WICKERSLEY PARTNERSHIP TRUST.

Allergy Safety Policy

DATE: September 2026
OWNED BY: Risk & Compliance Manager
APPROVED BY: Estates and Compliance Subcommittee

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Contents

Reference Documentation
This Policy aligns with and should be read and adopted in line with the WPT Medicines & Medical Needs Policy and policy appendix documents:

- Medication Consent Form (MP1)
- Record of Medication Administered (MP2)
- Consent for a Student to Carry an Inhaler (MP3)
- Consent for a Student to Carry an Adrenaline Auto-Injector (MP4)
- Consent for School to Administer the School's Own Inhaler on a Child (MP5)
- Consent for School to Administer the School's Own Adrenaline Auto-Injector on a Child (MP6)
- Individual Healthcare Plan Template (MP7)
- School Asthma Card (MP8)
- Allergy Action Plan (MP9)
- Medication Error and Near Miss Reporting Form (MP10)
- Consent for a Student to Carry Medication in School (MP12)
- Record of monthly checks on medication held in school form (MP13)
- Controlled medication movement / transfer form (MP14)
- Advice to parents form (MP15)
- Movement / Transfer of non-controlled medication form (MP16)

This policy does not form part of the contract of employment and from time to time may be altered following consultation and negotiations with recognised Trade Unions. Any changes will be communicated to employees with reasonable notice. The policy may vary from time to time on a case-by-case basis in consultation and agreement with Union Representatives.

1. Introduction

Wickersley Partnership Trust (hereafter known as WPT) is committed to ensuring that students at school with allergy conditions should be properly supported, to ensure that they have full access to their education, including educational visits and physical education.

Students with allergy conditions may feel different to other children and could face real or perceived barriers to their full involvement in education and school life. Parents and carers of these children may worry about their child's safety and experiences at school. This policy addresses not only the safe practice and procedures needed for children with allergy conditions, but also supports schools in creating and maintaining the best environment and culture for these children to thrive in, in line with the Department for Education's Allergy Safety in Schools (July 2026) statutory guidance.

This policy will also work in conjunction with the Medicines and Medical Needs Policy and appendices documents for registering and administering medications (see MP forms listed as appendices to the Medicines and Medical Needs Policy in the reference documentation section of this policy).

2. Legal Basis

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that 'Local Authority maintained schools, academies and Pupil Referral Units' must have an allergy safety policy. A named member of the senior leadership team in each school / setting has responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to reviews of the policy.

The allergy safety policy will be reviewed at least annually (coinciding with the annual review of the Medicines and Medical Needs Policy), or more frequently, particularly where incidents or 'near misses' suggest there may be areas for improvement. Reviews will take account of any incidents and 'near misses' and will seek to learn lessons from them. WPT will ensure that the allergy safety policy is readily accessible to parents and staff via the schools website (policy section) and be made available in hard copy on request.

3. Awareness Training

All school and WPT employed staff present or who may be required in schools during times when pupils are scheduled to be on site will receive mandatory allergy awareness and emergency response training on an annual basis via an e-learning module on the WPT learning platform 'Hays online'. *(This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers)*. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The mandatory e-learning module will be assigned to all new starter employees, supply teachers, peripatetic staff, agency / cover workers and regular volunteers as part of their induction arrangements.

Allergy awareness training will ensure all staff in line with DfE statutory guidance:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers

- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
- calling emergency services and informing parents
- how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
- training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's 'spare' adrenaline devices)
- Understand the impact allergy can have on a child or young person's wellbeing
- Understand the school, college or setting's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss').

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

To further support the mandatory requirements of the DfE guidance for allergy awareness, the existing WPT Medicines and Medical Needs training module will continue as a mandatory training requirement for all identified staff involved in the administration of medicines.

First Aid Training (First Aid at Work, Emergency First Aid at Work and Paediatric First Aid training) as required to comply with the Health and Safety (First Aid) Regulations 1981 and the DfE Early Years Foundation Stage statutory framework will continue to provide a module on allergy awareness and management including practical demonstration and practice around the administration of allergy medication where necessary.

In more complex cases where more in depth allergy management training is required, this will be identified via allergy and asthma care plans and subsequent care and welfare planning and training will be facilitated to staff via the school nursing team.

4. Wellbeing of Children & Young People with Allergies

The wellbeing of children & young people with allergies will be promoted by the mandatory training of all staff in allergy awareness, additional allergy awareness and emergency treatment via first aid training courses and the ongoing implementation and maintenance of asthma and allergy care plans and individual health care plans.

