WOODBRIDGE HIGH SCHOOL

Allergy Safety & Anaphylaxis Policy

Updated: September 2026

Policy Lead: Jeremy Clifton, Deputy Headteacher

1. Policy Statement and Scope

Woodbridge High School is committed to providing a safe, inclusive, and supportive environment for all students, staff, and visitors. This policy sets out our legal framework and operational procedures for managing allergic conditions, preventing accidental exposure to allergens, and responding effectively to medical emergencies.

This policy applies to all severe and mild allergic conditions, including but not limited to:

- **Food Allergies:** Nuts, peanuts, sesame, dairy, egg, soy, wheat, fish, shellfish, and other ingredients.
- **Respiratory & Environmental Allergies:** Allergic asthma, hay fever (allergic rhinitis), mould, pollen, and dust mite allergies.
- **Contact Allergies:** Latex, nickel, insect stings/bites, and chemical/topical triggers.

Woodbridge High School operates as an **"Allergy Aware / Nut Aware"** community rather than a "Nut Free" school, recognising that absolute allergen guarantees cannot be maintained. Control measures focus on risk reduction, education, emergency readiness, and fostering student independence.

2. Roles and Responsibilities

Role	Key Responsibilities
Governing Body	Ensures statutory compliance with DfE guidance; oversees annual policy reviews; monitors serious incident and near-miss reports.
Senior Allergy Lead (Jeremy Clifton)	Holds strategic oversight of allergy management; audits training records; reviews Individual Healthcare Plans (IHPs); leads near-miss investigations; coordinates simulated drills.
School Medical Team / Staff	Coordinates Individual Healthcare Plans (IHPs) using BSACI templates; maintains spare Adrenaline Auto-Injectors (AAIs); checks expiration dates monthly.
All Teaching & Support Staff	Completes mandatory annual allergy awareness and AAI administration training; knows which students have IHPs; enforces allergy-safe practices in classrooms and on trips.
Catering Staff	Maintains allergen matrix for all menus; implements dual-identification system at mealtimes; prevents cross-contamination in preparation and serving areas.

Role	Key Responsibilities
Parents / Carers	Provides accurate medical information, completed BSACI Allergy Action Plans, and up-to-date medications; informs the school immediately of any changes in condition.
Students	Carries prescribed AAIs/medication where appropriate; avoids sharing food; reports symptoms immediately to an adult.

3. Individual Healthcare Plans (IHPs) and Medical Documentation

Every student diagnosed with an allergy requiring medication or emergency action must have a tailored **Individual Healthcare Plan (IHP)** supported by a formal British Society for Allergy & Clinical Immunology (BSACI) Allergy Action Plan.

- **School Ownership:** The school holds primary responsibility for drafting, reviewing, and maintaining IHPs in partnership with parents/carers and healthcare professionals.
- **Annual Review:** IHPs are formally reviewed annually, or immediately following any change in condition, reaction, or near-miss.
- **Accessibility:** IHPs and BSACI plans are securely stored in the school medical database and displayed discretely in relevant staff areas (medical room, staff room, kitchen preparation areas) with proper data privacy compliance.

4. Emergency Adrenaline Auto-Injector (AAI) Management

Woodbridge High School adheres strictly to national safety guidelines regarding emergency medication storage and accessibility:

Accessibility & The 5-Minute Rule

Emergency AAIs must be accessible at all times and capable of being brought to any location on the school site **within 5 minutes** of an incident occurring. Medication must never be locked away in drawers or cupboards where key access might cause delay.

Storage and Pair System

- Students capable of self-management must carry two AAIs on their person at all times.
- A secondary set of prescribed AAIs is stored in the central medical room in a clearly labelled, unlocked storage unit.
- The school maintains a stock of spare emergency AAIs (EpiPen / Jext) for use in accordance with Department of Health regulations for students who have consent and prescribed medication, or where secondary doses are needed.
- Emergency AAIs are treated as single-use medical equipment; used devices must be disposed of safely via sharps containers or handed directly to attending paramedics.

5. Training and Emergency Preparedness

Training is mandatory and comprehensive across all staff tiers:

- **Universal Staff Training:** All staff working on site—including teachers, teaching assistants, cover supervisors, office staff, lunchtime supervisors, and catering team members—receive annual accredited training on allergy awareness, recognition of anaphylaxis, and practical AAI administration.
- **Supply and Temporary Staff Induction:** Supply teachers and temporary staff are provided with a concise briefing card identifying students with severe allergies in their assigned classes upon arrival each day.
- **Simulated Emergency Drills:** The school conducts at least one annual simulated anaphylaxis emergency response drill (similar to a fire drill) to test response times, 999 communication protocols, and staff readiness under realistic conditions.

