ALLERGY SAFETY POLICY

Effective date	1 September 2026	**Next review**	1 September 2027
Policy owner	Christopher Dickinson	**Role**	Designated Safeguarding Lead / Director

1. Policy statement

Impact Wrap Around Care is committed to keeping children with allergies safe, included and able to participate fully in the service. We will identify known allergies, reduce avoidable exposure to allergens, ensure staff can recognise and respond to allergic reactions and anaphylaxis, and maintain rapid access to emergency medication.

This policy applies during after-school and holiday provision operated by Impact Wrap Around Care and should be read alongside the setting's Safeguarding Policy, Administering Medicines Policy, Food Hygiene and Nutrition Policy, Health and Safety Policy, Admissions Policy and individual healthcare or allergy action plans.

2. Purpose and legal framework

The Department for Education's *Allergy safety in schools* statutory guidance (2026) is directed principally at maintained schools, academies and pupil referral units. The guidance states that it is also relevant to early years settings and should be treated as good practice. Impact Wrap Around Care therefore uses the guidance as the basis for this policy, alongside the Early Years Foundation Stage (where applicable), Childcare Register requirements, food information law, health and safety duties, equality duties and the common law duty of care.

The policy is intended to ensure that allergy risk is managed proactively without unnecessarily excluding a child from activities, food provision, play, sport, visits or trips.

3. Scope and definitions

Allergy is an immune-system reaction to a normally harmless substance. **Anaphylaxis** is a potentially fatal allergic reaction affecting airway, breathing and/or circulation. Food intolerance and coeliac disease are different from allergy but may still require strict dietary controls and individual arrangements.

This policy covers food allergy, insect sting allergy, medication allergy, contact allergy, airborne allergy, allergy-related asthma and other clinically identified allergic conditions.

4. Leadership and responsibilities

- **Christopher Dickinson, DSL/Director**, is the named senior lead responsible for this policy and for ensuring it is reviewed at least annually.
- The Club Manager is responsible for ensuring current allergy information is available to staff on duty, medication is accessible, food controls are followed and any incident or near miss is recorded and escalated.
- All staff are responsible for following children's individual arrangements, preventing avoidable exposure, recognising symptoms and acting immediately in an emergency.
- Parents/carers are responsible for supplying accurate, up-to-date information and any prescribed medication required for their child, and for telling Impact promptly if the child's condition, treatment or emergency plan changes.

5. Identifying children with allergies

Parents provide medical, allergy and dietary information through the booking/registration process and must update the setting when information changes. Before a child attends, staff will identify any declared allergy, the known trigger(s), typical symptoms, required avoidance measures, prescribed medication and emergency actions.

Where a child has a significant allergy, is at risk of anaphylaxis, requires emergency medication or needs arrangements that differ from normal practice, Impact will request an appropriate Allergy Action Plan and/or Individual Healthcare Plan. Relevant clinical documents supplied by parents or healthcare professionals will be attached or referenced. Impact staff will not make clinical diagnoses or substitute their own judgement for professional medical advice.

6. Information sharing and confidentiality

Allergy information is health information and will be handled as special category personal data. It will be shared only with staff and other persons who need the information to keep the child safe. Practical information, such as a child's allergens, symptoms and emergency action, may be made readily available to staff on duty where this is necessary for safety.

When Impact operates on school premises, relevant allergy information may be shared with the school where necessary to coordinate emergency arrangements, access shared equipment or manage food and site risks. Information will be handled in line with the setting's data protection policy.

7. Allergy awareness and staff training

All staff who supervise children will receive allergy awareness and emergency response training at induction and will refresh this at least annually. Staff are required to complete the setting's Allergy & Anaphylaxis for Schools training or an equivalent approved course.

- recognise common signs and symptoms of mild/moderate reactions and anaphylaxis;
- understand that asthma symptoms can be part of a severe allergic reaction;
- know how to call 999, give clear information and follow an Allergy Action Plan;
- know where prescribed and shared emergency medication is kept and how to access it immediately;
- be familiar with the use of adrenaline auto-injectors (AAIs) and other emergency allergy devices used on site;
- understand food-allergen controls, cross-contact risks, cleaning expectations and the importance of checking labels; and
- understand the potential emotional and social impact of allergy and the need to prevent teasing, bullying or exclusion.

