Allergy Safety Policy

Policy information	School completion
School	The Willows Primary School
Named senior Allergy Safety Lead	Sue Dunn
Approved by	Local Governing Committee / Trust Board as applicable
Approval date	September 2026
Effective from	1 September 2026
Next review	September 2027, or sooner if required
Published	School website and available in hard copy on request

1. Purpose and scope

This policy sets out how The Willows Primary School identifies and reduces allergy-related risk, supports the wellbeing and inclusion of pupils with allergies, and responds without delay to allergic reactions and anaphylaxis.

It applies whenever pupils are under the school's responsibility or are scheduled to be on site, including lessons, playtimes, lunchtimes, breakfast and after-school provision, extracurricular clubs, educational visits, residentials and activities delivered by visiting or external providers. The Early Years Foundation Stage (EYFS) statutory framework also applies to children in the EYFS age range.

Core principle: Allergic reactions are unpredictable and a pupil may experience their first reaction in school. Allergy safety is therefore a whole-school responsibility, not an arrangement limited to pupils with a previously known allergy.

2. Legal and statutory framework

This policy has been prepared with regard to:

- section 100 of the Children and Families Act 2014 and the statutory guidance Supporting pupils at school with medical conditions;
- section 100A of the Children and Families Act 2014, inserted by section 34 of the Children's Wellbeing and Schools Act 2026, and the statutory guidance Allergy safety in schools (July 2026);
- the Human Medicines Regulations 2012, as amended, which permit schools to obtain and use spare AAIs and emergency salbutamol inhalers in specified circumstances;
- the Equality Act 2010, including reasonable adjustments and the Public Sector Equality Duty;
- the Health and Safety at Work etc. Act 1974, safeguarding duties and the common law duty of care;
- the Food Information Regulations 2014, the Food Information (Amendment) (England) Regulations 2019 and Food Standards Agency allergen guidance; and
- the current EYFS statutory framework, where applicable.

The school must have regard to the DfE allergy safety guidance. Any decision to depart from it must be supported by a clear, justifiable and recorded reason.

3. Definitions

Term	Meaning
Allergy	An immune-system reaction to a normally harmless substance, including food, insect stings, medicines, contact allergens and airborne allergens.
Anaphylaxis	A potentially fatal reaction affecting Airway, Breathing or Circulation (ABC). Skin symptoms may be absent.
Individual Healthcare Plan (IHP)	A written plan describing the support required, by whom, when and what must happen in an emergency.

Serious incident	An event in which a person is harmed or placed at immediate and significant risk of harm.
Near miss	An event causing no harm but which clearly could have done if circumstances had been slightly different.
Food intolerance / coeliac disease	Conditions requiring dietary management but which do not cause anaphylaxis; managed under the medical conditions policy, with robust cross-contact controls where needed.

4. Leadership and responsibilities

4.1 Trust Board and Local Governing Committee

- ensure each school has, publishes, implements and reviews a dedicated allergy safety policy at least annually;
- seek assurance about training, IHPs, emergency medication, catering controls, incidents and near misses;
- ensure allergy risks are included in risk-management arrangements and actively monitored; and
- ensure pupils are included in school life through reasonable adjustments and are not denied admission or activities because of allergy except where supported by an individual risk assessment and professional advice.

4.2 Headteacher

- has overall responsibility for implementing this policy and ensuring sufficient trained adults are available throughout the school day, during clubs and on visits;
- appoints a named senior Allergy Safety Lead and ensures they have sufficient authority and time;
- ensures safe arrangements are in place before an external or agency worker takes responsibility for pupils; and
- reports significant concerns and incidents to the Trust and LGC through agreed arrangements.

4.3 Named senior Allergy Safety Lead

- maintains the allergy register and oversees IHPs and clinical action plans;
- coordinates annual training, induction, assurance checks and training records;
- ensures prescribed and spare emergency medication is accessible, checked and replaced;
- coordinates risk assessment, information sharing and liaison with parents, caterers and providers; and
- leads the review of serious incidents and near misses and ensures actions are completed.