The essentials of first aid are covered as part of the school curriculum which includes an awareness of and how to deal with life threatening and potentially life-threatening situations including raising the alarm, Cardio-pulmonary resuscitation and other life-saving actions.

WPT has a well-established behaviour policy that sets out clear expectations of all children and young people with a deeply embedded emphasis on 'respect for all'. The policy outlines waves of intervention and sanction as well restorative work to address incidents of bullying and inappropriate behaviour in school. This is particularly important where children with allergy and asthmatic conditions are concerned as the risks posed by their conditions can be a significant cause of anxiety that can be further triggered by inappropriate behaviours of others.

5. Minimising Risk

Schools will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens. This will be managed by:

- Measures via risk assessment to manage the risks of exposure to a food allergen through food provided by the school.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).
- Where children and young people have known allergy to airborne or contact allergens, the school will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens through working with parents/carers to develop risk assessments and care plans and where necessary and appropriate involving medical professionals to ensure systems established remain as robust as possible.
- Maintaining an expectation that staff planning any activity will consider the risk of exposure to allergens (eg. craft, science, musical/production activities or cooking activities, or where activities involve animals) and work within the parameters of established risk assessments and individual care plans.
- Develop specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips. A copy of the risk assessment will also be uploaded on to the Evolve Educational Visits platform so all visit leaders have access and the visit documentation including all associated risk assessments, itinerary etc. the visit and all documentation will also be approved by the headteacher as part of the educational visits' approval process.

6. Food Allergy

The school will manage the risk of food allergy and provide clear information on allergens in food provided in line with the requirements of the WPT Catering Policy.

7. Identification of Individual Children & Young People with Allergies

In line with the requirements of the Medicines and Medical Needs Policy (Children & Young People) and the Staff Medicines Policy, established arrangements for identifying individuals with allergies are in place (for children and young people but also members of staff, visitors and supply staff etc). Student enrolment, staff personal records, student medical information update information requests and volunteer and visitor information requests are used to ensure a robust medical information system is in place which is regularly reviewed and updated with known allergens and whether individuals carry or have medication (for example adrenaline autoinjector (AAI) devices).

Records will be kept of all individuals with allergies, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plans via the Medicines & Medical Needs Policy (Children & Young People) and Staff Medical Needs Policy requirements and appendix documentation.

Robust arrangements for gathering information about known allergies are in place via medical needs information requests at point of enrolment to school and followed up via update medical needs surveys with parents/carers, reviews and updates to existing care plans with parents/carers and information from previous schools/settings etc for children and Young People to ensure all information is as up to date as is reasonably possible / practical.

8. Individual Health Care Plans

In line with the requirements of the Medicines and Medical Needs Policy, Children and Young People will have an Individual Healthcare Plan (IHP) if:

- They have an allergy which has a functional impact on them in school
- They are at risk of harm as a result of their allergy
- They require arrangements which are additional to or different from those made generally

The IHP will set out the additional and/or different arrangements that will be in place in school for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Children and young people with allergies who require specific support arrangements will have these documented through an Individual Healthcare Plan. This includes children and young people whose allergies require flexibility and 'reasonable adjustments', as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP will refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan will be reviewed to incorporate it.

9. Prescribed Adrenaline

The school will ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices at all times via Individual Health Care Plans, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes.

These considerations extend to and include lunch area, playground and sports fields (eg. break / lunchtime etc, outdoor PE and other lessons etc) and when on educational visits and residential school trips.

The Medicines and Medical Needs Policy which should be read in conjunction with this allergy safety policy sets out:

- Arrangements for children, young people and parents to take individually prescribed adrenaline devices home including the documentation to be completed (for example at the end of the day for the journey home) and for checking that they remain in date.
- How records will be kept of which children and young people have been provided with prescribed adrenaline devices (and an Allergy Action Plan).

