Life in all its fullness (John 10:10)

Hernhill Church of England Primary School

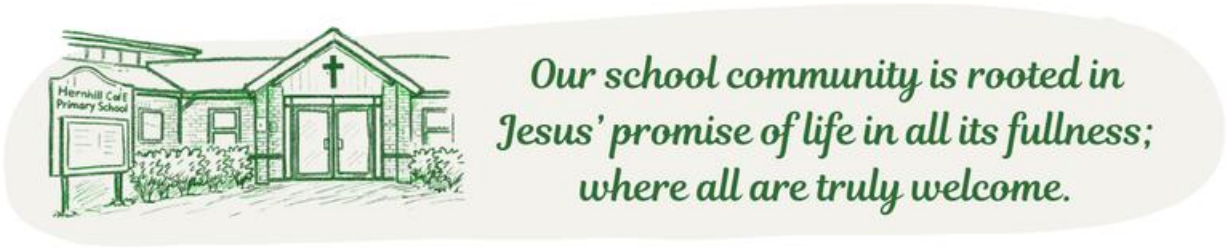
ALLERGY POLICY

Lead staff member: Lisa Tomlinson

Lead governor: Liz Wright

Signed: Lucy Duff & Liz Wright, Co-chairs of Governors Date: 16.09.26

This Allergy Policy was agreed by Governors in September 2026.
To be reviewed by September 2027.



1. **Purpose, scope and legal framework**

The purpose of this policy is to reduce the risk of exposure to known allergens; ensure that allergic reactions and anaphylaxis are recognised and treated promptly; promote the wellbeing, inclusion and participation of children and young people with allergies; and set clear school-wide arrangements for allergy safety.

This is a dedicated allergy safety policy. It sits alongside Hernhill CE Primary School's wider arrangements for supporting pupils with medical conditions and applies during the school day, before- and after-school provision, clubs, curriculum activities, sport, trips, visits and other school-organised activities.

The policy covers allergic conditions including food allergy, allergy to insect stings, medicines, latex, contact allergens and airborne allergens. Asthma is closely associated with allergy and anaphylaxis and is addressed where relevant to emergency response. Coeliac disease is an autoimmune condition and is not an allergy or food intolerance. Food intolerances are also distinct from allergies. Neither coeliac disease nor food intolerance causes anaphylaxis. They are managed through the school's wider medical and dietary arrangements, although strict avoidance and robust cross-contamination controls may be required.

Hernhill CE Primary has regard to the Department for Education statutory guidance Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026. The school will also have regard to relevant duties under safeguarding, health and safety, equality, data protection, food information and school food legislation, and the EYFS statutory framework where applicable.

2. Principles and commitments

- Allergy safety is a whole-school responsibility and is not confined to catering or first aid staff.
- Children and young people with allergies will be included in school life and will not be unnecessarily segregated, excluded or disadvantaged because of allergies.
- Hernhill CE Primary will take reasonable steps to minimise exposure to known allergens while recognising that no environment can be guaranteed to be completely allergen-free.
- All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually, with appropriate induction for new, supply and cover staff.
- Anaphylaxis is a time-critical emergency. Adrenaline will be administered without delay when anaphylaxis is suspected, and 999 will always be called.
- Children and young people at risk of anaphylaxis will have rapid access to prescribed adrenaline devices and the school will maintain appropriate spare adrenaline auto-injectors (AAIs) for emergency use.

- Individual arrangements will be based on the person's needs, risks, clinical advice and views, rather than assumptions about allergies.
- Serious incidents and near misses will be recorded, reported, reviewed and used to improve practice.

3. Governance, leadership and review

3.1 Governing body of Hernhill CE Primary School;

- Ensures the school has, publishes and keeps under review a dedicated allergy safety policy and has regard to statutory guidance.
- Ensures allergy-related risks are reflected in the school risk register and are actively monitored and managed.
- Ensures sufficient resources, staffing, training and emergency arrangements are in place to implement this policy.
- Receives appropriate information about serious incidents and near misses and assures itself that lessons are learned and actions completed.
- Ensures complaints relating to allergy safety or failure to implement agreed arrangements can be raised and investigated through the school complaints procedure.

