Allergy Safety Policy

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Version Control		
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1.0	Policy written	July 2026
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Contents

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Purpose and Scope

This is Waterloo Primary School's dedicated allergy safety policy under section 34 of the Children's Wellbeing and Schools Act 2026. It applies to all pupils, staff and visitors and to all school activity, including EYFS, breakfast and after-school provision, clubs, educational visits, residentials and transport arranged by the school.

It covers food allergy, anaphylaxis, allergic asthma, eczema and skin allergy, hay fever, insect-sting and medicine allergy, latex and other contact allergens, airborne allergens such as pollen, mould, dust and animal dander, and any medically recognised trigger capable of causing significant harm.

Relationship with other policies

Read this policy with the Supporting Pupils with Medical Conditions Policy, First Aid and Medicines procedures, Educational Visits Policy, Behaviour and Anti-Bullying Policies, Health and Safety Policy, and Safer Eating, Food and Nutrition Policy. An individual IHP or clinical action plan takes precedence where it specifies additional controls.

Aims

This policy and associated documentation aims to:

- identify people with allergy and understand their individual risks;
- minimise foreseeable exposure without unnecessary exclusion;
- ensure rapid access to emergency medication and an effective response;
- support attendance, participation, dignity, independence and wellbeing;
- train all pupil-facing staff and make responsibilities clear;
- learn from reactions, serious incidents, near misses and complaints.

Legal and Guidance Framework

- Children and Families Act 2014, section 100, as amended by the Children's Wellbeing and Schools Act 2026;
- DfE Allergy safety in schools: statutory guidance (July 2026);
- Supporting pupils at school with medical conditions: statutory guidance;
- EYFS statutory framework for group and school-based providers;
- Equality Act 2010; Education Act 2002; Health and Safety at Work etc. Act 1974;
- Human Medicines Regulations 2012 and 2017 amendments;
- Food Information Regulations 2014 and relevant food-safety law;
- SEND Code of Practice: 0 to 25 years.

Responsibilities

Role	Responsibilities
Governing Body / Trust	Approve, publish and review the policy; assure implementation, resources, training and reporting; receive periodic reports on serious incidents and near misses.
Headteacher / named senior leader	Drive implementation; maintain oversight of training, registers, IHPs, medication, risk controls, incidents and review. Allergy safety must not be delegated solely to catering.
Medical conditions / First Aid Lead	Coordinate IHPs and action plans; manage prescribed and spare medication; maintain checks and records; support training and liaison with families and professionals.

All staff and regular volunteers	Complete required training; know relevant plans and medication locations; reduce exposure; recognise and respond; record and report concerns.
Catering provider	Meet food law; provide reliable allergen information; prevent cross-contact; operate agreed special-diet and substitution processes; maintain trained staff and records.
Parents and carers	Provide accurate, current information, plans and in-date medication; notify changes; work with the school on individual arrangements.
Pupils	Share age-appropriate information; follow controls; do not share food or medication; summon help; self-manage only as agreed in the IHP.
Staff and visitors with allergy	Disclose information relevant to their safety; keep personal medication accessible; follow agreed controls and emergency arrangements.

Identification, Register and Information Sharing

Information is gathered at admission, appointment or visit planning, from the individual, parents, the previous setting and healthcare professionals where available. A lack of final diagnosis does not prevent proportionate interim support.

The school maintains a central allergy and emergency-medication register recording known triggers, prescribed adrenaline devices or inhalers, medication locations, self-carry arrangements, emergency contacts and whether an IHP, Allergy Action Plan or Asthma Action Plan exists. Information is checked at least termly, at transition and whenever change is reported.

Health information is special-category data. It is stored securely and shared only where there is a lawful basis and a professional need to know. Relevant information remains readily accessible to staff responsible for the person's safety, including supply, cover, catering, club and visit staff.

Individual Healthcare Plans

A pupil will have an IHP where allergy has a functional impact in school, creates a risk of harm and requires arrangements additional to or different from those made generally. This includes reasonable adjustments, proactive or emergency medication and individual exposure controls.

The IHP is developed with the pupil, parents and relevant professionals and records triggers; symptoms; preventive controls; medication and access; self-management; emergency action; staffing and training; meals; curriculum; clubs; trips; wellbeing; communication and review. It incorporates or attaches the current BSACI Allergy Action Plan and/or Asthma Action Plan.

Plans are reviewed at least annually and sooner following a change, transition, updated clinical plan, reaction, serious incident or near miss. Where clinical advice is delayed, the school will work with parents and seek professional support while putting reasonable interim arrangements in place.

Training and Awareness

All pupil-facing staff receive allergy-awareness and emergency-response training at induction and at least annually. This includes permanent, temporary, supply, peripatetic and agency staff, regular volunteers, catering staff and breakfast, after-school and holiday-provision staff. First-aid training alone is not sufficient.

- the nature of allergy and co-existing conditions;
- the difference between allergy, coeliac disease and intolerance;
- how to find the register, triggers, IHPs and action plans;
- recognition of allergic reactions, anaphylaxis and acute asthma;

- calling 999, informing parents and locating and administering prescribed or spare adrenaline and emergency inhalers;
- exposure reduction, inclusion, wellbeing and bullying;
- reporting reactions, serious incidents and near misses.

