ßAllergy and Anaphylaxis Policy

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1. Purpose and scope

Waterside School will reduce exposure to allergens, support pupils to participate safely and respond immediately to allergic reactions. This policy applies to pupils, staff and visitors, throughout the school day, outdoor activities, school events, off-site learning and transport organised or supervised by the school.

An allergy is an immune reaction to a substance. Anaphylaxis is a rapidly developing, potentially life-threatening allergic reaction. Adrenaline auto-injectors (AAIs), including EpiPen and EpiPen Jr, provide emergency treatment. Each pupil's clinical Allergy Action Plan and prescribed device determine their individual treatment.

The EpiPen bag must follow the pupil throughout the day and remain immediately accessible to staff. It is kept on the designated hook while the pupil is in their individual room, and taken with them whenever they leave. All staff will receive allergy and EpiPen administration training. See sections 5, 6 and 9.

This policy supports Waterside's duties under the Education (Independent School Standards) Regulations 2014, as amended, and Keeping Children Safe in Education (KCSIE) 2026. Sections 11 to 13 set out medicines controls, the relevant standards and supporting guidance. [9–12]

2. Responsibilities

- The Proprietor Body provides oversight and resources. The Headteacher leads implementation, arranges trained cover and nominates a medicines lead and deputy to maintain the allergy register, emergency supplies and checking records.
- Staff know the pupils' plans, prevent exposure, check access to medication and act immediately on concerns. The first available staff member starts the emergency response; staff must not wait for a particular colleague or permission.
- Parents and carers provide current allergy information, clinical plans, consent and two in-date prescribed AAIs where prescribed, and tell the school promptly about changes. Staff and visitors disclose allergies and emergency arrangements relevant to their time on site.
- The Designated Safeguarding Lead (DSL), or a deputy, manages safeguarding concerns arising from allergy care. The SEND lead helps align adjustments with the pupil's Education, Health and Care (EHC) plan. The Headteacher checks that insurance covers agreed medication support.

3. Individual healthcare and allergy action plans

At admission, or as soon as a possible allergy is reported, the medicines lead records the concern and agrees arrangements with the family, pupil and relevant healthcare professional. Staff must not wait for a formal diagnosis before putting reasonable precautions in place. The school does not diagnose allergies or change prescribed treatment.

An Individual Healthcare Plan (IHP), incorporating the clinician's Allergy Action Plan, will be in place for pupils requiring allergy-related support and linked to any EHC plan. Keep original clinical medication instructions. Apply the medicines controls in section 11. Record:

- The pupil's identity, known or suspected allergens, avoidance measures, previous reactions, asthma or other relevant conditions, and emergency contacts.
- Usual and unusual warning signs, communication needs and how the pupil may show pain, breathing difficulty or distress. Do not dismiss sudden changes as anxiety, behaviour or SEND.
- The prescribed medicine, brand, strength, instructions, consent, exact hook location, who carries the bag during movement and how medication transfers between home, school and transport.
- Staff responsibilities, necessary adjustments, off-site arrangements, any agreed self-carry or self-administration, and review dates.

The Headteacher ensures staff who need the information can access it promptly. Share medical details only with those who need them for safe support. Review plans at least annually and immediately after a reaction, near miss, medication change or new clinical advice. Where clinical advice is awaited, agree interim precautions and seek healthcare advice. [1]

4. Preventing exposure and supporting inclusion

- Before food is served or used in cooking, check the pupil's plan against current ingredient labels and supplier information. Recheck replacement products and recipe changes. Never guess, remove an allergen from a finished meal or assume a vegan product is allergy-safe.
- Keep ingredients and prepared foods labelled and separated. Prevent cross-contact through clean preparation areas, utensils and equipment, appropriate storage and careful handwashing. Keep written allergen information up to date. If safety is uncertain, provide a verified suitable alternative. [6]
- Supervise meals and snacks as the pupil's plan requires. Do not allow sharing of food, drinks or utensils. Check packed lunches, treats, rewards, celebrations and food brought into school against agreed controls.
- Risk-assess sensory play, art materials, science, gardening, pets, latex, medicines, insect exposure and fragrances or airborne triggers. Keep eating areas clean and manage waste promptly.
- Use accessible explanations, visual prompts and supported communication. Plan safe alternatives so pupils can join activities. Address allergy-related bullying or deliberate exposure through safeguarding and behaviour procedures.

