WALTHAMSTOW MONTESSORI SCHOOL

Allergy Safety Policy

Walthamstow Montessori School (WMS) is committed to protecting children from avoidable exposure to food allergens and to ensuring that all staff know how to recognise and respond to an allergic reaction. The policy sets out the systems used to obtain, record, communicate, check and safely manage allergies and intolerances across both WMS sites. Related policies are our Safer Food Policy, First Aid Policy, Medication Policy and Safeguarding Policy.

This policy reflects the current Early Years Foundation Stage (EYFS) statutory framework effective from 1 September 2026, Department for Education early-years food allergy guidance, Food Standards Agency (FSA) allergen guidance and current NHS advice on serious allergic reactions.

Policy Scope

- This policy applies to all staff who must follow the individual children's allergy information, and any allergy action plan supplied by the parent/carer or healthcare professional.
- This policy applies to food and drink provided by WMS, food brought from home, cooking and food-preparation activities, celebrations, tasting activities, trips and any activity involving potential allergens.
- This policy applies to all permanent and temporary staff, agency staff, students, volunteers, contractors and visitors who may handle, prepare or supervise food.

WMS Allergy Principles

- The children's allergy and dietary information is obtained before the child joins WMS and kept accurate and up to date.
- All staff must know where current allergy information is held and how to check it before food is served.
- No child is to be given food where the ingredients or allergen status cannot be confidently verified.
- Food must never be shared between children. Staff should actively supervise eating and discourage children from swapping or sharing food.
- WMS will not rely on a child remembering or communicating their own allergy; adults remain responsible for safe food provision.
- Where an allergic reaction is suspected, staff must treat the situation seriously and follow the child's allergy action plan and emergency procedures.

WMS Site-Wide Food Requirements

- WMS is a NUT-FREE setting. Nuts and foods containing nuts must not be brought into school or used at WMS.
- WMS is GRAPE-FREE. Grapes must not be brought into school, served or used in food activities at WMS.
- WMS is DAIRY-FREE for the children. Dairy products are not provided to children. Dairy-free alternatives used by WMS must still be checked for all other relevant allergens.
- The restrictions listed above do not replace the need for staff to check each child's individual allergy requirements.

Recording Children's Allergies and Intolerances

- Before a child attends, parents/carers must provide information about diagnosed allergies, suspected allergies, intolerances and special dietary requirements. Staff must obtain sufficient information to manage the child safely at WMS.
- We collect the following information as supplied to us by the parent/carer or healthcare professional:

1. Name of allergens or foods to be avoided.
2. Known symptoms and the child's usual reaction.
3. Whether the child has an Individual Health Plan.
4. Whether medication or an adrenaline auto-injector has been prescribed and where it is stored.
5. Any instructions supplied by a healthcare professional.

- Any changes reported by parents/carers must be updated promptly on Famly and communicated to the relevant staff.

- Individual Health Plans will be reviewed termly, or sooner if a parent informs ups of an update or has new information.

- All allergy information must be handled as confidential child information and shared with staff on a need-to-know basis only and where necessary to keep the child safe.

Individual Allergy Action Plans and Medication

- Where a child has an Individual Health Plan, the current plan must be accessible to all staff responsible for the child.
- Where a child has a prescribed adrenaline auto-injector (AAI) or other emergency medication, WMS must follow its medication procedure for consent, storage, accessibility, checks and administration.

- Emergency medication must be immediately accessible to authorised staff and must not be locked away where this would delay emergency treatment.
- Expiry dates, condition and availability of emergency medication must be checked in accordance with the school's medication-checking procedure.
- Staff must know which children have emergency medication and where it is kept.

