

Willow School Policy



Allergy Safety Policy

Date: October 2026

Review Date: October 2027

Aims

Willow School is committed to making sure that pupils with allergies are safe, included and able to take a full part in school life. Many of our pupils have complex needs, including communication differences, sensory needs and periods of dysregulation, which can make it harder for them to avoid allergens or to tell an adult they feel unwell. This policy is written with that in mind.

This policy aims to:

- Reduce the risk of pupils, staff and visitors coming into contact with substances they are allergic to, on site, off site and on transport
- Make sure every member of staff can recognise an allergic reaction and anaphylaxis and knows how to give adrenaline without delay
- Set out how pupils with allergies are identified, recorded and supported through an Individual Healthcare Plan (IHP), with their Allergy Action Plan attached
- Set out how the school's spare adrenaline auto-injectors (AAIs) are stored, checked and used
- Make sure every allergic reaction and near miss is recorded, reported to parents and carers, and used to reduce future risk
- Support the wellbeing of pupils with allergies and prevent allergy-related bullying or exclusion

The school cannot guarantee an allergen-free environment. We will take all reasonable steps to minimise exposure, promote an allergy-aware culture and make sure robust emergency procedures are in place for both known and unexpected reactions.

This policy sits alongside, and should be read with, the Supporting Pupils with Medical Conditions Policy (which sets out how IHPs are developed and how medicines are received, stored and administered) and the First Aid Policy (which sets out first aid provision, recording on Tapestry and reporting).

Legislation and Guidance

This policy is based on the following legislation:

- The Education (Independent School Standards) Regulations 2014 – paragraph 7 (safeguarding and welfare), paragraph 13 (first aid) and paragraph 24 (accommodation for medical needs)
- The Children's Wellbeing and Schools Act 2026, section 34 (allergy safety policies). This currently applies to maintained schools and academies. It is not yet statutory for independent schools; Willow School follows it as good practice
- The Human Medicines Regulations 2012 (as amended 2017)
- The Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- UK GDPR and the Data Protection Act 2018

It also takes account of the following guidance:

- DfE: Allergy safety in schools (statutory guidance, July 2026) and the accompanying DfE allergy safety policy template

- DHSC: Using emergency adrenaline auto-injectors in schools (2017)
- DHSC: Guidance on the use of emergency salbutamol inhalers in schools (2015)
- DfE: Supporting pupils at school with medical conditions (2015), followed as good practice
- DfE: Keeping Children Safe in Education
- BSACI, Anaphylaxis UK and Allergy UK guidance on Allergy Action Plans and allergy awareness in schools

Key Contacts

Role	Name	Allergy Responsibility
Allergy Safety Lead	Assistant Headteacher and SENCo (Miss McNeil)	Named senior leader with overall responsibility for allergy safety and the implementation of this policy
IHPs and Allergy Register	Assistant Headteacher and SENCo (Miss McNeil)	Developing IHPs with families, attaching Allergy Action Plans and keeping the Allergy Register up to date
Spare AAls and Emergency Inhalers	School Office (Mrs Pearson)	Monthly checks of spare AAls, emergency inhalers and pupils' own devices on both sites; reordering
Medication, Consent and Records	School Office (Mrs Pearson)	Collecting forms and consents, updating Bromcom, expiry reminders to parents and carers
Safeguarding	Designated Safeguarding Lead (Miss Hemming)	Any allergy-related concern that may indicate neglect or harm

Roles and Responsibilities

The Proprietors

- Make sure this policy, and the arrangements behind it, are in place and sufficient to keep pupils with allergies safe
- Include risks relating to allergy and anaphylaxis on the school's risk register and make sure they are actively managed
- Make sure spare AAls are funded and held on every site, and that employers' liability and public liability insurance covers staff administering adrenaline, including spare AAls
- Receive a termly summary of allergic reactions, adrenaline use and allergy near misses as part of the termly accident and injury analysis
- Approve this policy annually and after any serious allergy incident or near miss

The Headteacher

- Makes sure all staff receive allergy and anaphylaxis training at least annually, and that new and temporary staff are trained or briefed before they work with pupils

- Makes sure risk assessments that involve food or other allergens (including cooking, life skills, trips and celebrations) are completed and acted on
- Signs the request on headed paper required by the supplier (Eureka Direct) to purchase spare AAIs and inhalers, and renews it if the supplier asks
- Reviews every allergic reaction and allergy near miss with SLT and makes sure lessons learned are acted on
- Makes sure this policy is published on the school website and available in hard copy on request