The school will agree specific restrictions where needed. It will not promise an entirely allergen-free environment or rely on a blanket nut-free label as its only control. Parents must not be required to attend activities simply to provide allergy care.

Where an allergy meets the Equality Act 2010 definition of disability, the school will make reasonable adjustments and prevent disability discrimination. Plan adjustments with the pupil and family, including accessible information and safe participation. [16]

5. EpiPen storage and immediate access

Each pupil's two prescribed EpiPens will be kept together in a labelled emergency bag. The bag must follow the pupil throughout the day. While the pupil is in their allocated classroom or base room, it hangs on the designated hook, immediately accessible to staff.

- Each bag will have a photo of the leaner to avoid any mix up.
- Record the hook location in the IHP. Label the bag with the pupil's name; include identification, the current Allergy Action Plan, emergency contacts and other prescribed allergy medicine. Protect unnecessary personal details from public view.
- Do not lock the bag away or allow keys, locked doors or access codes to delay treatment. Risk-assess hook height, bag straps, supervision and pupil access to prevent tampering while maintaining immediate staff access.
- Keep EpiPens in their protective carriers and original light-protective packaging, at no more than 25°C, away from sunlight and heaters. Do not refrigerate, freeze or leave in vehicles. Follow the product's storage instructions. [4]
- If the room is unavailable, the medicines lead arranges an equally accessible location, updates the plan and briefs relevant staff before the pupil moves.

5.1 Checks and replacement

The allocated member of staff checks at the start of each day that the bag, both devices and action plan are present and accessible. Repeat the check before off-site activity and at every handover. The medicines lead or deputy records a monthly check of the prescription details, expiry dates, seals, device condition and solution viewing windows.

Arrange replacements before expiry and immediately after use, loss or damage. Replace devices with cloudy, discoloured or particle-containing solution. Record and escalate a missing, expired or damaged device to the Headteacher immediately. Agree safe interim arrangements with the family and healthcare professional; do not proceed with an activity without reliable emergency provision. Do not automatically exclude a pupil because of a supply problem.

5.2 Spare school AAIs

Waterside will maintain spare AAIs in a clearly marked, unlocked emergency bag at the school office. The Headteacher will agree brands, strengths, quantities, strength-selection instructions and any additional locations with a pharmacist or healthcare professional, allowing for a second dose. Keep these instructions with the kit. The medicines lead and deputy check stock and replace used devices immediately.

Use the prescribed device first. Use an appropriate spare if it is unavailable or fails, or for a first episode of suspected anaphylaxis. Obtain advance consent for planned support; do not delay life-saving adrenaline for consent in an emergency. Follow section 7 and call 999. [1, 7]

6. Movement, trips and transport

The allocated trained staff member must take the bag with the pupil throughout the day, including every room change, meals, breaks, outdoor activities, evacuation, trips and transport. Never leave it in an empty classroom, vehicle boot or locked compartment. Bring medicine to an unwell pupil; never make them walk to it.

When staff change, hand the bag directly to the incoming staff member, who checks it and accepts responsibility. Check two devices, the plan, telephone and trained cover before departure. Return it to its hook only when the pupil returns to that room. Document and support agreed self-carry; confirm external transport arrangements with the provider and family. Maintain supervision of other pupils during emergencies. [9, 10]

7. Recognising and responding to a reaction

A reaction can happen without a previous diagnosis or visible rash. Follow the pupil's Allergy Action Plan and look for a sudden change from their normal presentation. Treat suspected anaphylaxis immediately; do not wait for every symptom or a rash to appear. [2, 3]

Presentation	What staff may see
Possible mild reaction	Itching, hives, local swelling or stomach discomfort, without breathing difficulty, throat symptoms or collapse. Symptoms can progress.
Airway or breathing concern	Tongue or throat swelling, hoarse voice, difficulty swallowing, noisy or difficult breathing, persistent cough or wheeze.
Circulation or responsiveness concern	Faintness, collapse, marked pallor, confusion, unusual drowsiness, or a child becoming floppy or less responsive.