4.4 All staff and pupil-facing adults

- complete required allergy-awareness and emergency-response training;
- know the pupils relevant to their role, the location of emergency medication and how to summon help;
- follow IHPs, Allergy Action Plans, emergency procedures and exposure controls;
- consider allergy risks when planning food, lessons, events, visitors, clubs and trips; and
- record and report any allergic reaction, serious incident or near miss.

4.5 Parents and carers

- provide accurate, current information about allergies, symptoms, triggers, medication and emergency contacts;
- provide current clinical action plans and prescribed medication/equipment in date, normally including two AAIs where prescribed;
- take part in developing and reviewing the pupil's IHP; and
- tell the school immediately of any change.

4.6 Pupils

Pupils will be involved in decisions in a way appropriate to their age and understanding. They will be supported to recognise symptoms, seek help promptly, follow agreed arrangements and develop safe independence. Pupils must not share food or medication.

5. Identifying and planning for allergy

The school gathers allergy information on admission and transition, through annual data checks and whenever new information is received. Information is sought from parents, pupils, previous settings and healthcare professionals and recorded securely on Arbor (all children) Edukey (SEND children).

The Allergy Safety Lead maintains a current register recording known allergens, risk of anaphylaxis, prescribed medication and dose, location of medication, the presence of an IHP and Allergy/Asthma Action Plan, and essential emergency arrangements. Relevant staff receive proportionate, need-to-know information before taking responsibility for pupils.

School record	System and precise location to be completed by the school	Responsible role
Allergy register	Arbor	Sue Dunn Victoria Jones
Individual Healthcare Plans and clinical action plans	Hard copy in child's blue file Hard copy in child's classroom with medication Electronic Copy on Arbor / Edukey	Sue Dunn Victoria Jones
Allergic reactions, serious incidents and near misses	Arbor Worknest	Nikki Batley Kelly Head

5.1 Individual Healthcare Plans

Any pupil whose allergy requires supportive arrangements in school must have those arrangements recorded in an IHP. An IHP will be used where the allergy affects safe participation or attendance, presents a risk of harm, requires arrangements additional to or different from ordinary provision, or may require emergency medication or intervention.

The IHP is developed with the pupil and parents, taking account of clinical advice. It covers triggers and symptoms; risk-reduction measures; medicines, storage and access; roles and training; emergency action; learning, meals, play, clubs and visits; wellbeing; cover arrangements; and review. Any current Allergy Action Plan or Asthma Action Plan is attached or clearly referenced.

IHPs are reviewed at least annually and sooner following a change in need, medication or provision, transition, or any relevant incident or near miss.

5.2 Staff and regular visitors with allergies

Staff and regular visitors will be invited to disclose any allergy information needed for their safety. Where a significant allergy is declared, the school will agree proportionate arrangements with the individual, including known triggers, emergency contacts, access to their prescribed medication and any reasonable adjustments. Personal health information will be handled confidentially and shared only where necessary for safety.

6. Training and written assurance

All OMAT-employed staff with an OMAT email have completed the National College course Allergy and Anaphylaxis. Where staff do not have online access, e.g. MDSAs, they will be provided with a video overview of the training. This is the Trust's approved core allergy-awareness and emergency-response training and will be completed at least annually. New staff complete it as part of induction before taking unsupervised responsibility for pupils. Completion records and certificates are held within the National College platform and can be monitored by school and Trust leaders.

Training must enable adults to:

- understand allergy, asthma, eczema, hay fever, food intolerance and coeliac disease and the important differences between them;
- identify mild/moderate reactions and recognise anaphylaxis, including where there is no skin rash;
- respond immediately: give adrenaline, call 999, position and monitor the person, and give a second dose after five minutes if there is no improvement;
- locate and use prescribed and spare emergency medication and follow IHPs/action plans;
- reduce exposure to known allergens and support pupils' wellbeing and inclusion; and
- report reactions, serious incidents and near misses.

The National College course is supplemented by a school-specific briefing. This ensures staff know the pupils relevant to their role, the school's emergency procedure, the precise location of prescribed and spare adrenaline devices, and how to access the allergy register, IHPs and action plans. Practical familiarisation with the devices used or held by the school is completed locally and recorded by the school.