Assistant Headteachers

- Share allergy information, procedures and IHPs with new staff during induction, and make sure staff sign the IHP section of the staff handbook to confirm they have been told about pupils' IHPs
- Support the Headteacher in reviewing allergic reactions and near misses
- Check allergy arrangements are included in risk assessments for trips, Local Area Visits and events on their areas of responsibility

Assistant Headteacher and SENCo (Allergy Safety Lead)

- Arranges the IHP meeting with parents and carers, the pupil (where appropriate) and relevant staff, and writes the IHP in line with the Supporting Pupils with Medical Conditions Policy
- Makes sure each pupil's Allergy Action Plan, issued by their healthcare professional, is attached to their IHP
- Keeps the Allergy Register (Appendix 3) up to date and shares changes with staff the same day
- Reviews the IHP at least annually, whenever a new Allergy Action Plan is issued and after any reaction or near miss
- Makes sure allergy needs are reflected in the pupil's EHCP, behaviour support plan and pupil risk assessment where relevant
- Leads allergy safety across both sites and makes sure this policy is implemented consistently

School Office

- Sends the Pupil Allergy Information and Spare AAI Consent Form (Appendix 2) as part of admissions and asks for it to be updated annually
- Checks spare AAIs and emergency salbutamol inhalers on both sites monthly, and after any use, using the Spare AAI Check Record (Appendix 4)
- Makes sure allergy information is recorded on the pupil's Bromcom profile and that the IHP is stored in the pupil's paper SEN file and on the One Drive Staff Share Folder, in the pupil's file under Care Plans
- Replaces spare AAIs before they expire and immediately after they are used
- Checks the expiry dates of pupils' own AAIs and other allergy medication held in school at the same monthly check, and contacts parents and carers about any due to expire within the next two months, following up until they are replaced
- Arranges safe disposal of used or expired AAIs through the sharps bin and licensed clinical waste contractor

- Makes sure visitor signing-in arrangements identify visitors with a known allergy
- Receives allergy information reported by parents and carers, including reactions that happen at home, and passes it to the SENCo the same day

All Staff

- Complete allergy and anaphylaxis training at least annually and take part in termly scenario practice
- Know which pupils they work with have allergies, what their allergens are, where their AAIs are and what their IHP says
- Give adrenaline without delay if anaphylaxis is suspected, using the pupil's own AAI or a spare AAI, and then call 999
- Check for allergens before any activity involving food, food packaging, animals, plants or craft and science materials
- Supervise eating and drinking and make sure pupils do not share or swap food, drinks, cups or cutlery
- Record any reaction on Tapestry and any near miss in the Near Miss Log on the same day

Trip and Visit Leaders

- Make sure every pupil prescribed AAIs has both of their own devices and their IHP with them before leaving site
- Include allergy risks, including food, in the visit risk assessment
- Make sure at least one member of staff in the group knows the pupil, their IHP and how to use their AAI

Parents and Carers

- Tell the school about any allergy on admission and complete the Pupil Allergy Information and Spare AAI Consent Form (Appendix 2)
- Provide a current Allergy Action Plan from their child's healthcare professional (the BSACI plan is preferred) and a new copy whenever it changes
- Take part in developing and reviewing their child's IHP
- Provide two in-date AAIs (where prescribed) and any other allergy medication, clearly labelled, and replace them before they expire
- Tell the school straight away about any change to their child's allergy, medication or treatment, or any reaction that happens outside school
- Make sure any food sent into school for their child is clearly labelled with their name

Pupils

In line with their age, understanding and communication needs, and as set out in their IHP, pupils will be supported to:

- Not share or swap food and drink, and to check with an adult before eating anything unfamiliar
- Tell or show an adult straight away if they feel unwell, have come into contact with their allergen, or think they are having a reaction
- Carry their own AAIs where their IHP agrees they are able to

Understanding Allergy and Anaphylaxis

Allergy is a reaction of the body's immune system to something that is usually harmless, such as a food, an insect sting, latex or medication. The substance that causes the reaction is called an allergen. Reactions can be mild to moderate, or severe.

Anaphylaxis is a sudden, severe and potentially life-threatening allergic reaction involving the Airway, Breathing and/or Circulation (the ABC symptoms). It usually happens within minutes of exposure but can be delayed. Skin symptoms such as a rash may be present but are not always present. Anaphylaxis can happen to a pupil who has never had a reaction before.