7.1 Mild symptoms only

Stop the suspected exposure and stay with the pupil. Follow the action plan, giving the prescribed antihistamine only if directed and the pupil can swallow safely. Inform parents and observe continuously for at least 60 minutes, or longer if the plan or clinical advice requires. Escalate immediately if symptoms progress. Antihistamines do not treat life-threatening airway, breathing or circulation problems. [1, 3, 8]

7.2 Suspected anaphylaxis

1. Call for help and bring the emergency bag to the pupil. Give the prescribed or appropriate spare AAI immediately; for EpiPen, follow section 8. If in doubt about anaphylaxis, give adrenaline. Do not delay for paperwork, a parent, a first aider or a manager.
2. Ask another staff member to call 999 at once and say “anaphylaxis”. If alone, give the AAI first, then call 999 immediately on speakerphone. State the exact location, symptoms and injection time. An ambulance is needed even if the pupil improves.
3. Lie the pupil flat with legs raised. If breathing is difficult, gently raise their shoulders or allow them to sit with legs extended; avoid sudden changes of position. Do not allow standing or walking, even if they feel better. Do not hold a child upright over a shoulder.
4. Stay with the pupil and monitor breathing and responsiveness. Record the injection time. If symptoms have not improved after 5 minutes, give the second AAI and tell the call handler. If symptoms worsen sooner, update 999 immediately and follow their instructions.
5. If unconscious but breathing normally, place on their side in the recovery position. If unresponsive and not breathing normally, start CPR and use an AED as soon as available, following training and the 999 call handler. Do not leave the pupil alone.
6. A second staff member meets the ambulance, alerts the Headteacher and contacts parents after emergency treatment has begun. Hand over the action plan, medication details and used devices safely to the ambulance crew.

If no AAI is available, call 999 immediately, explain this clearly and follow the call handler’s instructions while someone obtains an available spare. Do not substitute antihistamines or an asthma inhaler for adrenaline. An inhaler may be additional treatment if directed by the action plan or emergency clinician. [2, 3, 8]

8. Giving an EpiPen or EpiPen Jr

Use the pupil's prescribed strength and clinical instructions. If the person has no prescribed device, follow the school spare kit's agreed strength-selection instructions; seek 999 guidance if uncertain. These steps apply to EpiPen and EpiPen Jr. Other brands have different instructions and holding times: train on the device supplied. Never alter a dose or practise with a live injector. [4, 5]

1. Get the correct pupil's device from the bag. Remove it from the protective carrier. Position the pupil as described in section 7 and support the leg securely so it cannot jerk during injection.
2. Hold the barrel firmly in your fist, with the orange end pointing down and your thumb nearest the blue safety cap. Keep fingers and thumbs away from both ends, especially the orange needle end.
3. When ready to inject, pull the blue safety cap straight off with your other hand. Do not bend or twist it.
4. Aim the orange end at the outer middle thigh, approximately 10 cm away. Jab firmly at a right angle to the thigh until the device clicks. It can be used through clothing if needed; avoid seams and objects in pockets.
5. Keep it pressed firmly against the thigh for 3 seconds. Remove it. The orange needle cover extends automatically. Each pen is single use; remaining liquid does not mean it can be used again.
6. Record the time, ensure 999 has been called and continue section 7. Give the second device after 5 minutes if there is no improvement. Keep used devices safely for the ambulance crew; do not put them in ordinary waste.

If a device fails or adrenaline is accidentally injected into a finger or hand, tell 999 immediately. Use another available appropriate device for the pupil without delay. The accidentally injected person also needs urgent medical assessment. Retain any faulty device for investigation. [4]

9. Training for every member of staff

All Waterside School staff will receive allergy and anaphylaxis awareness training, and all staff will be trained in administering EpiPens. This includes teaching, pastoral, learning mentor, office, catering, facilities and school transport staff.