Practical familiarisation will include the types of adrenaline device prescribed to pupils and those held as school spare stock. Trainer devices will be used where available, recognising that instructions differ between brands and device types.

Training / briefing record	Where the record is held	Monitoring responsibility
National College: Allergy and Anaphylaxis	National College platform - individual completion record and certificate	Headteacher / Allergy Safety Lead; Trust oversight
School-specific emergency and medication briefing	PD day input Emails Posters (Staffroom / Classroom)	Allergy Safety Lead
Practical adrenaline-device familiarisation	Staff meeting – 17/09/2026 Assembly(support staff – 15/09/2026)	Headteacher / Allergy Safety Lead
External provider / agency assurance	Trust Sharepoint / Letters of assurance file in school office	Allergy Safety Lead / Pip

		Price

6.1 Supply agencies and temporary staff including visiting music teachers and other peripatetic staff

Before a supply or agency worker, visiting music teacher, sports coach, tutor, Communicate therapist or other peripatetic adult takes responsibility for pupils, the school will obtain written assurance from the agency or employing organization that the individual has completed current allergy-awareness and emergency-response training meeting this policy. They must also receive the school's local briefing on relevant pupils, emergency arrangements and the location of AAIs.

6.2 Volunteers

Regular volunteers must receive an overview to ensure they always have allergy awareness and work within the presence of a fully trained member of staff. Where appropriate, the school's local briefing on relevant pupils, emergency arrangements and the location of AAIs will also be shared.

6.3 External breakfast and after-school clubs and lettings

Any external provider delivering pupil-facing provision on the school site must provide a written letter of assurance before the provision starts and at least annually thereafter. It must confirm that every adult leading or supervising the sessions has completed suitable allergy-awareness and emergency-response training, including practical AAI use. The provider must identify a trained lead for each session, follow this policy and relevant pupil plans, ensure immediate access to emergency medication and report every incident or near miss to the school. Provision must not begin, and an untrained adult must not lead or supervise children, until satisfactory assurance and local induction are complete.

Contracts, service agreements and lettings agreements should include these requirements and permit the school to suspend provision where they are not met.

7. Reducing exposure to allergens

7.1 Risk assessment

A pupil-specific risk assessment will be completed where required, including for cooking and food activities, science, crafts using food packaging, animals, visitors with assistance dogs, special events, trips, residentials and external clubs. Controls are communicated to every adult involved.

7.2 Hygiene and classroom practice

- Pupils wash hands regularly
- Food, drinks, containers and utensils are not shared.
- Eating and preparation surfaces are cleaned effectively and cross-contact is prevented.
- Food or packaging is not used in lessons or rewards without checking relevant risks and ingredients.
- Parents are consulted before food is brought in for sharing; clear allergen information is required.
- Allergy-related teasing, threats, food waving or deliberate exposure are treated seriously under behaviour, anti-bullying and safeguarding procedures.

7.3 Allergen-aware approach

The school does not describe itself as 'allergen-free' or 'nut-free', because this cannot be guaranteed. It may restrict or discourage specific products following risk assessment, but this does not replace individual planning, hygiene, supervision, training and emergency preparedness.

7.4 Catering and food provision

- Lunchtime Co. provides accurate allergen information, complies with food-information law and maintains robust preparation, labelling, service and cross-contact controls.
- Catering staff are trained and receive current information about pupils' needs.
- Menu substitutions are checked; special dietary requirements remain met when menus change.
- Pupils with allergies can access suitable school meals and eat alongside peers through reasonable adjustments.
- Food provided regularly through breakfast or after-school clubs is subject to applicable allergen-information requirements.
- Unlabelled food will not be served, shared or used in lessons unless an accurate ingredients list and allergen information are available and relevant pupil risks have been checked.
- PTA members, volunteers and others who prepare, handle or serve food at school events will receive proportionate allergen-management information or training before doing so.

7.5 EYFS safer eating

For children within the EYFS, the school obtains dietary, allergy, intolerance and health information before admission; keeps it current; shares it with all staff preparing or handling food; identifies who checks each child's food at every meal and snack; and ensures a member of staff with a valid full paediatric first-aid certificate is in the room while children are eating, as required by the EYFS framework.