Staff should understand the difference between:

- **Food allergy:** an immune reaction that can be life-threatening, even to tiny amounts of the allergen
- **Food intolerance:** a digestive reaction that is unpleasant but not life-threatening
- **Coeliac disease:** an autoimmune condition triggered by gluten, which needs strict avoidance but does not cause anaphylaxis

Allergy often occurs alongside asthma, eczema and hay fever. Pupils with both asthma and a food allergy are at higher risk of a severe reaction.

Common allergens include peanuts, tree nuts, sesame, milk, egg, fish, shellfish, wheat, soya, kiwi, insect stings, latex, animal dander and pollen.

Recognising a Reaction in Pupils with Communication Needs

Some of our pupils may not be able to say that they feel unwell, or may show it in ways that look like distress or dysregulation. Staff must consider an allergic reaction whenever a pupil who may have been exposed to an allergen shows any of the following, and must not assume it is behaviour:

- Sudden change in behaviour, distress, agitation, withdrawal or unusual quietness
- Scratching or rubbing at their mouth, throat, face, eyes or ears, or pulling at their clothing
- Coughing, throat clearing, a change in voice or vocalisations, or difficulty swallowing
- Unusual tiredness, floppiness or wanting to lie down
- Vomiting, pale or clammy skin, or a sudden rash or swelling

Each pupil's IHP records how that pupil is likely to show they are unwell, so that staff who know them can recognise a reaction early.

Identifying Pupils, Staff and Visitors with Allergies

Pupils

- Parents and carers are asked about allergies on the admissions paperwork and complete the Pupil Allergy Information and Spare AAI Consent Form (Appendix 2)
- Allergies are discussed in detail at the pre-admission meeting, and information is requested from the pupil's previous setting and, where relevant, the placing local authority and EHCP
- The school does not wait for a formal diagnosis before putting arrangements in place
- For a pupil starting in September, arrangements are in place before their first day. For a pupil joining mid-term, or after a new diagnosis, the IHP is in place within two weeks, in line with the Supporting Pupils with Medical Conditions Policy

- Interim arrangements apply from the pupil's first day while the IHP is completed: the pupil is added to the Allergy Register, their Allergy Action Plan (or the parent's information) is shared with staff working with them, and their AAIs are in school
- Allergy information is recorded on the pupil's Bromcom profile

The Allergy Register

The SENCo keeps a register of every pupil with a known allergy (Appendix 3). It records the pupil's allergens, whether they are prescribed AAIs (brand and dose), whether they have an IHP and an Allergy Action Plan, whether they have asthma, and whether advance consent for a spare AAI has been given. Copies are kept in staff-only areas on each site, with the spare AAIs and in staff areas where food is prepared. They are not displayed in areas pupils or visitors can see.

Staff and Visitors

- Staff with an allergy are encouraged to tell the Headteacher, so that reasonable adjustments and an emergency plan can be agreed. This information is kept confidential and shared only with their consent
- Visitors are asked about allergies when they sign in, in line with the Visitor Policy, and before planned visits where food is involved
- Spare AAIs are held for pupils. In a life-threatening emergency involving an adult, staff call 999 straight away. The law allows anyone to give adrenaline to save a life, so a spare AAI may be used if anaphylaxis is suspected

Individual Healthcare Plans and Allergy Action Plans

Pupils with an allergy who need additional support have an Individual Healthcare Plan (IHP), developed in line with the Supporting Pupils with Medical Conditions Policy. The pupil's Allergy Action Plan, issued by their healthcare professional, is attached to the IHP. A separate school allergy plan is not needed. This is the approach set out in the DfE's Allergy safety in schools guidance (2026).

Document	Who Writes It	What It Is For	Where It Is Kept
Individual Healthcare Plan (IHP)	The school (SENCo), with parents and carers, the pupil where appropriate and relevant staff	Sets out the school's day-to-day arrangements for the pupil: avoiding allergens, food, trips, transport, communication, who does what, and emergency arrangements. It is not a clinical document	Pupil's paper SEN file and the One Drive Staff Share Folder (pupil's file > Care Plans)
Allergy Action Plan	The pupil's healthcare professional (GP, paediatrician or allergy clinic). The school does not write or change it	The medical instructions for recognising and treating a reaction, including when to give adrenaline. Attached to the IHP	Attached to the IHP and kept with the pupil's own AAIs
Asthma Action Plan or School Asthma Card	Healthcare professional or parents and carers	For pupils who also have asthma. Attached to the IHP	Attached to the IHP and kept with the pupil's inhaler