Training takes place at induction before staff provide allergy support independently. Refresher training and practical competency checks take place at least annually, and sooner after changes, an incident or a gap. Staff missing training complete it promptly; the Headteacher arranges competent cover. General first-aid certification alone does not establish competence to administer the pupil's medicines. [12, 13]

Training will cover recognising reactions, SEND communication needs, prevention, individual plans, hook storage and keeping the bag with the pupil throughout the day, use of the actual injector and trainer device, safe positioning, calling 999, the second dose, reporting and handovers. A suitably qualified trainer or healthcare professional will assess a practical demonstration; an online module alone is not the practical competency check.

The training record will show the date, trainer, device practised, staff member's demonstration and refresher due date. Temporary staff and regular volunteers receive appropriate training and local briefing. Short-term visitors know how to raise the alarm. Staff practise finding the bags and organising an emergency response. A training gap must never delay emergency action to save a life.

All staff also read KCSIE 2026 Part one in full and receive safeguarding induction and at least annual updates. Keep the signed KCSIE acknowledgement and allergy competency records separately. [11]

10. After an incident and continuing oversight

10.1 Immediate follow-up

A pupil treated for suspected anaphylaxis requires ambulance assessment and hospital care, even if symptoms settle. Staff follow the ambulance team's instructions and arrange a familiar adult to accompany the pupil where appropriate. Do not send the pupil home in place of emergency assessment.

Complete the individual accident or incident report, medicine administration record and Waterside Accident, Incident and Near Miss Log. Record the suspected trigger, symptoms, timings, device brand and strength, expiry and batch where available, injection site, person administering, first aid, calls, handover and outcome. Record a near miss even when no medicine was given.

The Headteacher arranges a prompt review with relevant staff and the family, seeks clinical advice where needed, replaces used stock and updates the IHP, risk assessment and training. Agree safe arrangements before the pupil resumes activities. Support the pupil and witnesses emotionally, including accessible explanations and reassurance.

10.2 Reporting and monitoring

The Headteacher checks whether external notifications are required, including food safety reports to the local authority or Food Standards Agency, applicable HSE reporting, safeguarding referrals or notifications to relevant commissioners and regulators. Not every school accident is automatically reportable. Report suspected AAI defects or adverse reactions through the MHRA Yellow Card scheme and retain the device as advised. [2]

The medicines lead reviews the allergy register, device checks and training record each term. The Headteacher reviews all incidents and near misses for recurring causes, confirms actions are completed and reports themes to the Proprietor Body without unnecessary personal information. Concerns about this policy can be raised with the Headteacher through the school's complaints procedure.

Review this policy annually and after incidents or changes in guidance. Publish the approved version and make it available to current and prospective families. The Headteacher ensures suitable medical accommodation, including washing facilities and a nearby toilet, and any additional facilities needed for complex needs. This accommodation remains readily available and is not used for teaching; the classroom medication bag does not replace it. Treat anaphylaxis where the pupil is; never move them to a medical room before giving adrenaline. [9, 13]

10.3 Safeguarding concerns

An allergy incident alone does not require a safeguarding referral. Report concerns about neglect, deliberate exposure, withheld medication or repeated unsafe omissions promptly to the DSL or deputy. Consider communication barriers and avoid attributing possible harm to SEND without assessment. Record the concern, decision and reasons securely; share necessary information without delaying protection. [11, paragraphs 249–252]

Concerns about staff go to the Headteacher; concerns about the Headteacher go to the Chair acting for the Proprietor Body. Follow KCSIE Part four, including consultation with the local authority designated officer (LADO). Use the LADO directly where reporting creates a conflict. Contact children's social care or police immediately when required; do not wait for the DSL or an internal investigation. [11]

11. Medicines management and records

Apply these controls alongside the school's medicines and first-aid procedures. Emergency adrenaline must remain immediately accessible as set out in sections 5 to 8. [12–15]

- Accept prescribed medicines in date, in original pharmacy-labelled containers, with clear administration and storage instructions. Record receipt, quantity and handover. Reconcile the label, consent and clinical plan; seek pharmacist or prescriber advice about discrepancies.
- Obtain written parental agreement for planned administration and involve the pupil appropriately. For a competent young person prescribed confidential treatment, seek clinical advice and respect confidentiality. Advance consent or a signature check must not delay life-saving adrenaline.
- Check identity, medicine, strength, dose, route, timing, expiry, allergies and previous doses. For as-needed antihistamines, record the indication, minimum interval and maximum daily dose in the clinical plan. Never improvise or use antihistamines instead of adrenaline.

