distributed without staff oversight; where a child has a relevant allergy, their safety and inclusion will be considered in advance and an appropriate alternative arranged where necessary.

The school will maintain at least two robust methods of identifying pupils with known food allergy/hypersensitivity at mealtimes. Current Woodlands arrangements include the central dietary/medical record and visual identification measures used by the catering team, with individual dignity considered.

Kitchen staff will have access to current information about pupils with allergies and dietary requirements and will follow safe preparation, cleaning, utensil and cross-contamination controls.

Food brought from home or used in the curriculum must be considered within allergy risk management. Unlabelled food presents a higher risk and should not be used for a child with allergy unless safety has been established.

If suitable food cannot safely be provided, the school will work with parents to agree an inclusive alternative, including a suitable packed meal where appropriate.

Early Years Foundation Stage - safer eating, feeding and allergy management

The school recognises that babies and young children within the Early Years Foundation Stage require additional safeguards in relation to feeding, weaning, choking, food allergy and supervision. All Early Years practice will comply with the current Statutory Framework for the Early Years Foundation Stage and associated statutory nutrition and safer-eating guidance.

Before a child is admitted to any Early Years provision, the setting will obtain information from parents/carers about the child's special dietary requirements, food preferences, allergies, intolerances and any other special health requirements. This information will be kept under review and shared with all staff involved in preparing, handling or serving food to that child.

At every meal and snack time, staff will be clear about which adult is responsible for checking that each child receives food and drink which meets their individual dietary, allergy, intolerance, cultural and developmental requirements.

Where a child has a known allergy or intolerance, staff will maintain ongoing communication with parents/carers and, where appropriate, healthcare professionals. An appropriate Allergy Action Plan and/or Individual Healthcare Plan will be developed and kept current. Staff will understand that children may develop allergies at any time, including during the introduction of solid foods.

For babies and children being introduced to solid foods, staff will maintain ongoing discussions with parents/carers about the child's current stage of weaning/complementary feeding, including the textures and foods with which the child is already familiar. Assumptions will not be made solely on the basis of the child's age. Food will be prepared and offered in a form appropriate to the child's individual development and in partnership with parents/carers.

Food will be prepared and served in ways which minimise the risk of choking. Staff will follow current DfE/NHS safer-eating guidance concerning the preparation, size, shape and texture of foods provided to babies and young children.

Babies and young children will be seated safely in an appropriate highchair or appropriately sized low chair whilst eating. Where practicable, eating will take place in a designated area in which unnecessary distractions are minimised.

Children will always remain within sight and hearing of a member of staff whilst eating. Staff will recognise that choking can be silent. Wherever practicable, adults will position themselves so that they can observe children's faces while they eat, monitor safe eating, prevent inappropriate food sharing and identify promptly any choking episode or unexpected allergic reaction.

Whilst Early Years children are eating, there will always be a member of staff in the room who holds a valid full paediatric first aid certificate meeting the EYFS requirements.

Any choking incident requiring adult intervention will be recorded. Parents/carers will be informed, and records will be reviewed periodically to identify trends, recurring foods, preparation methods or other factors requiring action.

All staff who prepare or handle food will be competent to do so and will receive appropriate food-hygiene training. Suitable hygienic preparation facilities, including appropriate facilities for preparing and sterilising babies' feeding equipment where required, will be maintained.

Meals, snacks and drinks provided to EYFS children will be healthy, balanced and nutritious and the setting will have regard to the current Early Years Foundation Stage nutrition guidance. Fresh drinking water will always be available and accessible.

Prescribed adrenaline and asthma medication

Pupils prescribed adrenaline should have access to both prescribed devices at all times. Parents and pupils will also be reminded that prescribed adrenaline devices should accompany the pupil while travelling to and from school. The school will encourage age-appropriate self-carrying where suitable; otherwise devices will be stored in an unlocked, accessible location known to staff and close enough for administration within five minutes.

Prescribed devices are the first choice in an emergency when immediately available. School spare AAls may be used if prescribed devices are unavailable, misfire, or where a person without a previous diagnosis develops anaphylaxis.

Pupils with asthma should have prompt access to their reliever inhaler in accordance with their plan. The school will also maintain emergency salbutamol inhaler arrangements in line with applicable guidance and consent requirements.

Adrenaline devices are stored at room temperature, protected from extremes of heat/direct sunlight, readily accessible and not locked away.

School spare adrenaline auto-injectors (AAls)

Woodlands will ordinarily hold, as a minimum, one complete pair of 150 microgram AAls and one complete pair of 300 microgram AAls on each school site, with additional/dedicated trip stock as determined by site risk assessment, pupil profile and current national guidance.