3.2 Lisa Tomlinson (SENCO) - Allergy Safety Lead

Lisa Tomlinson (SENCO) is the named senior leader responsible for allergy safety. The lead will drive implementation, coordinate or lead annual review, monitor compliance, oversee training and drills, ensure records and emergency arrangements are maintained, liaise with catering and relevant staff, and report assurance and significant issues to the governing body. Responsibility for allergy safety will not be delegated solely to the catering manager.

3.3 Review and publication

This policy will be reviewed at least annually. It will also be reviewed sooner after a serious incident or near miss, where monitoring identifies a weakness, when there is a significant change in a pupil's needs or school arrangements, or when relevant law/guidance changes. Reviews will take account of incidents, near misses, drill findings, feedback and the views of individuals with allergies and their parents/carers. The policy will be published on the school website, made readily accessible to staff and parents/carers, and available in hard copy on request.

4. Roles and responsibilities

4.1 Headteacher and senior leaders

- Ensure this policy is implemented consistently.
- Ensure suitable staffing and cover so emergency arrangements do not depend on one individual.
- Ensure staff know how to summon help, locate medication and access individual plans.
- Ensure allergy safety is considered in curriculum planning, premises, clubs, events, catering, trips and procurement.

4.2 All staff, including temporary, supply, peripatetic, agency, catering and regular volunteers

- Complete required allergy awareness and emergency response training.
- Know how to identify pupils with known allergies and where to access relevant IHPs/Action Plans.
- Take reasonable steps to prevent exposure to known allergens and follow individual arrangements.
- Recognise allergic reactions and anaphylaxis and act immediately in an emergency.
- Never send a person experiencing a possible serious allergic reaction to another location alone; help and medication must be brought to them.
- Report reactions, incidents and near misses promptly.

4.3 Parents/carers

- Tell the school about known or suspected allergy before admission or as soon as it becomes known, including triggers, previous reactions, asthma and prescribed medication.
- Provide current clinical information and copies of Allergy/Asthma Action Plans where issued.
- Provide prescribed medication as agreed, ensure it is correctly labelled and in date, and replace it promptly after use or before expiry.
- Inform the school promptly of changes in diagnosis, treatment, medication or risk.
- Work with the school to develop and review the Individual HealthCare Plan (IHP) and reasonable adjustments.

4.4 Children

- Will be involved, in an age-appropriate way, in decisions about their allergy management and information sharing.
- Are encouraged to recognise their symptoms, avoid known triggers, seek help promptly and not share food, utensils or medication.
- Where competent and agreed through the IHP, may carry and self-administer their own medication, but staff remain prepared to assist in an emergency.

4.5 Catering provider / catering staff

- Comply with food allergen information requirements and the school's agreed allergen controls.
- Maintain accurate allergen information and robust procedures to prevent cross-contact.
- Use the school's agreed identification checks before serving food to a pupil with a known food allergy.
- Escalate substitutions, recipe changes or uncertainty before food is served.
- Participate in allergy awareness and emergency response training where pupil-facing.

5. Identification, records and information gathering

The school will maintain a current allergy register covering pupils and, where appropriate, staff and visitors. The record will include known allergens/triggers, relevant medication, whether an IHP and/or Allergy/Asthma Action Plan is in place, and essential emergency information. Information will be gathered from the child or young person, parents/carers, previous setting and relevant healthcare information provided to the school.

- For planned admissions or transitions, arrangements should be in place by the start of term. For an in-year move, every effort will be made to put appropriate arrangements in place within two weeks where it is appropriate for the school to do so.
- Where allergy is suspected but not yet formally diagnosed, the school will not dismiss the reported risk. Interim arrangements will be based on the best available assessment, in consultation with the family and, where necessary, healthcare professionals.
- Staff and visitors will be encouraged to disclose allergies where this is relevant to their safety on site or to emergency arrangements.

6. Individual Healthcare Plans (IHPs) and Action Plans

A child or young person should have an IHP where their allergy has a functional impact in school, places them at risk of harm, **and** requires arrangements additional to or different from those made generally. A formal diagnosis is not required where the functional impact and risk justify specific arrangements.
The IHP is a school document describing how the school will respond to the information and advice received. It is not a clinical document. It will be developed collaboratively with the child or young person

and parents/carers, taking account of healthcare advice. Where a healthcare professional has issued an Allergy Action Plan, Asthma Action Plan, care plan or medication plan, the IHP will refer to and attach the current original plan rather than rewriting clinical instructions.