6. Unacceptable Practice

To safeguard students' physical and emotional wellbeing, Woodbridge High School explicitly strictly prohibits the following practices:

- Preventing students from accessing their emergency medication or AAIs at any time.
- Assuming that all students with allergic conditions require identical management or interventions.
- Sending an allergic student who feels unwell or exhibits symptoms to the medical room unescorted (staff/first aid must come directly to the student).
- Penalising a student for attendance records or 100% attendance awards due to allergy-related medical appointments or hospital admissions.
- Requiring parents/carers to attend school, off-site educational visits, or sporting events as a condition of their child's participation.
- Excluding students with allergies from curriculum activities, school trips, or social events.

7. Catering, Food Provision and Non-Canteen Food Controls

Meal times and food-related activities represent primary risk areas; the school operates stringent cross-contamination controls, identification protocols and rules governing food brought onto the school site.

School Catering and Meal Services

- **Dual-Identification System:** Kitchen and canteen staff utilise a robust, two-step identification process for allergic students at meal services (e.g., electronic till profile alerts paired with physical visual photo reference cards behind the counter).
- **Statutory Compliance & Allergen Matrices:** The catering team maintains a fully updated allergen matrix for all meals, snacks, and baked goods served on site in accordance with the Food Information Regulations (including *Natasha's Law* for pre-packed items). Allergen information is accessible to students, parents and staff upon request.
- **Cross-Contamination Prevention:** Food for pupils with known food allergies is prepared first using dedicated, sanitized areas and color-coded utensils. Dining tables and preparation surfaces are sanitized thoroughly before and after food service.

Packed Lunches and Food Brought into School

- **Food Sharing & Trading Prohibition:** Food trading, sharing, or sampling is strictly prohibited across all year groups to prevent accidental exposure to undeclared allergens.
- **Labelling Personal Containers:** Parents/carers of pupils with food allergies must ensure all personal lunchboxes, drink bottles, and snack containers brought from home are clearly labelled with the child's name.

- **Nut-Aware Expectations:** While the school does not claim to operate an absolute "Nut Free" guarantee, parents are strongly requested to avoid packing high-risk loose nut products or unlabelled items in daily packed lunches to minimise cross-contact risks.

Food Events and Lessons

- **Mandatory Ingredient/Allergen Labelling:** All home-baked or store-bought goods brought onto the school premises for charity cake sales, school fetes, bake-offs, or cultural events must be accompanied by a clear list of ingredients highlighting any of the 14 regulated allergens (e.g., nuts, peanuts, eggs, dairy, wheat/gluten, sesame). Unlabelled food items will not be placed on sale.
- **Physical Separation:** Event organisers and staff must ensure allergen-free/gluten-free goods are packaged separately from general items and served using separate, dedicated tongs to prevent cross-contamination.
- **Pre-Packaged Alternatives:** Where possible, event organisers should provide individually wrapped, factory-labelled options alongside home-baked items to offer safe choices for allergic pupils.
- **Classroom & Craft Activities:** The use of food products in arts/crafts, science experiments, or food technology lessons must be risk-assessed. Alternatives must be substituted whenever an allergic pupil is participating.

8. Off-Site Visits, School Trips, and Extracurricular Activities

No student will be excluded from an educational visit or trip due to an allergic condition:

- **Pre-Trip Risk Assessment:** A comprehensive risk assessment is completed by the trip leader prior to departure, evaluating destination safety, local emergency service availability, and food arrangements.
- **Medication Transfer:** Designated trained staff members are assigned to carry medication (including dual AAIs, IHPs, and spare AAIs) and maintain continuous proximity to the student.
- **Residential & Overseas Trips:** For extended or international visits, travel routes and accommodation are vetted for emergency medical access, and translation cards for local emergency services are prepared.

9. School Environment, Clean Air, and Non-Food Triggers

Allergic conditions extend beyond dietary triggers; environmental controls are actively maintained:

- **Indoor Air Quality & Ventilation:** Classrooms and shared spaces are regularly ventilated to minimise indoor air pollutants, dust mites, and mould spores that aggravate allergic asthma and eczema.
- **Latex and Chemical Controls:** Science, Art, and Design Technology departments utilize latex-free gloves, adhesives, and materials.
- **Outdoor / Sports Safety:** Physical Education staff are informed of students with severe seasonal allergic rhinitis (hay fever) or insect sting allergies, carrying emergency kits during outdoor sports sessions.