When a Pupil Needs an IHP

In line with the DfE guidance, a pupil needs an IHP if their allergy affects them at school, puts them at risk of harm, and means they need arrangements that are additional to, or different from, those in place for all pupils. At Willow School, an IHP will always be put in place for a pupil who:

- Is prescribed AAI's, or has had anaphylaxis or a severe reaction in the past
- Has a food allergy and asthma
- Has communication, sensory, learning or behavioural needs that mean they cannot reliably avoid their allergen or tell an adult they are unwell (for example, mouthing objects, food-seeking or taking others' food)
- Needs reasonable adjustments to take part in meals, cooking, trips or other activities safely

A pupil with a mild allergy who needs no arrangements beyond those in this policy (for example, mild hay fever managed with their own antihistamine) is recorded on the Allergy Register and has a medication consent form where needed, but may not need an IHP. If there is any doubt, an IHP is completed. Where there is disagreement, the Headteacher makes the final decision, as set out in the Supporting Pupils with Medical Conditions Policy.

What the IHP Includes

The IHP uses the school's existing IHP format. For a pupil with an allergy it must also cover the points in Appendix 1, including how the pupil communicates they feel unwell, who holds their AAI's, arrangements for meals, trips and transport, and whether advance consent for a spare AAI has been given.

Pupils Without an Allergy Action Plan

Where a pupil has a known allergy but no Allergy Action Plan, the school will ask parents and carers to obtain one from their child's GP or allergy clinic. In the meantime, the IHP records the information given by the parents and carers. Staff will still give adrenaline if anaphylaxis is suspected.

Reviewing the IHP

The IHP is reviewed at least annually, and also when a new Allergy Action Plan is issued, when the pupil's medication changes, after any allergic reaction or near miss, and when the pupil moves site or class.

Pupils' Own Adrenaline Auto-Injectors

- A pupil prescribed AAI's must have two in-date devices in school at all times, with their Allergy Action Plan
- Pupils who are able, and where agreed in their IHP, carry their own AAI's
- Where a pupil does not carry their own, their AAI's are kept in a clearly labelled bag with their name and photograph, Allergy Action Plan and any antihistamine. The bag moves with the pupil (or their key adult) around the site, including at break, lunch and PE, so that adrenaline is never more than five minutes away. It is never locked away
- AAI's are stored at room temperature, out of direct sunlight and away from radiators. They are not refrigerated
- Pupils' own AAI's are checked monthly by the School Office. Parents and carers are reminded by the School Office when a device is due to expire within two months and must replace it

before it expires. Parents and carers can also sign up to the manufacturer's expiry alert service

- If a pupil arrives at school without their AAI, the School Office contacts parents and carers straight away to bring them in. The spare AAI on site cover the pupil while this is resolved. The pupil does not go off site until their own devices are in school
- Pupils travelling on LA transport or by taxi have their AAI with them on the journey. With parental consent, the Allergy Action Plan is shared with the transport provider

Spare Adrenaline Auto-Injectors

The school holds spare AAI, bought without a prescription under the Human Medicines Regulations 2012 (as amended 2017). Spare AAI are not a replacement for a pupil's own devices. They can be used:

- For a pupil prescribed AAI whose own devices are not available, not working, out of date or have been used and a further dose is needed
- For a pupil not prescribed AAI who has a known allergy, or who has no known allergy, and is showing signs of anaphylaxis

Advance consent from parents and carers for a spare AAI is requested on the form in Appendix 2 and recorded in the IHP and Allergy Register. This is good practice, but **consent is not required in an emergency**. Staff must never delay giving adrenaline to check consent and must never wait for a 999 call handler to tell them to give it.

Site	What Is Held	Where It Is Kept	Checked By
Jermyn Street	Spare 300 microgram AAI, stored in pairs, and an emergency salbutamol inhaler with spacers	With the first aid kit in the staff room, in a clearly labelled "Emergency Anaphylaxis Kit" container with a copy of the Allergy Register	The School Office, monthly and after use
West Banks	Spare 300 microgram AAI, stored in pairs, and an emergency salbutamol inhaler with spacers	With the first aid kit, in a clearly labelled "Emergency Anaphylaxis Kit" container with a copy of the Allergy Register	The School Office, monthly and after use