8. Visits, clubs and activities

Pupils with allergies will be included in visits, residentials, clubs, sport and performances. Planning must cover food, travel, accommodation, activities, remote locations, medication storage, emergency access and communication with providers.

- The trip/activity lead reviews the IHP and risk assessment and identifies trained adults.
- The pupil's prescribed AAIs accompany them and remain immediately accessible; spare devices are taken where appropriate without leaving the school inadequately supplied.
- External providers receive necessary information and confirm allergen controls.
- A pupil is not excluded merely because additional planning is required.

9. Prescribed and spare emergency medication

9.1 Prescribed AAIs

A pupil prescribed AAIs must have rapid access to two in-date devices at all times. Where developmentally appropriate, pupils are supported to carry them; otherwise they are stored safely in a clearly identified, unlocked and immediately accessible location. The device is brought to the pupil; the pupil is not sent to fetch it.

9.2 Spare AAIs

The school stocks spare AAIs in appropriate doses, normally in pairs in the clearly labelled cupboard in the SLT office. They are clearly labelled, readily accessible, stored at room temperature in line with manufacturer instructions and distinguished from pupils' prescribed devices. Nikki Batley & Sue Dunn check stock, packaging and expiry dates monthly and after use, arranges prompt replacement and maintains a record.

In a life-threatening emergency, treatment must not be delayed to check prior consent. A spare AAI may be used if a pupil's own device is unavailable, unusable or out of date, or where a person presents with suspected anaphylaxis for the first time, in accordance with current statutory and clinical guidance.

Stock type	Precise storage location	Device / brand and dose	Quantity	Checks / responsible role
Pupils' prescribed devices	In classroom – storage area clearly marked (poster)	Epi-pen	2 requested per child	Parent & Class teacher termly
School spare devices	Clearly labelled wardrobe in SLT office	Epi pen Junior Edi pen Adult	2 2	Sue Dunn Nikki Batley Andro Pedro
Devices taken off site / emergency grab arrangements	Carried by staff member who has child in their group	Specific to child	1	Lead teacher / staff member with child in their group

9.3 Disposal

Used AAIs are single-use sharps. They are handed to ambulance staff or placed in an approved sharps container and replaced immediately.

9.4 Evacuation and lockdown

Emergency planning will ensure that pupils' prescribed adrenaline devices remain with or immediately accessible to them during fire drills, lockdown practices and actual evacuations. Responsibilities for taking emergency medication and checking access at assembly or refuge points will be clear and practised.

10. Emergency response

ANAPHYLAXIS IS A MEDICAL EMERGENCY: Suspect it when there is any sudden Airway, Breathing or Circulation problem after possible allergen exposure. A rash may be absent. If in doubt, give adrenaline and call 999.

1. Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not let them stand or walk.
2. Give adrenaline immediately—ideally within five minutes—using the person's own device or the school spare if needed.
3. Call 999, ask for an ambulance and say 'anaphylaxis'. Give the exact location and access point.
4. Stay with the person and monitor Airway, Breathing and Circulation. Send another adult to meet the ambulance and bring the plan and second device.

5. If there is no improvement after five minutes, give a second dose using a second device.
6. If there are no signs of life, begin CPR and use the automated external defibrillator. Continue until emergency services take over.
7. Contact parents as soon as possible without delaying treatment. The person must be assessed by ambulance clinicians even if symptoms improve.

10.1 Mild or moderate reactions

Stay with the pupil, follow their plan and give authorised treatment. Contact parents and record symptoms, suspected trigger, treatment and times. Observe closely in a safe place for at least 60 minutes because symptoms can progress; escalate immediately if ABC symptoms appear or staff are concerned.

11. Wellbeing and inclusion

The school recognises that allergy can cause anxiety and affect attendance, concentration, eating and social participation. Pupils are reassured through reliable systems, respectful communication and involvement in their plans. Reasonable adjustments support full participation without unnecessary isolation or stigma.