- Record each dose and outcome promptly on the medication administration record (MAR); never sign in advance. Record refusals, omissions, errors and advice obtained. For non-emergency refusal, do not force medication; follow the IHP and seek advice. In suspected anaphylaxis, follow sections 7 and 8.
- Escalate medication errors immediately, obtain urgent clinical advice or call 999 as appropriate, inform the Headteacher and family, and complete incident records. Return unwanted or expired personal medicines to parents for safe disposal; record returns. Keep medicines separate from general first-aid supplies.

12. Independent School Standards references

The following Schedule paragraphs are relevant to this policy. The school must demonstrate these arrangements in practice alongside its wider policies. [9, 10]

Standard	Policy application
Part 3 7(a)–(b)	Safeguarding and KCSIE: sections 2, 9 and 10.3.
Part 3 10	Allergy-related bullying: sections 4 and 10.3.
Part 3 11 and 16(a)–(b)	Health and safety, risk assessment and controls: sections 3 to 6.
Part 3 13 and 14	Timely competent first aid and pupil supervision: sections 6 to 9.
Part 5 24(1)–(3) and 25	Medical accommodation and safe premises: sections 5 and 10.2.
Part 6 32(1)(b) and 32(3)(b), (d)	Information on welfare provision, health and safety and first aid: sections 3 and 10.2.
Part 6 32(1)(c), (g) and (i)	Safeguarding publication, inspection evidence and relevant EHC review information: sections 2, 3, 10 and 13.
Part 7 33	Parental complaints: section 10.2 and the school complaints procedure.
Part 8 34(1)(a)–(c)	Effective leadership and pupil wellbeing: sections 2, 9 and 10.

13. Legal framework and guidance

The Independent School Standards Regulations, as amended, apply to independent schools. Waterside must have regard to KCSIE 2026 through paragraph 7(b). The April 2026 DfE standards guidance explains the requirements. [9–11]

The statutory duties underpinning Supporting pupils at school with medical conditions and the July 2026 Allergy safety in schools guidance currently apply to maintained schools, academies and PRUs. Waterside adopts their relevant practice to support its independent-school duties. The Headteacher will check for equivalent allergy requirements introduced through amendments to the Standards. [1, 12]

The Human Medicines Regulations 2012, regulation 238 and Schedule 19, permit emergency adrenaline to save life. The 2017 amendments enable schools to obtain spare AAIs. These provisions support the emergency exception to advance consent in section 5.2; they do not replace planned medicines controls or staff training. [1, 14, 15]

Sources checked 9 September 2026. Use the current clinical plan and manufacturer instructions for each device.

1. DfE Allergy safety in schools July 2026
2. MHRA Adrenaline auto-injectors guidance and safe-use resources
3. NHS Anaphylaxis
4. EpiPen UK patient information leaflet updated August 2026
5. EpiPen UK How to use your EpiPen
6. Food Standards Agency Allergen guidance for food businesses
7. Anaphylaxis UK Emergency and spare AAI guidance for schools
8. Resuscitation Council UK Anaphylaxis guidance and FAQs
9. Education (Independent School Standards) Regulations 2014 Schedule as amended
10. DfE Independent School Standards guidance April 2026
11. Keeping Children Safe in Education 2026 Parts one two and four and Annex B
12. DfE Supporting pupils at school with medical conditions paragraphs 16 to 24
13. DfE First aid in schools early years and further education
14. Human Medicines Regulations 2012 regulation 238 and Schedule 19
15. Human Medicines (Amendment) Regulations 2017 SI 2017/715
16. Equality Act 2010 DfE advice for schools

Read with Waterside's safeguarding and child protection, medicines administration, medical conditions, first aid, health and safety, risk assessment, SEND and accessibility, anti-bullying, educational visits and transport, food hygiene, data protection and complaints procedures. The Headteacher ensures these procedures agree, including emergency access and reporting routes, and makes relevant records available for inspection and EHC reviews. Keep medical and safeguarding records securely under the school's retention arrangements.