- Spare AAI are kept unlocked, at room temperature, and within five minutes of anywhere pupils are on that site. When a new site or building opens, a spare pair is put in place before pupils use it
- Spare AAI stay on site and are not taken out in the Going Out Bag, so neither site is ever left without them (see First Aid Policy). Pupils' own AAI go with them off site
- The school buys spare AAI and emergency inhalers from Eureka Direct. The school's account was opened with a request on headed paper, signed by the Headteacher, stating the name of the school, the purpose (emergency use for pupils at risk of anaphylaxis) and the quantity required. Spare AAI and inhalers can now be purchased through this account
- Where possible, one brand is held to keep training simple. Staff are trained in the brands held and the brands pupils are prescribed

- The 300 microgram dose is the recommended dose for children aged six and over. If any pupil is prescribed a 150 microgram (or other) dose, the Headteacher will review whether a pair of that dose must also be held
- Used AAls are handed to paramedics. Expired AAls are disposed of in the sharps bin and collected by the licensed clinical waste contractor

Emergency Salbutamol Inhalers

An emergency salbutamol inhaler is held with the spare AAls on each site. It is used only for pupils who have been diagnosed with asthma and prescribed a reliever inhaler, and whose parents and carers have given written consent, in line with the Supporting Pupils with Medical Conditions Policy. Where a pupil with a food allergy develops sudden breathing difficulty, staff treat it as anaphylaxis and give adrenaline first, then the inhaler if needed.

Responding to an Allergic Reaction

Mild to Moderate Reaction

Signs may include a red, raised or itchy rash (hives), swelling of the lips, face or eyes, an itchy or tingling mouth, stomach pain or vomiting, or a sudden change in behaviour.

1. Stay with the pupil and call for help. Do not leave them alone or send them anywhere
2. Follow their Allergy Action Plan, which may include giving antihistamine. Record any medication given on the Record of Administered Medication (Supporting Pupils with Medical Conditions Policy, Appendix 4)
3. Locate the pupil's AAls (or the spare pair) and keep them next to the pupil
4. Phone parents and carers
5. Watch the pupil closely for signs of anaphylaxis for at least one hour, and longer if staff are concerned. If any ABC symptom appears, follow the anaphylaxis procedure immediately

Anaphylaxis

Look for any one of the following, which may appear without a rash:

ABC	Signs
Airway	Persistent cough, hoarse voice or change in vocalisation, difficulty swallowing, swollen tongue, throat tightness
Breathing	Difficult or noisy breathing, wheeze, persistent cough
Circulation	Persistent dizziness, feeling faint, pale or floppy, suddenly sleepy, collapse or unconsciousness

If in doubt, give adrenaline. The risk of delaying adrenaline is far greater than the risk of giving it unnecessarily.

Step	Action
1. Stay and Call for Help	Keep the pupil where they are. Shout for help and send an adult for the pupil's AAls or the spare pair. Never move the pupil to the AAls.

Step	Action
2. Position	Lie the pupil flat with their legs raised. If breathing is difficult, allow them to sit up with legs out straight. Do not stand them up or walk them anywhere, even if they seem better.
3. Give Adrenaline	Give the pupil's own AAI, or a spare AAI, into the outer thigh without delay. It can be given through clothing. Follow the instructions on the device. Note the time.
4. Call 999	Call 999, ask for an ambulance and say "anaphylaxis" (ana-fil-axis). Give the school's full address and postcode. Send an adult to meet the ambulance.
5. Second Dose	If there is no improvement after 5 minutes, give a second AAI using the other device.
6. If No Signs of Life	Start CPR. Send an adult for the nearest public defibrillator (see First Aid Policy). The 999 call handler will give the cabinet code.
7. Inform	Contact parents and carers and the Headteacher or most senior member of staff on site.
8. Hospital	Every pupil who has had adrenaline goes to hospital by ambulance, even if they appear to have recovered, because the reaction can return. A member of staff who knows the pupil goes with them if parents and carers are not present, taking the IHP, Allergy Action Plan and the time(s) adrenaline was given. Used AAIs are handed to paramedics.

Additional Considerations for Our Pupils

- If a pupil is distressed or resisting, staff give adrenaline as quickly and calmly as possible. Any physical support needed to do this safely is the minimum necessary and is recorded in line with the Physical Intervention Policy
- Other pupils are calmly moved away to give the pupil space and privacy, with a familiar adult supporting them
- If a pupil with a known allergy is dysregulated after a possible exposure, staff treat it as a possible reaction first

After a Reaction or Near Miss

All recording follows the First Aid Policy.