11.1 Unacceptable practice

The following are unacceptable:

- preventing or delaying access to prescribed or emergency medication;
- sending a pupil who is unwell to the office or medical room without suitable supervision;
- assuming that pupils with the same allergy need the same support, or that an older pupil does not need support;
- ignoring the views of the pupil or parents, or relevant clinical advice;
- assuming that a pupil has no allergy because diagnosis or investigation is incomplete;
- penalising allergy-related absence or excluding a pupil from rewards because of medically necessary absence;
- requiring or pressuring a parent to attend school to provide routine medical support; and
- excluding a pupil from any aspect of school life where reasonable planning or adjustment would enable safe participation.

12. Serious incidents, near misses and learning

All reactions, serious incidents and near misses are reported promptly to the Headteacher and Allergy Safety Lead and recorded as soon as practicable. Records include who was affected; what happened, when and where; symptoms and suspected trigger; treatment/device and exact times; emergency services and outcome; people informed; and immediate action.

Parents are informed promptly. The school preserves relevant evidence and considers any required reports to the Trust, LGC, HSE, local authority, food-safety bodies, safeguarding partners or healthcare professionals.

A no-blame, learning-focused review examines the IHP, risk assessment, food process, medication access, training, staffing, supervision and communication. Actions, owners and deadlines are recorded and completion checked. The policy and relevant plans are reviewed.

13. Information sharing and confidentiality

Health information is special-category personal data. It is shared securely and proportionately with those who need it to keep the pupil safe. Parents and pupils are involved in decisions about sharing, but emergency and safeguarding information is never withheld where this would create avoidable risk.

The policy is published on the school website and communicated annually to staff, pupils and parents. Local emergency information is included in staff induction and in supply, visitor, volunteer and external-provider briefings.

13.1 Safeguarding

A safeguarding concern will be considered where allergy-related information or essential medication is repeatedly withheld or not supplied, or where an incident suggests that a pupil may be at increased risk of neglect, abuse or exploitation because of their medical condition. Staff must follow the school's safeguarding procedures and consult the Designated Safeguarding Lead without delay.

14. Monitoring, complaints and review

The Headteacher and Allergy Safety Lead monitor allergy-register and IHP completion, training and assurance records, AAI checks, catering controls, trips and clubs, incidents and completion of review actions. The LGC receives periodic assurance.

Concerns may be raised with the class teacher, School Office, Allergy Safety Lead or Headteacher. Formal complaints are considered under the Trust Complaints Policy.

This policy is reviewed at least annually and sooner following a serious incident or near miss, a drill identifying weakness, a significant change to pupils, staffing, premises, catering or provision, or a change in law or guidance.

15. Related policies

Supporting Pupils with Medical Conditions and Managing Medicines; First Aid; Safeguarding and Child Protection; Educational Visits; Equality Information and Objectives; Accessibility Plan; Behaviour and Anti-bullying; Data Protection; Food and Catering; Lettings; Complaints; EYFS policies and procedures.

Appendix A: External provider / agency letter of assurance

To: Headteacher, [School]
From: [Agency / provider]
Date: [date]
Service / activity: [supply teaching / music / Communicate / club / other]

We confirm that each person named below who will work with or supervise pupils at [School] has completed current allergy-awareness and emergency-response training appropriate to the DfE statutory guidance Allergy safety in schools. The training includes recognition of allergic reactions and anaphylaxis, immediate emergency action and practical instruction in the use of adrenaline auto-injectors. We will notify the school before any substitute or additional adult attends and will provide equivalent assurance for that person.

Name	Role	Training provider / course	Completion date	Renewal / expiry

We understand that all named staff must also complete the school's local briefing, follow its Allergy Safety Policy and pupil-specific plans, ensure emergency medication remains immediately accessible, and report any allergic reaction, serious incident or near miss immediately.

Signed: _____ Name/role: _____

Organisation: _____ Date: _____

Appendix B: School verification record

Check	Completed / evidence
Assurance received before deployment / start date	
Every pupil-facing adult named; training scope/date satisfactory	
Local policy, emergency and pupil-specific briefing completed	
AAI locations and access demonstrated	
Provider lead identified for every session	
Renewal date and contract/SLA/lettings condition recorded	
Checked by / date	
Headteacher approval to commence	