6.1 IHP content

- The allergy/medical condition, known or suspected triggers, symptoms and functional impact in school.
- The child or young person's needs and reasonable adjustments, including arrangements for learning, meals, sport, clubs, social times, examinations and trips where relevant.
- Steps to minimise exposure to known allergens and any individual risk assessment.
- How the child or young person will be included and supported with wellbeing and self-management.
- Prescribed medication: what it is, who prescribed it and when; where it is stored/carried; access arrangements; expiry checking; and parental consent for administration where required.
- References to current Allergy/Asthma Action Plans or other clinical plans, including issuing provider/professional and review date.
- Actions required of staff in an emergency and which staff are involved.
- Arrangements for sharing necessary information with staff, catering, clubs, transport and trip providers, proportionately and respectfully.
- Arrangements for absence, transition, changes in condition and review.

A single IHP will normally encompass all supportive arrangements for a child's medical conditions rather than separate IHPs for different conditions. The IHP will be reviewed when needs or clinical advice change and at appropriate intervals; updated Action Plans will trigger review of the IHP.

7. Allergy awareness and emergency response training

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast/after-school clubs. Contractors with no pupil-facing role are not ordinarily included.

All staff to be aware of the 14 regulated allergens;

1. **Celery:** Includes stalks, leaves, seeds, and celeriac root; often found in soups, stock cubes, and salads.
2. **Cereals** containing gluten: Includes wheat, rye, barley, and oats.
3. **Crustaceans:** Includes prawns, crabs, lobsters, and scampi.
4. **Eggs**: Found in baked goods, pasta, mayonnaise, and desserts.
5. **Fish**: Found in fish products, relishes, salad dressings, and Worcestershire sauce.
6. **Lupin**: A type of legume whose flour can appear in some breads, pastries, and pastas.
7. **Milk:** Includes dairy items like cheese, butter, cream, and powdered sauces.
8. **Molluscs:** Includes mussels, oysters, squid, and snails.
9. **Mustard:** Liquid or powdered mustard found in sauces, soups, and marinades.
10. **Peanuts:** A legume found in snacks, desserts, and groundnut oil.
11. **Sesame:** Found in bread, hummus, tahini, and breadsticks.
12. **Soybeans:** Found in tofu, soy sauce, miso, and many vegetarian products.
13. **Sulphur dioxide and sulphites:** Used as a preservative in dried fruits, soft drinks, vegetables, and wine (at concentrations above 10 ppm).
14. **Tree nuts:** Includes almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios, and macadamia nuts.

New staff will receive allergy safety information as part of induction before they take unsupervised responsibility for pupils. The school will have arrangements to assure itself that supply and cover staff

understand the school's emergency procedures and can access essential information. First aid training alone is not sufficient.

7.1 Training content

- What allergy is, how reactions occur and the range of allergic conditions, including the relationship with asthma.
- The difference between food allergy, coeliac disease and food intolerance.
- Known triggers and where to find individual information.
- Signs and symptoms of mild/moderate allergic reactions and anaphylaxis (Airway, Breathing, Circulation).
- How to respond in an emergency, call 999, inform parents/carers and locate/administer emergency medication.
- Practical training in the use of prescribed and spare adrenaline devices and, where relevant, emergency asthma inhalers/spacers.
- How to use Allergy and Asthma Action Plans.
- Risk-reduction responsibilities, wellbeing and inclusion, and how to report incidents and near misses.
- The requirements of this policy.

Where a child requires healthcare beyond school-level allergy safety arrangements, any separate clinical governance, delegation, training and competency requirements will be followed.

7.2 Drills

The school will consider periodic allergy/anaphylaxis emergency drills to test communication, access to medication and staff response. Findings will be recorded and used to improve procedures. Any involvement of pupils will be planned sensitively with the affected child/young person and family to avoid adverse impact on wellbeing.

8. Minimising exposure to known allergens

The school will take reasonable, proportionate steps to reduce exposure to known allergens for pupils, staff and visitors. Risk controls will be tailored to identified needs and will not rely on a single measure.