Event	Record	Follow Up
Mild to Moderate Reaction	Tapestry accident record on the same day, including any antihistamine given. Phone call to parents and carers, noted on Tapestry	IHP reviewed by the SENCo. Cause investigated and shared with SLT

Event	Record	Follow Up
Anaphylaxis or Any Use of Adrenaline	Tapestry and the green Pupil Accident Book (Level 2). Phone call to parents and carers. Spare AAI use recorded on Appendix 4	SLT sign the Pupil Accident Book page within 24 hours and consider RIDDOR. Parents and carers are told in writing when a spare AAI has been used and asked to inform their GP. Placing local authority informed. Spare AAIs replaced the same day. Review completed by SLT within five school days and the IHP updated
Near Miss (No Reaction)	Near Miss Log on the same day, handed to SLT. Examples: a pupil given or nearly given food containing their allergen, a pupil's AAIs found missing or out of date, spare AAIs not where they should be	Parents and carers phoned on the same day. IHP reviewed. Action taken to prevent it happening again
Reaction Reported After School	Parents and carers, pupils or healthcare professionals can report a reaction that may be linked to school (for example, appearing on the way home) to the School Office, who log it and pass it to the SENCo	Treated as a reaction or near miss and reviewed in the same way

- Where food provided by the school may have contained an undeclared allergen, the Headteacher considers whether the local authority environmental health team must be notified (First Aid Policy)
- Any allergy concern that may indicate neglect or harm, for example repeated failure to provide prescribed medication, is referred to the DSL
- Allergic reactions, adrenaline use and near misses are included in the termly analysis to the Proprietors

Minimising the Risk of Exposure

Willow School is an **allergy-aware** school rather than a “nut-free” school. In line with DfE, Anaphylaxis UK and Allergy UK advice, blanket bans can give false reassurance and do not cover the many other allergens pupils may react to. The school may ask families not to send in a specific allergen where a pupil's IHP requires it.

Food Provided by the School

This includes snacks, breakfast, food used in cooking and life skills sessions, rewards, celebrations and food bought for trips.

- Staff check the ingredients and allergen information of every food item before it is offered, every time, as recipes change
- Unlabelled or loose food is not given to a pupil with a food allergy unless the full ingredients are known

- Food is not used as a reward or regulation strategy for a pupil with a food allergy unless the specific item is agreed in their IHP
- Food is never labelled or described as “free from” an allergen unless staff are certain
- Allergen-safe food is prepared first, with clean equipment, surfaces and utensils, and kept separate
- Pupils with food allergies are not seated or eat apart from their peers unless their IHP or the pupil’s own preference requires it
- At mealtimes and snack times, staff use at least two ways of identifying pupils with food allergies (for example, staff knowledge of the pupil and the Allergy Register with photographs)

Food Information and Labelling

When the school provides food, information on the 14 regulated allergens (celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, tree nuts, peanuts, sesame, soya, and sulphur dioxide and sulphites) must be available. If the school prepares food and packages it before it is offered (for example, sandwiches or cakes for a sale or event), it must carry a full ingredients label with allergens emphasised, in line with Natasha’s Law. Any external caterer or venue providing food for pupils must provide allergen information in advance.

Food Brought into School

- Lunch boxes, drinks bottles and food containers for pupils with allergies are clearly labelled with the pupil’s name
- Pupils are supported not to share, swap or take food, drink, cups or cutlery. Pupils who may take food from others are supervised as set out in their IHP
- Parents and carers are asked not to send in food to share with the class (for example, for birthdays) without agreeing it with the school in advance
- Hands and surfaces are cleaned with soap and water or wipes after eating. Hand gel alone does not remove allergens

Learning Activities and the Environment

- Staff planning cooking, craft, science, sensory, music or outdoor activities check materials for allergens (for example, pasta, food packaging, play dough, bird seed, egg boxes, latex balloons) and use safe alternatives so that pupils are included
- Sensory and messy play resources are checked, as some pupils explore by mouth
- First aid kits and intimate care supplies use latex-free (nitrile) gloves
- Animal visits are risk assessed and pupils with an animal allergy are kept away from the animal. Everyone washes their hands after contact
- Outdoor activities consider insect stings and high pollen levels for pupils with these allergies

Trips, Local Area Visits, PE and Transport

- Pupils with allergies are included in all trips, visits and activities. Reasonable adjustments are made so that they can take part safely
- A risk assessment, including allergy, is completed for every trip or visit involving a pupil at risk of anaphylaxis, in line with the Local Area Visits Policy