Food and Ingredient Checking

- At every snack, mealtime or food activity, a designated member of staff must check that the food offered to each child meets their dietary and allergy requirements. This is a specific safety check and must not be assumed because the same food has been served previously.
- During mealtimes, a member of staff must be seated at each table where children are eating.
- Children with known allergies will be served their food on an easily identifiable plate.
- Children with known allergies will sit together at the table with a known Flower Sign above it. The same Flower Sign will also indicate where the Photo Allergy list of children is kept.
- Staff must check the current ingredient label and allergen information before using packaged food.
- Staff must check the full recipe and all ingredients for food prepared on site.
- Staff receiving food deliveries must check replacement or substitute products separately; a substitute may contain a different allergen.
- Staff must not rely on memory, product appearance or previous packaging.
- If an ingredient, recipe or allergen status has changed, staff must not serve the food until it has been checked.
- Where information is unclear or staff are unsure, the food must not be given to the affected child.
- The FSA identifies 14 regulated allergens: celery; cereals containing gluten; crustaceans; eggs; fish; lupin; milk; molluscs; mustard; nuts; peanuts; sesame; soya; and sulphur dioxide/sulphites above the applicable threshold.

Preventing Cross-Contamination

Staff must:

- Wash hands thoroughly before preparing or serving food and after handling food or allergens.
- Use clean, appropriate utensils, chopping boards, plates and preparation surfaces.
- Clean food-preparation surfaces before and after use.
- Keep allergen-containing foods separate from foods intended for children with allergies.
- Keep food covered and appropriately labelled during storage.

- Not use shared knives, spoons, serving utensils or containers where this could transfer an allergen.
- Not allow children to share food, cups, cutlery or utensils.
- Clean up spills immediately and safely.
- Always follow WMS food hygiene procedures.

Food Brought from Home

- Parents/carers must provide accurate information about food brought into WMS and must comply with WMS' food restrictions.
- Packed lunches and other foods brought from home must be checked against the child's recorded allergy requirements where necessary.
- Staff must not assume that a homemade food item is allergen-free because an ingredient is not visible.
- Food must not be shared between children.

Cooking, Baking and Sensory Activities

- All ingredients must be checked before an activity begins.
- Staff must consider allergens in food-play, baking, cooking, tasting, messy play and sensory activities, not only at mealtimes.
- Children with allergies must have a safe alternative or alternative activity where an allergen cannot be safely excluded.
- Staff must prevent children from tasting or handling ingredients that are unsafe for them.
- Recipes and ingredient lists should be retained or recorded where practical so that ingredients can be verified.

Staff Responsibilities and Training

- All staff must read and understand this policy and WMS' Food Policy.
- Staff involved in food preparation or service must receive appropriate food hygiene and allergen awareness training for their role.
- Staff must know the signs of an allergic reaction and the emergency procedure.
- Relevant staff must be trained and competent to administer prescribed emergency medication in line with the child's Individual Health Plan and the school's Medication Policy.
- All staff present during times when pupils are scheduled to be on site should receive allergy awareness training as part of their initial induction before supervising children, and such training must be refreshed yearly. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. This includes catering staff and others who may oversee children. It is not intended to include contractors

carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

- Training and meeting records must be maintained by WMS.

Training

Allergy awareness training should ensure all staff:

- 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).
- Receive training on how to use medication or a device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices.)
- Understand the impact an allergy can have on a child or young person's wellbeing.
- Know how to check whether a child is on the record of those with known allergies.
- Understand their responsibilities in reducing the risk of individuals with known allergies 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") to the Principal.
- 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.

Individual Health Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting.
- they are at risk of harm because of their allergy, and 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 at WMS for supporting the child with their medical condition or allergy, including in emergency situations.
- Set out how children with an allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes children whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency).
- Where children have an IHP Plan issued by a healthcare professional, the IHP should refer to it or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.
- Children with a known allergy who have a prescribed adrenaline auto-injector (AAI) at WMS must always have 2 devices at school.

Recognising an Allergic Reaction

- Symptoms can vary. Staff should follow the child's Individual Healthcare Plan if the child has one. Possible symptoms can include itching, hives or rash, swelling of the lips/face, vomiting, coughing, wheezing, difficulty breathing, hoarse voice, dizziness, collapse or other signs of a severe reaction.
- Anaphylaxis is a medical emergency. Staff must not wait for symptoms to become severe before following the child's emergency plan.