- Food provided by the school: allergen information, recipe controls, cross-contact prevention and safe service procedures.
- Food brought in by pupils, parents/carers or staff: clear expectations about sharing/trading food, treats and celebrations, with parental engagement where food is offered to children with allergies.
- Airborne/contact allergens: reasonable measures where a person has a known allergy to pollen, animals, latex, chemicals or other contact/airborne triggers.
- Curriculum and activities: staff will consider allergens in cooking, food technology, science, art/craft, music, gardening, animal-related activities and special events, and use alternatives where needed.
- Premises and air quality: environmental air quality, ventilation, infection prevention and known asthma/allergy triggers will be considered within wider health and safety arrangements.
- External visits: specific risk assessment for pupils with allergies, including food, transport, accommodation, emergency medication and access to medical care.

8.1 Allergy-aware rather than blanket "allergen-free" claims

The school adopts an allergy-aware approach. It will not claim that the school is completely "nut-free" or allergen-free, because this can create a false sense of security and cannot be guaranteed. The school will discourage or restrict particular foods where a risk assessment supports this, but the emphasis remains on awareness, risk reduction, individual controls and robust emergency response. **The school will continue to restrict nuts being brought in but acknowledges that being "allergy-aware" is the key to providing a safer environment.**

9. Food allergy and catering

The school will provide clear allergen information for food it provides and will work with its caterer, pupils and families to identify, minimise and manage risks so pupils with food allergy can participate in school meals alongside their peers.

- Catering arrangements will comply with applicable food allergen information law and School Food Standards.
- Leaders will understand and monitor the caterer's allergen controls and escalation processes.
- There will be at least two robust methods, where practicable and proportionate, for identifying pupils with known food allergy at mealtimes (for example staff verification plus a secure photo/allergy record). Methods will balance safety, dignity and inclusion. The methods used at Hernhill CE Primary are staff identification and allergy lists with pupil details and photos on display in the kitchen.
- Pupils with food allergy will not routinely be segregated from peers at mealtimes.
- Food labels and ingredient information will be checked. Unlabelled food will be treated with particular caution.
- Staff involved in food handling will understand label reading and cross-contact controls, including cleaning work areas/utensils and preparing suitable food safely.
- Food substitutions or recipe changes will be checked before serving a pupil with allergy.
- Food, utensils and food containers should not be traded or shared where this creates an allergy risk.
- Food is not permitted to be brought in for birthdays, celebrations or treats.
- Food used in lessons, crafts, experiments, fetes, cultural events and similar activities will be risk assessed; safe alternatives will be used when necessary.

10. Prescribed medication and rapid access

Children and young people at risk of anaphylaxis should have access to both of their two prescribed adrenaline devices at all times. Clinical advice recommends carrying two devices because a second dose may be required. Where age, competence and safeguarding considerations permit, pupils will be encouraged to carry their own medication. Decisions about self-management will be individual and recorded in the IHP.

At Hernhill CE Primary, adrenaline devices allocated to particular pupils are kept within the YELLOW first aid bags. These bags are kept on a hook by the extremal classroom door. The bags are taken by staff to all PE lessons and on visits off site.

- Adrenaline must be capable of reaching the person experiencing anaphylaxis within five minutes, including in classrooms, dining areas, playgrounds, sports fields and on visits/trips.
- Prescribed adrenaline devices will be stored at room temperature in accordance with manufacturer guidance, protected from extremes of heat and direct sunlight, and not refrigerated.
- Where appropriate, a copy of the current Allergy Action Plan will be kept with the medication.
- Arrangements for taking prescribed devices home for the journey home and returning them to school will be recorded in the IHP: [insert local arrangement].
- The school will maintain a record of pupils provided with prescribed adrenaline and Action Plans and will have a system for checking expiry dates and prompting replacement: [insert responsible role/frequency].

11. Spare adrenaline auto-injectors (AAIs) and emergency asthma inhalers

The school will stock spare AAIs of appropriate dosage for emergency use. Spare devices supplement, and do not replace, a pupil's prescribed devices. The school also maintains an emergency salbutamol inhaler and spacers in accordance with applicable guidance and its medicines policy.