10. Student Wellbeing, Anti-Bullying, and Inclusion

The psychological impact of living with a severe allergic condition is recognized and actively addressed:

- **Anti-Bullying Enforcements:** Any threat, harassment, or teasing involving allergens (such as waving food items at an allergic student or making verbal threats) is treated as a severe disciplinary offense under the School Behaviour Policy.
- **Peer Education:** Age-appropriate assemblies and PSHE lessons promote empathy, awareness, and peer support for students living with chronic medical conditions.
- **Mental Health Support:** Students experiencing anxiety related to their allergies have access to the pastoral support team and/or wellbeing team.

11. Incident Reporting, "Near Misses", and Continuous Review

To ensure continuous organisational learning and accountability:

- **Incident Recording:** Any allergic reaction on school grounds or during school trips is formally recorded in the school medical log and reported to the Senior Allergy Lead and Governing Body.
- **Near-Miss Logging:** "Near misses" (e.g., an incorrect food item served but identified before consumption, missing medication caught during checks) must be logged and investigated.
- **Post-Incident Debrief:** Following any severe reaction or AAI deployment, a formal post-incident review is conducted within 5 working days with staff, parents, and healthcare partners to evaluate response effectiveness and update safety measures.

12. Emergency Anaphylaxis Protocol (Quick Reference)

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ANAPHYLAXIS EMERGENCY RESPONSE
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1. **RECOGNISE SYMPTOMS:**
   - AIRWAY: Swelling of tongue/throat, difficulty swallowing/talking, hoarse voice.
   - BREATHING: Difficult or noisy breathing, persistent cough, severe wheeze.
   - CIRCULATION: Pale, cold, clammy, dizziness, confusion, collapse/unconsciousness.

2. **IMMEDIATE ACTION** (DO NOT MOVE THE STUDENT / DO NOT LEAVE ALONE):
   - CALL FOR HELP immediately. Send a designated person to fetch emergency AAIs.
   - Position student:
     * Lying flat with legs elevated (IF breathing is difficult, allow to sit upright, but DO NOT stand them up suddenly).
     * If pregnant or vomiting, lie on left side in recovery position.

3. **ADMINISTER ADRENALINE AUTO-INJECTOR (AAI):**
   - Administer prescribed AAI into outer mid-thigh (through clothing if necessary).
   - Note time of administration.

4. **DIAL 999 IMMEDIATELY:**
   - Request AN AMBULANCE and state "ANAPHYLAXIS".
   - Give clear school address and exact location on site.

5. **SECOND DOSE / CONTINUOUS MONITORING:**
   - If no improvement within 5 MINUTES, administer a SECOND AAI in the opposite thigh.
   - Stay with student until paramedics arrive.
   - Hand used AAIs to ambulance staff.

ANAPHYLAXIS
EMERGENCY RESPONSE

Recognise • Act • Save Lives

1 RECOGNISE SYMPTOMS:



AIRWAY:
- Swelling of tongue/throat
- Difficulty swallowing/ talking
- Hoarse voice



BREATHING:
- Difficult or noisy breathing
- Persistent cough
- Severe wheeze



CIRCULATION:
- Pale, cold, clammy
- Dizziness, confusion
- Collapse/unconsciousness

2 IMMEDIATE ACTION (DO NOT MOVE THE STUDENT / DO NOT LEAVE ALONE):



CALL FOR HELP
immediately. Send a designated person to fetch emergency AAIs.



Position student:
- Lying flat with legs elevated (IF breathing is difficult, allow to sit upright, but **DO NOT** stand them up suddenly).
- If pregnant or vomiting, lie on left side in recovery position.

3 ADMINISTER ADRENALINE AUTO-INJECTOR (AAI):



- Administer prescribed AAI into outer mid-thigh (through clothing if necessary).
- Note time of administration.



4 DIAL 999 IMMEDIATELY:



- Request **AN AMBULANCE** and state **"ANAPHYLAXIS"**.
- Give clear school address and exact location on site.



5 SECOND DOSE / CONTINUOUS MONITORING:



- If no improvement within **5 MINUTES**, administer a **SECOND AAI** in the opposite thigh.
- Stay with student until paramedics arrive.
- Hand used AAIs to ambulance staff.



KINDNESS • INCLUSION • RESPECT • EXCELLENCE

13. Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
- Safer Schools Programme – https://www.anaphylaxis.org.uk/education/saferschools-programme/
- AllergyWise for Schools online training: https://www.allergywise.org.uk/p/allergywise-for-schools1
- Allergy UK - https://www.allergyuk.org
- Resources for managing allergies at school – https://www.allergyuk.org/living-withan-allergy/at-school/
- BSACI Allergy Action Plans – https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/
- Spare Pens in Schools – http://www.sparepensinschools.uk
- Department for Education Supporting students at school with medical conditions – https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-students-at-school-with-medical-conditions.pdf
- Department of Health Guidance on the use of adrenaline auto-injectors in schools – https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834