Spare AAls will always be stocked and stored in complete pairs of the same dosage, because a second dose may be required after five minutes. Spare AAls are additional emergency stock and do not replace a pupil's prescribed devices.

Each school site will retain an appropriate complete pair (or pairs) within five minutes of areas where they may be needed. Devices will be clearly labelled, readily accessible and not locked away.

Expiry dates and stock will be checked routinely by teachers and Admin staff. Used or expired AAls will be replaced promptly and disposed of safely in accordance with manufacturer/pharmacy/sharps procedures.

Advance parental consent for use of a spare AAI will be sought and recorded where appropriate. However, in a life-threatening emergency, treatment will not be delayed to check consent; parents will be made aware that reasonable life-saving action may be taken.

Trip stock rule: A spare AAI pair must not be split. If spare AAls are taken off site, doing so must not leave the school site without its required complete pair(s). Woodlands will therefore hold dedicated trip pair(s), selected according to the dosage needs of pupils on the visit.

Educational visits, trips and off-site activities

A specific risk assessment will be completed for any pupil at risk of anaphylaxis, and relevant dietary/medical arrangements will be considered early in trip planning.

For a pupil at risk of anaphylaxis the trip leader will ensure both of their prescribed adrenaline devices, together with their action plan go with them on the trip, and staff trained to respond to anaphylaxis will accompany the visit.

School spare AAls will be taken where risk assessment indicates this is appropriate, as complete same-dosage pairs and only where doing so does not reduce on-site stock below the school's required complete pair(s).

The visit leader will ensure emergency medication is immediately accessible, not packed into inaccessible luggage, and that staff know who is carrying it.

No pupil will be excluded from a visit solely because of an allergy or medical condition where reasonable adjustments can enable safe participation. Parents will not routinely be required to accompany their child as a condition of participation.

Wellbeing, inclusion and pupil self-management

The school recognises that allergies can cause anxiety and can make children feel different or singled out. Staff will provide reassurance, promote inclusion and respond to concerns sensitively.

Bullying, teasing, threatening behaviour or deliberate exposure involving a known allergen will be treated as a serious behaviour and safeguarding concern.

Children will be supported, in an age-appropriate way, to understand their triggers, avoid food sharing, recognise symptoms, seek help promptly and take increasing responsibility for medication/self-management where this is safe and appropriate.

Serious incidents, near misses and learning

For the purposes of this policy, a serious incident is an event relating to allergy in which a child, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including circumstances requiring emergency medication, urgent clinical intervention or emergency services. A near miss is an event which did not cause harm but had clear potential to do so because of an error, omission or system failure. Lesser incidents will also be reviewed where they identify useful learning.

Serious incidents and near misses will be recorded as soon as practicable in the school's accident/incident recording system. The record will include who was affected; what happened, when and where; why it occurred so far as this is known; the response taken, including medication or emergency-service involvement; and the outcome. Parents/carers will receive appropriate information about the incident and be invited to contribute to the subsequent review.

Where appropriate, senior leaders will consider whether notification is required to the local authority/environmental health service in relation to food safety, the Health and Safety Executive under RIDDOR, or a healthcare professional whose care/action plan was involved.

Parents/carers will be informed, and serious incidents/near misses will be reported to the Governing Board alongside any other statutory reporting obligations.

Concerns or complaints relating to allergy safety or the implementation of an Individual Healthcare Plan may be raised through the school's published Complaints Policy.

Senior leaders will review what happened, identify learning, consider whether the pupil's IHP and/or this policy require amendment, and ensure corrective action is implemented.

Food-safety incidents will also be escalated through the school's catering/food-safety procedures and to external bodies where legally required.

Unacceptable practice

The school will not:

- prevent a child from easily accessing emergency medication;
- ignore the views of the child/parents or relevant medical evidence;
- assume all children with allergy need identical support, or that lack of diagnosis means there is no risk;
- send a child with a possible allergic emergency elsewhere without suitable supervision;
- use an asthma inhaler instead of adrenaline to treat anaphylaxis;
- penalise medically related absence in ways that amount to discrimination or exclude a pupil from recognition solely because absence arose from an allergy/medical condition;
- require a parent to attend school to administer routine medication because the school has failed to put appropriate support in place;
- create unnecessary barriers to participation in meals, activities, clubs or trips.

Monitoring and review

The Headteacher will monitor implementation. The policy will be reviewed at least annually, when statutory guidance or legislation changes, and after any serious allergy incident or near miss.