11.1 Stock, location and storage

- Spare AAIs will always be stocked and stored in pairs and in dosages appropriate to the age profile of pupils.
- The number and distribution of spare pairs will ensure a pair can be brought to any person who may need it within five minutes.
- Spare AAIs will be clearly labelled as emergency/spare devices, readily accessible, not locked away, stored at room temperature and protected from heat/direct sunlight.
- Local spare AAI location: unlocked office cupboard used for pupil files and medicines.
- Responsible person for monthly/regular checks of quantity, integrity and expiry: Nicola Sunley, office receptionist
- Used or expired AAIs will be replaced promptly and disposed of safely in accordance with manufacturer and medicines disposal requirements; used devices may be handed to ambulance staff, returned to a pharmacy or placed in an approved sharps route as locally arranged.

11.2 Use of spare AAIs

A spare AAI may be used in an emergency to treat anaphylaxis when the person's own prescribed device is not available, is not working/misfires, or where permitted for a pupil experiencing anaphylaxis without a previous diagnosis. Staff will follow current legal requirements, the child's Action Plan where available, and the school's emergency procedure. Where a pupil is prescribed a non-injectable adrenaline device but it is unavailable, a school spare AAI may be used in an emergency.

The school will record use of any spare AAI, inform parents/carers and replace the device immediately after use.

12. Recognising and responding to allergic reactions

12.1 Mild to moderate allergic reaction

- Possible signs include swollen lips/face/eyes, itchy or tingling mouth, mild throat tightness, hives/itchy rash, abdominal pain/vomiting or a sudden change in behaviour.
- Follow the individual Allergy Action Plan where available. Give oral antihistamine only if indicated by the plan/authorised arrangements.
- Do not leave the person unattended. Inform the parent/emergency contact.
- Monitor closely because a mild reaction can progress to anaphylaxis. The DfE guidance advises observation for at least 60 minutes after an allergic reaction.

12.2 Anaphylaxis - emergency procedure – see appendix C for fact sheet poster on emergency procedure

Anaphylaxis is a potentially life-threatening reaction involving Airway, Breathing and/or Circulation. It may occur without a skin rash. If in doubt whether a reaction is anaphylaxis, treat with adrenaline.

1. Keep the person where they are. Call for help and do not leave them unattended. Bring medication and emergency equipment to them; do not make them walk to the office or medical room.
2. Lay the person flat with legs raised. If breathing is difficult they may be allowed to sit up, but should not stand or walk. If pregnant, place on the left side. If unconscious, place in the recovery position as appropriate and maintain the airway.
3. Administer adrenaline immediately using the person's prescribed device if available; otherwise use an appropriate school spare AAI. Follow the device instructions and note the time.
4. Call 999 immediately and state "ANAPHYLAXIS". Follow the emergency operator's instructions.

5. If there is no improvement after 5 minutes, give a second dose of adrenaline using a second device.
6. If there are no signs of life, start CPR and use an AED if available, following training and 999 instructions.
7. Contact the parent/carer as soon as practicable after emergency action has begun.
8. Never give an asthma reliever inhaler instead of adrenaline to treat anaphylaxis. If the Action Plan directs, a reliever inhaler may be given after adrenaline for persistent wheeze.
9. Ensure the person is transferred to hospital by ambulance following anaphylaxis, even if they appear to recover. Record the incident and replenish medication.

13. Visits, trips, sport and off-site activities

Allergy will not be used as a reason to exclude a pupil from visits, residentials, sport or other school activities where reasonable adjustments can enable safe participation.

- The trip/activity leader will identify pupils with allergy early in planning and complete an individual risk assessment where there is a risk of anaphylaxis or other significant allergy risk.
- The risk assessment will cover food/catering, transport, activities, animals/contact/airborne triggers, accommodation, access to emergency medication, communication and access to emergency medical care.
- Pupils at risk of anaphylaxis will have their own prescribed adrenaline devices with them and rapid access will be maintained throughout the activity. Appropriate spare devices will be taken where required by school procedure.
- There will be staff on the trip who have received allergy awareness/emergency response training and can administer adrenaline in an emergency.
- External venues/providers will be informed of relevant needs on a need-to-know basis and suitable food/adjustments agreed in advance.
- For residentials, parents/carers will be involved in planning where appropriate and arrangements for storage, overnight access and staff handover will be explicit.