10. ‘Spare’ Adrenaline Devices

The school holds ‘spare’ adrenaline devices in pre-determined safe locations in the building/buildings on site to be used and managed:

- In line with the Medicines & Medical Needs Policy to administer in an emergency response where a child/young person's own medication is damaged, does not work or is not immediately available for any reason. This will be in line with the Individual Health Care Plan and the use of the ‘spare’ adrenaline device will be consented to by parents/carers completing the ‘Consent for School to Administer the School’s Own Adrenaline Auto-Injector on a Child’ form as part of the establishment of the care plan.
- ‘Spare’ adrenaline devices will be located in safe storage places within school and highlighted in the child / young persons’ Individual Health Care Plan
- ‘spare’ adrenaline devices will be stored in pre-determined safe storage places which can be readily accessed by staff in an emergency
- ‘Spare’ adrenaline devices and salbutamol inhalers will be regularly checked to confirm that they are in date in line with the requirements of the Medicines and Medical Needs Policy and the checks form part of the ‘Record of monthly checks on medication held in school’ review and these reviews are documented for audit purposes.
- Under the Medicines and Medical Needs Policy schools have a robust process for replacing ‘spare’ adrenaline devices when they are used or go out of date.
- There are systems in place for the safe disposal of adrenaline autoinjectors via a sharps disposal arrangement as they contain a needle.
- Individual Health Care Plans ensure that no child or young person is ever more than five minutes from adrenaline devices.
- Adrenaline devices should always be stocked and stored in pairs.
- Consideration has been given to an appropriate level of ‘spare’ devices required in schools. To ensure that a pair of ‘spare’ adrenaline devices are available within five minutes of wherever they may be needed on site.

Where schools operate across more than one site, they will ensure there are spare adrenaline devices of the appropriate dosage on each site as required. When storing ‘spare’ adrenaline devices:

- As outlined above, ‘Spare’ adrenaline devices are stored safely in pre-determined locations within school and are readily accessible to staff in emergency situations. In the event of an anaphylaxis event, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes.
- ‘Spare’ adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.
- ‘Spare’ adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Some schools choose to have a clearly marked ‘emergency anaphylaxis kit’ containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

11. Educational Visits

In line with the requirements of the Educational Visits Policy, arrangements and reasonable adjustments are put in place to ensure children and young people with allergies are able to participate in visits and trips, and do so safely.

As part of the Educational Visits process, all visits are registered on the ‘Evolve’ visits system along with a visit itinerary, risk assessments for the visit and risk assessments / care plans for all vulnerable children and children with medical conditions. (These include access to adrenaline where required).

Risk assessments will be conducted for any child or young person at risk of anaphylaxis taking part in a trip off the premises. Risk Assessments are agreed with parents/carers for children and young people at risk of anaphylaxis and include the requirement to take their own adrenaline device with them, and there will be staff trained to administer adrenaline in an emergency within the visit supervision team.

12. Serious Incidents and 'Near Misses'

In line with the requirements of the Medicines and Medical Needs Policy, there is a system to record, report and investigate serious incidents or 'near misses' involving allergy safety or other medicines incident via the Medication Error and Near Miss Reporting process.

13. Information Sharing

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

WPT and/or the school will only share information about children and young people in line with the requirements of the WPT Data Protection Policy, information sharing agreements with strategic partners and in line with published data sharing protocols.

14. Awareness of the Allergy Safety Policy

All staff will be made aware of and understand the policy, as part of annual allergy awareness training as outlined in section 3 of this policy.

The allergy safety policy will be published on the schools website within the 'policies' section in line with DfE requirements.

Awareness of allergy safety will be raised among children and young people through emergency first aid training opportunities aligned to the curriculum.

Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training would be considered carefully and discussed with the child or young person and their parents, and will not be used to replace staff emergency response arrangements.

15. Auditing and Governance of the Allergy Safety Policy and Arrangements

In line with the Medicines and Medical Needs Policy, arrangements for the registration, storage, use, handling, administration, documentation of medication administration arrangements and reporting of errors or near misses are audited 6-monthly by the WPT Risk and Compliance Team, this includes and will continue to include arrangements for children and young people with allergy and asthma conditions.

Medicines and Medical Needs Policy Development, Training, Practice and Audit activity are reported to and scrutinised by the WPT Estates and Compliance Sub-Committee which reports directly to the WPT Trust Board.

16. Links with Other Policies

This policy links with our policies on:

- Safeguarding Policy
- Medicines and Medical Needs Policy (Children & Young People)
- Staff Medicines Policy
- Health & Safety Policy
- Equal Opportunities Policy
- Educational Visits Policy
- Behaviour Policy
- Catering Policy
- Data Protection Policy

17. Version Control

Current Version: 1

Date	Revision (Details and Reason)	Author
Sept 2026	*First version of Policy.*	*Risk & Compliance Manager*

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