The school will periodically conduct simulated allergy/anaphylaxis emergency drills. Outcomes will be recorded, reviewed by the named allergy safety lead and used to identify any necessary changes to training, procedures or this policy.

ANNEX A RECOGNISING AN ALLERGIC REACTION AND ANAPHYLAXIS

Mild to moderate allergic reaction – monitor carefully

Swollen lips, face or eyes

Itchy or tingling mouth

Mild throat tightness

Hives or itchy skin rash

Abdominal pain or vomiting

Sudden change in behaviour

ANAPHYLAXIS – AIRWAY, BREATHING, CIRCULATION

A – Airway

swelling of the throat, tongue or upper airway

tightness in the throat

hoarse/croaky voice

difficulty swallowing

B – Breathing

sudden wheezing

difficulty breathing

persistent cough

noisy breathing

C – Circulation

dizziness or feeling faint

sudden sleepiness/tiredness/confusion

pale, clammy skin

collapse or loss of consciousness

If any ABC symptom is present, or anaphylaxis is suspected: GIVE ADRENALINE IMMEDIATELY. IF IN DOUBT, GIVE ADRENALINE. CALL 999.

Annex B

Specific Roles and Responsibilities

The Governing Body is responsible for:

- Ensuring that policies, plans, and procedures are in place to support all pupils, particularly, those with known allergies. These arrangements must be sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that staff are properly trained to provide the routine and emergency support that pupils need.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and/or after any incident where a pupil experiences an allergic reaction.

The Headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's wellbeing including managing allergies.
- Ensuring that all relevant risk assessments have been carried out and controls to mitigate risks are implemented.
- Ensuring that all staff are provided with information regarding allergic reactions and anaphylaxis.
- Ensuring that all relevant staff receive annual allergy-awareness and emergency-response training, including recognition of anaphylaxis and use of AAI's.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.
- Ensuring there is a system for Health Care Plans to be effectively implemented within the school, including for children with allergies, and that the Health Care Plans contain the statutory information/support required for a child with allergies.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (HCPs) as appropriate.
- Reviewing for operational accuracy and implementing the IHPs/HCPs for relevant pupils in their class/setting, and ensuring key adults understand the arrangements.
- Responding immediately and appropriately in the event of a medical emergency, including the use of emergency medication.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Following the school's food-allergy controls and checking relevant allergen/dietary information when supervising or providing food to pupils in their care.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Ensuring that all children identified with allergies, where possible and appropriate, wear their purple lanyard to the canteen.

The Catering Supervisor is responsible for:

- Monitoring the food allergen log and allergen tracking information.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.

- Ensuring they and kitchen colleagues are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they and kitchen colleagues are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up to date with their child's medical information.
- Providing 'in-date' AAI/inhalers.
- Providing relevant medication consent information requested by school; parents should understand that in a life-threatening emergency reasonable action may be taken to save life and treatment will not be delayed solely to establish whether prior consent has been recorded.
- Providing the school with written medical documentation, including instructions, for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Providing accurate information and participating promptly in the development, checking and review of their child's IHP/HCP, including notifying school whenever circumstances change.
- Not sending in food that could pose risk to another child when asked.

All pupils are responsible for:

- Using the school's agreed visual identification system, including a purple lanyard where this is appropriate and agreed.
- Developing, in an age-appropriate way, an understanding of their own condition, triggers and medication and learning how to seek help promptly. Where appropriate, and with the child and parent's involvement, peers may also be helped to understand how they can support the child and summon adult help in an emergency.
- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

Annex C

Emergency response to allergic reactions and anaphylaxis

Mild to moderate allergic reaction: follow the child's plan, stay with the child, give medication if authorised/indicated, inform parents and observe the child in a safe place for at least 60 minutes because symptoms can progress.

Anaphylaxis: if there are signs involving Airway, Breathing or Circulation, or if anaphylaxis is suspected, staff must act immediately:

- Lay the child flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. Do not allow them to stand or walk.
- Bring the adrenaline device to the child. Give adrenaline immediately; do not wait to contact 999 first. If in doubt, give adrenaline.
- Immediately call 999, state "anaphylaxis", and follow the emergency operator's instructions.
- Use the child's prescribed device first if immediately available; otherwise use an appropriate school spare AAI.
- If there is no improvement after 5 minutes, give a second dose using a second device.
- Stay with the child until the ambulance arrives. Commence CPR if there are no signs of life.
- Inform parents/carers as soon as possible without delaying emergency treatment.
- Provide paramedics with the child's plan, known triggers, time(s) adrenaline was given and used devices where appropriate.