14. Wellbeing, inclusion, safeguarding and bullying

Hernhill CE Primary recognises that living with allergy and the possibility of anaphylaxis can cause anxiety and affect wellbeing, participation and confidence. Staff will provide reassurance through reliable safety arrangements, listen to the child or young person, and avoid practices that unnecessarily single them out.

- Allergy-related bullying, intimidation, deliberate exposure to allergens or misuse of another person's medication will be treated seriously under the school's behaviour and safeguarding procedures.
- Pupils with allergy will not routinely be segregated at meals or excluded from curriculum, clubs, trips or normal school activities solely because of allergy.
- Reasonable adjustments will be considered under the Equality Act 2010 where allergy has a substantial and long-term adverse effect.
- After a serious incident, the school will consider emotional support for the affected child/young person, peers, family and staff.

15. Information sharing, confidentiality and data protection

Health information is special category personal data. The school will hold, use and share allergy information where there is a lawful basis and it is necessary for safety, care, safeguarding or legal duties. Information will be shared in a controlled, proportionate and respectful way, balancing privacy with the need for staff to act safely in an emergency.

- Children/young people and parents/carers will be involved in decisions about routine information sharing wherever appropriate.
- Relevant staff will have timely access to essential information, IHPs and Action Plans needed to carry out their role.
- Photographs or allergy lists used for identification will be securely managed and limited to appropriate locations/personnel.
- Information shared with caterers, clubs, transport or trip providers will be limited to what is necessary for safe provision.
- Out-of-date copies of plans will be removed from operational use and version control maintained.

16. Serious incidents and near misses

Hernhill CE Primary will record, report, investigate and respond to serious allergy incidents and near misses, including information received after the child has gone home where the impact of an exposure becomes apparent later.

16.1 Immediate recording

- Date, time, location and activity.
- Person affected and known allergy information.
- Suspected allergen/exposure route and food/product details where relevant.
- Symptoms and timings.
- Medication/treatment given, device used and times.
- 999/ambulance involvement and outcome.
- Staff/witnesses involved.
- Whether procedures/IHP/Action Plan were followed and any difficulties accessing medication.
- Parent/carer notification and follow-up.

16.2 Reporting and investigation

- Serious incidents and significant near misses will be reported to the parent/carer and to the governing body through the school's governance arrangements, alongside any statutory reporting required.
- The school will consider whether RIDDOR, food safety/allergen reporting, safeguarding, HSE, local authority, insurer or healthcare professional notification is required under applicable procedures.
- An investigation will identify contributory factors and actions, not simply individual blame. Lessons learned will inform IHPs, risk assessments, training, catering controls and this policy.
- The Allergy Safety Lead will track actions to completion and consider whether an immediate policy review is required.

17. Unacceptable practice

The following are unacceptable and must not form part of school practice at Hernhill CE Primary:

- Preventing a child or young person from easily accessing prescribed medication or emergency adrenaline.
- Ignoring the views of the child/young person or parents/carers, or ignoring medical evidence/advice from healthcare professionals.
- Assuming everyone with allergy needs the same support, or that an older pupil who self-manages needs no support.
- Assuming a person does not have an allergy because a formal diagnosis has not yet been made.
- Unnecessarily sending pupils home, excluding them from meals, lessons, clubs, trips or activities, or otherwise discriminating because of allergy.
- Sending a person who is becoming unwell to the office without suitable supervision; in an allergic emergency, help and medication must come to the person.
- Penalising attendance where absence is related to allergy, medical appointments or health management, including inappropriate exclusion from attendance rewards.
- Relying on a blanket "nut-free" or allergen-free claim as the primary safety control.
- Delaying adrenaline while waiting for a parent, senior member of staff or ambulance when anaphylaxis is suspected.