- A pupil prescribed AAI does not leave site without both of their own devices and their IHP. The trip leader checks this before leaving
- At least one member of staff with the group knows the pupil, their IHP and how to use their AAI. All staff are trained to give adrenaline
- The group carries a charged school mobile phone and the address and postcode of the location
- Where a venue cannot guarantee allergen-safe food, the pupil takes their own food or the school provides a suitable packed lunch
- Arrangements for residential trips are agreed with parents and carers in advance, and the venue is told about the allergy before booking is confirmed
- For PE, pupils' AAI are taken to the activity and kept within five minutes of the pupil

Staff Training

The DfE guidance is clear that first aid training on its own is not sufficient. All staff therefore complete specific allergy and anaphylaxis training in addition to first aid.

Training	Who	When	Status
Allergy and Anaphylaxis Training	All staff, including support staff, regular volunteers and anyone present when pupils are on site	At least annually	All staff completed Term 1 2026. Refresher due Term 1 2027
First Aid Training (including demonstration of AAI use)	All staff	Every three years	All staff completed 7 October 2026. Renewal due October 2029
Practical AAI Practice	All staff	At annual training and at least once more each year	Using trainer (needle-free) devices for the brands held and prescribed
Termly Scenario Practice	All staff	Termly, in a staff briefing	A short "what would you do" anaphylaxis scenario, including where the spare AAI are on each site
Pupil-Specific Briefing	Staff working with the pupil	When the IHP is written or updated	Led by the SENCo
Induction	New staff	Before working with pupils with known allergies	Allergy awareness training, this policy, location of spare AAI and pupils with allergies

Annual training covers:

- Common allergens, how reactions happen, and the difference between allergy, intolerance and coeliac disease
- Recognising mild to moderate reactions and anaphylaxis, including in pupils who cannot communicate their symptoms
- How to respond in an emergency: giving adrenaline, calling 999, positioning the pupil, giving a second dose and informing parents and carers
- How to use the AAI brands pupils are prescribed and the spare AAIs held by the school, and where they are kept
- How to use an Allergy Action Plan and asthma plan, and how to check the Allergy Register
- Reducing the risk of exposure and the impact of allergy on wellbeing
- How to record and report a reaction or near miss
- Supply, agency and temporary staff are briefed on arrival about pupils with allergies, the emergency procedure and the location of AAIs. Agencies are asked to confirm allergy awareness training
- Training is recorded in the training log on the Admin Drive
- Where a gap in training is identified, the Headteacher makes sure a trained member of staff is with the pupil until it is addressed

Wellbeing, Inclusion and Bullying

- The school recognises that allergy can cause anxiety for pupils and families. Staff explain to pupils and their families, in an accessible way, what the school does to keep them safe
- New pupils with allergies and their families are given the chance to meet key staff and see where food is eaten and where their AAIs are kept
- Each pupil with an IHP has a named key adult they can go to with any worries
- Pupils with allergies are involved in decisions about their support, in line with their understanding
- Allergy-related teasing, bullying or exclusion, including deliberately exposing a pupil to an allergen, is treated seriously under the Anti-bullying Policy and Behaviour Policy. Deliberate exposure is also considered as a safeguarding concern
- Allergy awareness is covered through PSHE and RSHE in a way that suits pupils' understanding. Teaching peers how to get help for a pupil is only done after agreement with that pupil and their parents and carers, and never replaces staff emergency arrangements

Information Sharing and Confidentiality

Information about a pupil's allergy is health information and special category data under UK GDPR. It is shared only as far as needed to keep the pupil safe, in line with the Data Protection Policy.

- IHPs are stored digitally on the One Drive Staff Share Folder, in the pupil's file under Care Plans. Staff sign the IHP section of the staff handbook at induction to confirm they have been told about pupils' IHPs
- Printed IHPs are stored in the pupil's classroom and also in their paper SEN file
- The Allergy Register, including photographs, is kept in staff-only areas and not displayed where pupils or visitors can see it

- Allergy information is shared with transport providers, venues, external caterers and placing local authorities with the consent of parents and carers, unless sharing is needed in an emergency
- Pupils are not singled out in front of their peers because of their allergy

Communicating This Policy

- This policy is published on the school website and is available in hard copy from the School Office on request
- All staff read this policy at induction and when it is updated. It is covered in annual allergy training
- Parents and carers are told about this policy at admission and when their child's IHP is developed

Monitoring and Review

This policy is reviewed annually by the Headteacher and approved by the Proprietors. It will also be reviewed after any serious allergic reaction or near miss, when a new site opens, and when the DfE applies allergy requirements to independent schools through the Independent School Standards.