8. Minimising exposure to known allergens

Impact will take reasonable and proportionate steps to reduce exposure to known allergens. Risk controls will reflect the individual child, the activity, the food being provided and the layout of the school site.

- Staff will check allergy information before food, cooking activities, celebrations, trips or activities where food or known allergens may be introduced.
- Children will be encouraged to wash hands before eating and after activities where allergen transfer may occur. Appropriate cleaning will be used for tables, utensils and food-contact surfaces.
- Food and drink will not be shared between children where this could create an allergy risk.
- Staff will supervise younger children closely during food service and ensure that identified children receive only food that is considered suitable for them.
- Risk assessments will consider non-food allergens, including art/craft materials, sensory products, latex, animals, plants, insect stings and cleaning products where relevant.

Impact does not describe the setting as "allergen free" or "nut free". A total guarantee cannot be given in a shared school environment. Where a particular allergen creates a known significant risk, Impact may restrict or discourage it and will put specific controls in place.

9. Food provision and allergen controls

Where Impact supplies food on a regular and organised basis, it will meet applicable food information requirements. Information about the 14 regulated allergens in food provided by Impact will be available and staff must check ingredients and allergen information before serving a child with a known food allergy or intolerance.

- Ingredient and allergen labels must be retained or recorded where needed so that staff can verify suitability.
- Substitutions must not be made without re-checking the allergen information.
- Food preparation will be organised to reduce cross-contact, including use of clean hands, surfaces and utensils.
- Where a child requires a specialist diet that cannot be safely provided by Impact, this will be discussed with the parent/carer and an alternative arrangement agreed without unnecessarily excluding the child from the session.
- Packed food brought from home remains subject to reasonable site rules and supervision. Staff will respond to any known risk created by another child's food.

10. Prescribed medication

A child who has been prescribed adrenaline devices should have rapid access to them at all times while in Impact's care. Parents should provide the medication required by the child together with the relevant Allergy Action Plan or healthcare information. Where clinically advised, two adrenaline devices should be available because a second dose may be required.

Medication must be in date, labelled for the child where prescribed to them, stored in accordance with the manufacturer's instructions and accessible to staff. It must not be locked away in a location that would delay emergency treatment.

11. Shared school emergency allergy equipment

Impact Wrap Around Care currently operates a shared-site arrangement with the school for emergency allergy equipment. The school's emergency EpiPens/adrenaline auto-injectors are kept in the school office. Impact may rely on this shared equipment only where the following controls are maintained:

- Impact staff know the exact location of the equipment and know how to gain access to it immediately during every session.
- **The school office must remain readily accessible during Impact operating hours.** Emergency adrenaline must not be locked away or subject to access restrictions that could delay treatment.
- The location must allow an adrenaline device to be brought to any child who needs it as soon as possible and, in practice, within five minutes.
- The shared stock should include appropriate device strengths for the age groups using the site, be clearly labelled as emergency/spare stock and, where AAIs are used, be kept in pairs where the school's arrangements provide this.
- Impact and the school will have a clear understanding of who checks expiry dates, replaces used or expired equipment and ensures the kit remains complete.
- Impact staff will report immediately to the school if shared emergency medication is used, missing, damaged, expired or inaccessible.

If the school office cannot be guaranteed to remain accessible throughout a session, or if the travel time from the activity area would prevent emergency adrenaline being available within five minutes, the current storage arrangement must be changed and suitable emergency medication placed in a more accessible location.

12. Use of emergency adrenaline

Anaphylaxis is a medical emergency. Staff must act immediately and must not wait for a reaction to become more severe before following the child's action plan or emergency procedures.

- Call 999 and state that anaphylaxis is suspected.
- Bring the child's prescribed adrenaline device or the agreed shared/spare device to the child. Do not send the child to fetch medication.
- Administer adrenaline without delay in accordance with training, the device instructions and any individual action plan.
- Keep the child lying flat with legs raised unless breathing is difficult, in which case they may be allowed to sit up slowly. Do not allow them to stand or walk.
- If symptoms persist or return, a second dose may be required in accordance with emergency guidance and the individual action plan.
- An ambulance must attend. Parents/carers must be contacted as soon as it is safe to do so.