18. Communication and awareness

- At least annually, the school will take appropriate steps to bring this Allergy Safety Policy to the attention of all pupils, parents/carers and all persons who work at the school, whether paid or unpaid.
- This policy will be published on the school website and made available in hard copy on request.
- All staff will be made aware of the policy through annual training and induction. All staff will be made aware of and understand the policy through annual allergy awareness and emergency response training, with appropriate arrangements for induction, temporary, supply and cover staff.
- Age-appropriate allergy awareness will be promoted among pupils. Where appropriate, and following discussion with the child/young person and their parents/carers, peers may be made aware of how to summon help in an emergency. Peer awareness will never replace staff emergency response arrangements.
- Key emergency information and medication locations will be communicated to staff in a way that supports rapid response without unnecessary disclosure.

19. Monitoring and assurance

The Allergy Safety Lead will maintain an implementation checklist and report at least annually to the governing body. Monitoring will include: training completion; induction/cover arrangements; allergy

register and IHP currency; prescribed and spare medication availability/expiry; five-minute access across the site; catering controls; trip risk assessments; incident/near-miss themes; drill findings; complaints; pupil/parent feedback; and completion of improvement actions.

20. Complaints

Concerns should be raised promptly with Sarah Alexander, Headteacher. Formal complaints will be handled under the school complaints policy. The complaints process will permit concerns to be raised and investigated following a serious allergy incident or near miss, including prolonged failure to put agreed arrangements in place or to deliver arrangements set out in this policy or an IHP.

Appendix A - Local emergency arrangements

Policy information	Details
Main prescribed medication storage location(s)	Yellow class medical bags in classrooms
Spare AAI location(s), dosage and number of pairs	Cupboard in school office
Emergency asthma inhaler location(s)	Cupboard in school office
Person responsible for medication checks	Lisa Tomlinson (senco) – yellow class medical bags Nicola Sunley – spare AAI / asthma inhalers
Frequency of spare medication checks	Termly
First aid / emergency contact method	Telephone parental contacts
Nearest AED location	School office
Catering manager/provider contact	Caterlink Web: www.caterlinkltd.co.uk
Sharps / medicines disposal route	Disposal at local pharmacy

Appendix B - Allergy safety implementation checklist

☐ Named senior leader and deputy identified; governance oversight agreed.

☐ Policy approved, published and review date set.

☐ Allergy risks included in risk register.

☐ All staff groups identified and annual training completed/recorded.

☐ Induction and supply/cover staff briefing process operational.

☐ Current allergy register maintained, including relevant staff/visitor arrangements.

☐ IHPs completed for pupils who require additional/different arrangements.

☐ Current Allergy/Asthma Action Plans attached/referenced without rewriting clinical instructions.

☐ Prescribed adrenaline access tested across classrooms, dining, playground and sports areas.

☐ Spare AAIs stocked in pairs, correct doses, accessible/unlocked and within five minutes of all relevant areas.

☐ Expiry/stock checks and replacement process documented.

☐ Catering allergen information and cross-contact controls assured.

☐ Two-method mealtime identification approach considered/implemented where appropriate.

☐ Food brought into school and celebration/treat procedure communicated.

☐ Curriculum/activity allergen risk prompts embedded in planning.

☐ Trip risk assessment process includes allergy and emergency medication.

☐ Incident/near-miss recording and governance reporting process established.

☐ Information sharing/data protection arrangements reviewed.