Links with Other Policies

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy
- Reporting of Incidents, Accidents and Dangerous Occurrences Policy
- Local Area Visits Policy
- Visitor Policy
- Physical Intervention Policy
- Intimate Care Policy
- Behaviour Policy
- Anti-bullying Policy
- Admissions Policy
- Child Protection and Safeguarding Policy
- Data Protection Policy

Appendix 1: Allergy Information for Individual Healthcare Plans

Use the school's existing IHP format. For a pupil with an allergy, make sure the IHP covers each of the following and attach the Allergy Action Plan.

Section	What to Record
Allergens	Each allergen, and whether a reaction is caused by eating, touching or breathing it in
Allergy Action Plan	Attached: Yes / No. Date issued and by whom. If not attached, date requested from parents and carers
Medication	AAI brand and dose, antihistamine and dose, inhaler. Who carries the AAI or where the named bag is kept
Asthma	Yes / No. Asthma plan or School Asthma Card attached. Consent for emergency salbutamol inhaler
Spare AAI Consent	Advance consent given: Yes / No (from Appendix 2)
How the Pupil Shows They Are Unwell	Words, signs, symbols, behaviours or changes staff should look for. How the pupil is likely to respond to having adrenaline given
Risk Behaviours	For example, mouthing objects, food-seeking, taking others' food, refusing to keep AAIs with them. The supervision or adjustments in place
Food and Mealtimes	Where and with whom the pupil eats, how food is checked, any agreed snacks or reward foods, cooking and life skills arrangements
Activities and Environment	Craft, science, sensory, animals, outdoor learning and any materials to avoid
Trips, PE and Transport	Arrangements for Local Area Visits, PE and residential trips. LA transport or taxi arrangements and consent to share the Allergy Action Plan with the provider
Self-Management	What the pupil can do for themselves and what they need an adult to do
Emergency Arrangements	Refer to the Allergy Action Plan. Emergency contacts. Who accompanies the pupil to hospital
Staff Who Need to Know	Named key adult, class team and any others. Training needed
Review	Review date (at least annually, and after any new Allergy Action Plan, reaction or near miss)

Appendix 2: Pupil Allergy Information and Spare AAI Consent Form

Please complete this form if your child has an allergy and return it to the School Office with a copy of your child's Allergy Action Plan. Please complete a new form if anything changes and at least once a year.

Pupil Details	
Name of Pupil	
Date of Birth	
Class / Site	
GP Name and Surgery	

Allergy Details	
What Is Your Child Allergic To?	
How Does Your Child React? (Describe Previous Reactions)	
Has Your Child Ever Had Anaphylaxis? (Yes / No, When)	
How Does Your Child Show They Are Unwell?	
Does Your Child Have Asthma? (Yes / No)	
Prescribed Medication (Name, Dose)	
AAI Brand, Dose and Expiry Dates	
Is an Allergy Action Plan Attached? (Yes / No)	
Anything Else We Should Know	

Spare Adrenaline Auto-Injectors

Willow School holds spare adrenaline auto-injectors for use in an emergency. I understand that a spare AAI may be given to my child if their own device is not available or not working, or if they show signs of anaphylaxis. I understand that advance consent is good practice, but that staff will give adrenaline to save a life whether or not consent has been given.

I give advance consent for a spare adrenaline auto-injector to be given to my child in an emergency:

Yes ☐	No ☐
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Parent / Carer Details	
Name	
Relationship to Pupil	
Contact Number	
Signature	
Date	

For School Use	
Received by and Date	
Added to Allergy Register and Bromcom	
IHP Needed? (Yes / No) and Date Completed	

Appendix 3: Allergy Register

Kept by the SENCo. Copies are kept with the spare AAls on each site and in staff-only areas where food is prepared. Attach a recent photograph of each pupil (with consent). Update the same day when anything changes.

[illegible]

Appendix 4: Spare AAI Check and Use Record

Site: Jermyn Street / West Banks (delete as appropriate)

Monthly Check

Date	Spare AAIs Present (Number, Dose)	Expiry Dates	Inhaler and Spacers Present and In Date	Allergy Register Current	Own AAIs Checked	Action Taken	Sign

Record of Spare AAI Use

Date and Time	Pupil	Location	Device Used	Second Dose? (Time)	Given By	Parent Told in Writing	Date Replaced