ANNEX D – FOOD ALLERGY AND THE 14 REGULATED ALLERGENS

Any food can cause an allergic reaction. The following 14 allergens are specifically regulated under UK food-information law because businesses providing food, including schools, are required to provide information about their presence. This list must not be interpreted as meaning that foods outside these categories cannot cause allergy. Individual pupils' known allergens and required controls are recorded in their health information and, where appropriate, their Individual Healthcare Plan.

- Celery
- Cereals containing gluten — including wheat, rye, barley and oats
- Crustaceans
- Eggs
- Fish
- Lupin
- Milk
- Molluscs
- Mustard
- Nuts - almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts, pistachios and macadamia/Queensland nuts
- Peanuts
- Sesame
- Soya
- Sulphur dioxide/sulphites above the regulated concentration.

The guidance confirms that school food businesses must provide information regarding these 14 allergens and that PPDS food must carry a full ingredients list with those allergens emphasised.

Food allergy	involves the immune system and may cause anaphylaxis.
Food intolerance	does not cause anaphylaxis.
Coeliac disease	is an autoimmune disease caused by gluten exposure; it is not an allergy and does not itself cause anaphylaxis, but strict avoidance and cross-contamination controls are essential.

WOODLANDS – CATERING TEAM ALLERGY & DIETARY SAFETY: DAILY QUICK CHECK

Before food service

- Check the food register for today's children.
- Check any new/changed information communicated by the office.
- Know which children require an allergen-controlled/special diet meal.
- Check today's ingredients and allergen information - including any substituted product.
- Never assume a product is unchanged because the brand or packaging looks familiar.
- Ensure statutory information for the 14 regulated allergens is current and accessible.
- Check any PPDS food has the correct name, full ingredients list and allergens emphasised.
- Prepare allergen-controlled meals using the agreed cross-contamination controls.
- Clean work surfaces/equipment appropriately before preparation.
- Use designated utensils/equipment.
- Keep identified meals clearly distinguishable until handed to the correct child.

At service

- Use two checks to identify a child with allergy/dietary requirements - never rely on the child alone.
- Check the child against the current dietary/allergy information before handing over the meal.
- Never guess whether a food is safe. STOP AND CHECK.
- Do not substitute an ingredient or meal without checking the allergen consequences.
- Do not serve unlabelled food to a child with a food allergy unless its safety has been established.
- Prevent food/utensil swapping or sharing where you are supervising children.
- Children with allergies eat with their peers unless an individual risk assessment requires otherwise.

If something changes

- Ingredient changed? Recheck allergen information.
- Supplier substitution? Recheck before use.
- Parent reports a new allergy/dietary requirement? Do not rely on verbal information alone - alert the office/appropriate lead so the central record can be updated.
- Information conflicts with the register? STOP. Do not serve until clarified.

If a mistake or near miss occurs

- Stop the food being served/consumed immediately where possible.
- Stay with/observe the child and summon appropriate staff.
- If an allergic reaction occurs, follow the child's plan and Woodlands emergency procedure.
ABC/anaphylaxis = ADRENALINE IMMEDIATELY + 999.
- Report every allergen error or near miss to the Catering Supervisor and SLT, even if the child did not eat the food or did not react.
- Preserve packaging/ingredient information where relevant to the investigation.

Remember

Any food can cause an allergy. The statutory 14 are the allergens for which specific food-information requirements apply - they are not the only foods capable of causing an allergic reaction.

Never guess. Stop, check and ask.

Implementation protocol – to sit outside of the policy

Task	Owner	Frequency
Parent Google Form health issued	Office	Admission + annual review
Class health register issued for checking	Nicky/Rach	Annual + changes
Parent responses reconciled with Arbor	Teachers	Annual + changes
Central health register updated	Nicky/Rach	Live
New/changed information circulated	Nicky/Rach	Same working day
IHP generated	Office	As required
IHP checked operationally	Class teacher/key person	Before activation
Clinical plan attached	Office/class lead	On receipt
Catering register synchronised	Catering Supervisor/ Nicky/Rach	Immediately after change
Medication expiry checked	Nicky/Rach	Monthly
Spare AAI expiry/stock check	Nicky/Rach	Monthly
Trip medication check	Visit leader	Before departure
Annual policy/training audit	HT/DHT	Annually
Near miss analysis	HT/DHT Governor oversight	Annual and after each event

The central school health/medical register is the master operational record. Other lists, class records and catering information are controlled extracts from that master and must not be independently amended.