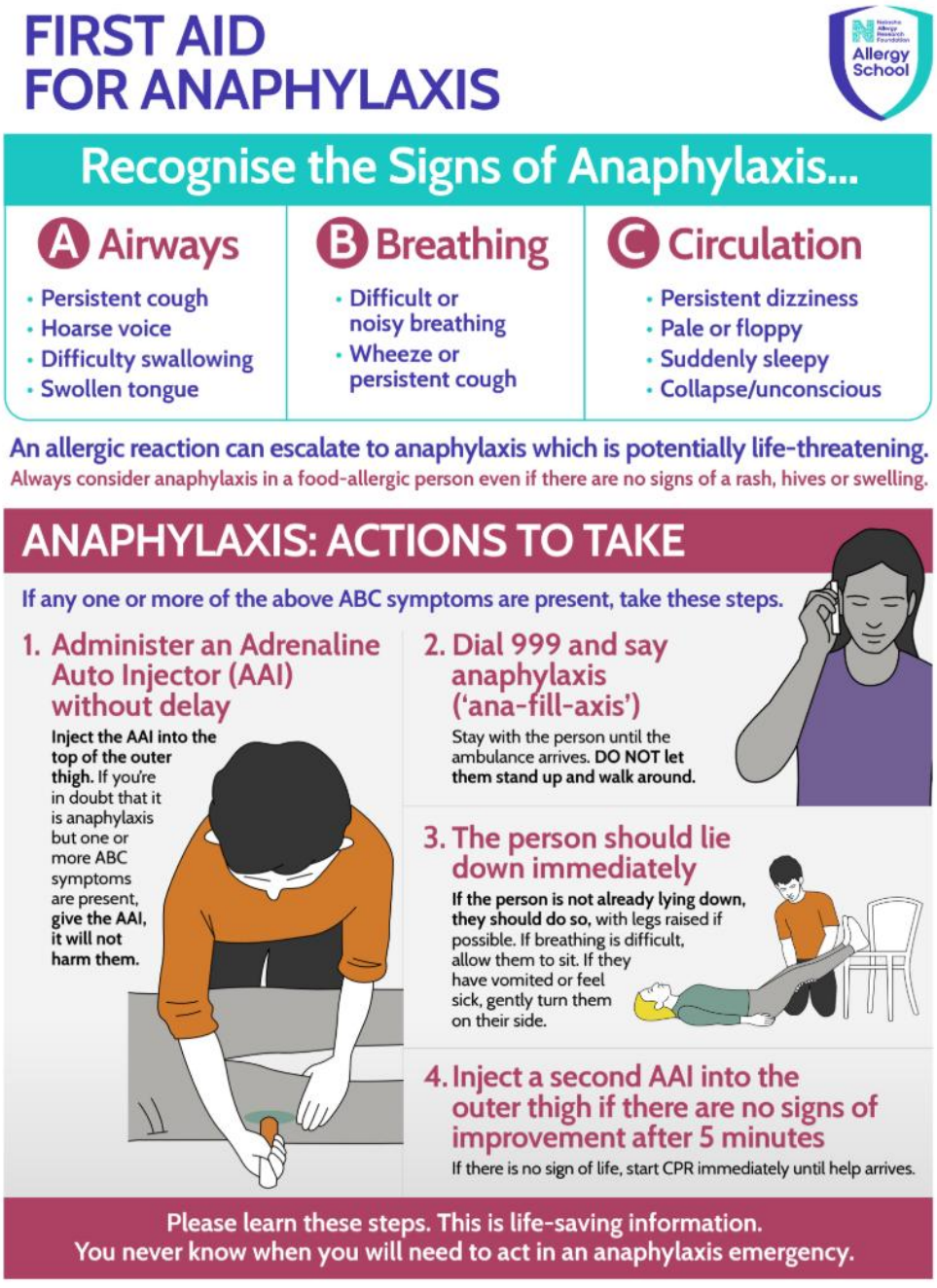
☐ Anti-bullying/wellbeing arrangements include allergy.

☐ Allergy emergency drill considered/completed and learning recorded.

Appendix C - Emergency anaphylaxis quick action

Suspect anaphylaxis if there are Airway, Breathing or Circulation problems. A rash may be absent. If in doubt, give adrenaline.

- Keep the person where they are; call for help; do not leave them alone.
- Lay flat with legs raised; if breathing is difficult allow sitting up briefly. Do not allow standing or walking.
- Give adrenaline immediately - prescribed device if available, otherwise an appropriate spare AAI. Note the time.
- Call 999 and say "ANAPHYLAXIS".
- Give a second dose after 5 minutes if there is no improvement.
- Start CPR if there are no signs of life.
- Contact parent/carer after emergency action is underway.
- Transfer to hospital by ambulance and record/review the incident.



Appendix D - Source documents used to develop this policy

- Department for Education, Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026).
- Department for Education, Allergy safety policy - template (2026).
- BSACI / Allergy UK / Anaphylaxis UK, Model Policy for Schools: Allergy and Anaphylaxis Policy (2025), approved by the Department for Education.

This policy intentionally combines the structure and practical emergency content of the model policy with the additional governance, training, wellbeing, identification, IHP, information-sharing, incident/near-miss and publication requirements in the 2026 statutory guidance and policy template.