A used AAI must be handed to ambulance clinicians where possible or disposed of safely in accordance with medicine/sharps requirements. It must never be placed in ordinary waste.

13. Asthma and allergy

Food allergy and asthma can occur together, and breathing difficulty may be a sign of anaphylaxis rather than a routine asthma attack. Staff must follow the child's emergency plan and their training. Where the school also provides an emergency salbutamol inhaler, Impact will only use it in accordance with the school's protocol and the legal conditions that apply to emergency inhalers.

14. Activities, sport, visits and trips

Children with allergies should be supported to participate in activities, sport, outings and trips. Allergy alone must not be used as a reason to exclude a child or require a parent to attend unless there is an exceptional, individually assessed reason.

- The person leading the activity will review allergy information and foreseeable exposure risks in advance.
- Required medication and action plans must accompany the child and remain rapidly accessible; medication must not be left behind at the setting or locked in a vehicle.
- Food arrangements, travel, access to emergency services, communication and staff competence will be considered in the risk assessment.
- Where an activity introduces an avoidable allergen, an appropriate alternative or adjustment will be made.

15. Wellbeing, inclusion and bullying

Children with allergies will be treated with dignity and supported to manage their condition in an age-appropriate way. Staff will avoid unnecessarily singling a child out and will not use food allergy as a reason to remove them from ordinary activities when risks can reasonably be managed.

Teasing, bullying, deliberate exposure to an allergen, threats involving allergens or interference with medication will be treated as serious behaviour and safeguarding concerns. Staff will act promptly and involve parents and the school where appropriate.

16. Serious incidents and near misses

All allergic reactions requiring emergency treatment, suspected anaphylaxis, use of adrenaline, emergency service attendance, significant food-allergen errors and important near misses will be recorded promptly. A near miss includes an event where a child was exposed or almost exposed to a known allergen but serious harm was avoided.

- The Club Manager/DSL will review what happened, including the child's plan, food controls, staff response, access to medication and any shared-site arrangements.
- Parents/carers will be informed and their account of delayed symptoms or later medical treatment will be taken into consideration.
- Where relevant, the school will be informed so that shared equipment, catering or site arrangements can be reviewed.
- Any required notification or referral to Ofsted, environmental health, the Food Standards Agency/local authority, HSE or another body will be made in accordance with the applicable reporting rules.

The purpose of review is to learn from the event and reduce recurrence. Risk assessments, individual plans, staff training and this policy will be updated where necessary.

17. Emergency communication and records

Records will be factual and will include the date/time, child, suspected trigger, symptoms, action taken, medication/device used, time medication was given, 999 call details, parent contact, staff/witnesses, outcome and follow-up. Where a shared school device has been used, the school will be told immediately so replacement can be arranged.

18. Policy awareness

This policy will be available to staff and parents and will form part of staff induction and annual allergy training. Children will receive age-appropriate reminders about not sharing food, respecting others' medical needs and getting an adult immediately if someone becomes unwell.

19. Policy review

This policy is effective from 1 September 2026 and will be formally reviewed on 1 September each year, or sooner following a serious incident, a significant near miss, a change in the school's shared emergency equipment arrangements, new statutory guidance, changes to food provision or changes to the service.

Policy effective date	1 September 2026
Last review / approval date	1 September 2026
Next scheduled review date	1 September 2027

20. Key reference documents

- Department for Education - *Allergy safety in schools: statutory guidance* (2026).
- Department for Education / Department of Health and Social Care - guidance on the use of emergency adrenaline auto-injectors in schools.
- Statutory Framework for the Early Years Foundation Stage, where applicable.
- Food Information Regulations 2014 and associated allergen information requirements, including requirements for prepacked for direct sale food.
- Human Medicines Regulations 2012, as amended, including provisions relevant to emergency adrenaline devices and emergency asthma inhalers.
- Equality Act 2010 and Health and Safety at Work etc. Act 1974.