Cover and visiting staff receive a role-appropriate briefing before responsibility is assumed. Individually delegated healthcare activity requires any additional clinical training, competency assurance and governance.

Minimising Exposure

General Controls

- Use proportionate whole-school and individual risk assessment across classrooms, dining, wraparound care, clubs, visits, transport and contractors.
- Consider allergens in craft, science, music, sensory play, gardening, animal contact, cleaning and cooking activities.
- Use substitution, cleaning, separation, ventilation, positioning, timing or personal protective arrangements for known contact and airborne allergens.
- Do not use food or allergenic materials as an unplanned reward or activity ingredient where this conflicts with an individual plan.
- Promote handwashing with soap and water where allergen removal is needed; hand gel is not relied upon to remove food proteins.

Food Allergy

The catering provider supplies accurate allergen information, controls cross-contact and checks substitutions through the agreed special-diet process before serving. School staff communicate needs and supervise. Food brought from home is managed through clear expectations, prevention of sharing and proportionate intervention where an identified risk conflicts with an IHP.

Waterloo does not describe itself as completely allergen-free or nut-free because absence cannot be guaranteed. Targeted restrictions may be introduced following risk assessment and communicated clearly. Ingredient and allergen information for school-provided food is available from the catering provider/school office.

Emergency Medication

Prescribed Adrenaline and Inhalers

Prescribed adrenaline auto-injectors and asthma inhalers are rapidly accessible, not locked away and accompany the pupil around school and on visits. Adrenaline must be capable of reaching a person experiencing anaphylaxis within five minutes. The register records medication supplied and action plans. Home-school handover, self-carrying and spare devices are agreed individually.

Suspected anaphylaxis — act immediately

Follow the action plan. If Airway, Breathing or Circulation is affected, or anaphylaxis is suspected: give adrenaline without delay; call 999 and say “anaphylaxis”; position and monitor the person; give a second device after five minutes if there is no improvement and one is available; arrange hospital transfer; never leave the person alone; inform parents as soon as possible.

Spare Adrenaline and Emergency Inhalers

Waterloo stocks spare adrenaline devices of appropriate doses in clearly labelled emergency kits, in pairs, readily accessible and unlocked. Site coverage is risk assessed so a pair can reach any location within five minutes; additional kits are maintained where required.

A spare may be used where anaphylaxis is suspected and the prescribed device is unavailable, inaccessible within five minutes, out of date, has misfired or a second dose is needed, in accordance with current guidance. Required consent is recorded, but immediate life-saving action will not be delayed. Used devices go with ambulance staff or are disposed of as sharps; kits are replenished promptly.

Where adopted, emergency salbutamol inhaler kits are managed under the Human Medicines Regulations. Eligibility and consent are recorded; inhalers and spacers are stored, checked, cleaned or disposed of and replaced under the emergency inhaler procedure.

Primary anaphylaxis kit:	Main staircase (lower)
Additional kit:	Y5/6 Corridor (upper)
Emergency inhaler kits:	All classrooms
First Aid lead:	Lisa Sargeant

Participation & Wellbeing

Pupils with allergy are enabled to participate fully in meals, curriculum, clubs, sport, visits and residentials through advance planning and reasonable adjustments. The school supports increasing independence while avoiding unnecessary singling out.

Threats involving an allergen, deliberate exposure, force-feeding, exclusion, teasing and other allergy-related bullying are addressed under the Behaviour and Anti-Bullying Policies and treated as a potentially serious health and safeguarding risk. Support is offered where allergy-related anxiety affects wellbeing or participation.

Visits and Off-Site Activity

For each pupil at risk of anaphylaxis, the visit leader completes a specific individual risk assessment covering food and allergen exposure, venues/providers, transport, accommodation, emergency access and the nearest appropriate hospital. Prescribed medication accompanies the pupil and remains immediately accessible; an appropriately trained staff member is assigned; spare devices may travel where appropriate.

Incidents, Near Misses and Learning

All reactions, suspected reactions, emergency-medication use, serious exposures and significant near misses are recorded promptly. A serious incident is one causing harm or immediate significant risk; a near miss is an error, omission or system failure with clear potential to cause harm.

Reports record who was affected; what, when and where; the known or suspected cause; response and emergency services; outcome; communication; and immediate control. A pupil, parent, staff member, visitor or professional may report a delayed consequence after leaving the premises.

Parents are informed as soon as possible and invited with the pupil to contribute to a constructive, no-blame review. Learning, actions and changes to IHPs, risk assessments, training or policy are recorded and communicated

proportionately. Serious incidents and near misses are reported periodically to governors and to relevant agencies where statutory thresholds apply.

Complaints

Immediate safety concerns should be raised with the Headteacher. Complaints about an incident, near miss, prolonged failure to put arrangements in place or failure to deliver an IHP may be made under the published Complaints Policy without preventing urgent regulatory, safeguarding or health-and-safety reporting.

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