Emergency Response – Suspected Anaphylaxis

- Stay with the child and call for immediate help from another member of staff.
- Follow the child's allergy action plan. If an adrenaline auto-injector or other prescribed emergency medication is indicated, administer it without delay by a trained/authorised person in accordance with the plan and medication procedure.
- Call 999 and state that the child is having anaphylaxis / a severe allergic reaction.
- Tell the emergency operator that adrenaline has been given, if applicable.
- Keep the child under continuous observation and follow the emergency operator's instructions.
- If symptoms do not improve, administer a second prescribed adrenaline auto-injector, follow the child's action plan and emergency-service instructions regarding further administration.
- Send a member of staff to meet the ambulance and ensure the child's emergency information and medication are available.
- Contact the parent/carer as soon as practicable, without delaying emergency treatment.
- Record the incident fully and review the child's risk assessment, allergy information and procedures before the child returns, where appropriate.

Current NHS guidance states that when a serious allergic reaction occurs, a prescribed adrenaline auto-injector or nasal spray should be used immediately and 999 should be called afterwards, even if the person appears to improve.

If an Allergen Is Accidentally Given

- Stop the child from eating the food and remove the food from reach.
- Assess the child immediately and follow their individual allergy action plan.
- Seek emergency medical assistance where required; do not wait for symptoms to worsen if the action plan indicates emergency treatment.
- Monitor the child continuously.
- Inform the parent/carer and management.
- Record the incident, including the food, allergen, circumstances and response.
- The Principal will investigate how the error occurred and put corrective measures in place to prevent another incident occurring.

Visits and trips

- When a visit or trip is planned, arrangements and adjustments will be put in place to ensure children with allergies are able to participate and do so safely (including access to adrenaline if required.)
- Risk assessments will be conducted and consider any child at risk of anaphylaxis taking part in a trip off the premises. Teachers must take on the trip the adrenaline devices and medication of any child at risk of anaphylaxis, as well as a copy of the child's Individual Health Plan; there should be staff trained to administer the child's adrenaline in an emergency on the trip.

Communication and Daily Practice

- Temporary staff must be given the allergy information necessary for the children they supervise.
- Parents/carers should be asked to notify WMS immediately of any new allergy, change in symptoms, new medication or change to an allergy action plan.
- Allergy information should be re-confirmed termly according to our Medication Procedure and whenever there is a change in a child's circumstances or allergies.

Monitoring, Auditing and Review

- The Principal will periodically audit allergy records, medication checks, food labels/ingredient information, staff knowledge and incident records.
- Any allergy incident, near miss or identified unsafe practice will be reviewed to identify learning and prevent recurrence.

- Where a product, supplier, recipe or menu changes, allergen information must be rechecked.
- This policy will be reviewed at least annually and sooner if legislation, EYFS requirements, DfE/FSA/NHS guidance or WMS practice changes.

Roles and Responsibilities

Role	Key responsibility
Principal / Senior Leadership Team	Overall implementation: ensure procedures, training, risk assessments and emergency arrangements are effective.
Office Managers	Maintain central allergy information, parent communication, records, checks, training records and policy review.
All Staff	Know the allergies of children in their care; ensure information is communicated and daily food checks are completed.
All Staff	Check food before serving, prevent sharing/cross-contamination, recognise reactions and follow emergency procedures.
Food Preparation / Serving Staff	Verify ingredients and allergen information, maintain hygiene and prevent cross-contamination.
Parents/Carers	Provide accurate, current allergy information, action plans and medication; inform WMS immediately of changes.

Key References

- Department for Education – Early Years Foundation Stage statutory framework, group and school-based providers, effective from 1 September 2026.
- Department for Education – Help for early years providers: Food safety.
- Department for Education – Help for early years providers: Food allergies and intolerances, updated 30 June 2026.
- Food Standards Agency – Allergen checklist for food businesses, published 13 March 2025 and updated 23 July 2026.
- GOV.UK – Running a food business: Allergies.
- NHS – Food allergy, page reviewed 20 August 2026.

Date last reviewed: 21st October 2026

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