FAIR OAK JUNIOR SCHOOL

Allergy Safety Policy

Name of School	Fair Oak Junior School
Date of Policy Issue	September 2026
Review Date	September 2027
Name of Headteacher	Jim Hartley (Interim Headteacher)
Designated Allergy Lead	Jim Hartley (Interim Headteacher)
Signature of Headteacher	JHartley
Signature of Chair of Governors	Rob Holmes / Tim Dancer

Policy Statement

Fair Oak Junior School (FOJS) is committed to promoting a whole-school approach to health, care, welfare and wellbeing and to ensuring the safe management and inclusion of members of our school community who live with allergies.

We recognise that anaphylaxis is a potentially life-threatening medical emergency and that effective allergy management requires a coordinated approach involving pupils, parents/carers, staff, catering providers, healthcare professionals and the LA.

We believe that all allergies should be taken seriously and managed in a professional, respectful and appropriate way.

We will work proactively to:

- minimise the risk of exposure to known allergens;

- identify pupils, staff and visitors with allergies and ensure relevant information is available to those who need it;
- support pupils to develop age-appropriate self-management and increasing independence;
- ensure pupils with allergies can participate fully in education, trips, extracurricular activities, sport, celebrations and wider school life;
- provide robust arrangements for responding to allergic reactions and anaphylaxis;
- ensure staff receive appropriate allergy awareness and emergency response training;
- maintain appropriate supplies of spare adrenaline auto-injectors (AAIs);
- support the wellbeing of pupils with allergies and prevent and respond to allergy-related bullying;
- record, investigate and learn from serious allergy incidents and near misses; and
- regularly review the effectiveness of the school's allergy safety arrangements.

FOJS will have regard to the Department for Education's statutory guidance **Allergy safety in schools** when implementing and reviewing this policy.

Policy Governance, Review and Publication

This policy forms part of the school 's arrangements for supporting pupils with medical conditions and promoting their health, safety, wellbeing and inclusion.

Section 34 of the **Children's Wellbeing and Schools Act 2026** (Also known as Benedict's Law) introduced a requirement for maintained schools, academies and pupil referral units in England to have an allergy safety policy. The school will have regard to the Department for Education's statutory guidance *Allergy safety in schools* in fulfilling this duty.

The School will:

- review this policy at least annually;
- review the policy sooner where a serious incident or significant near miss identifies potential weaknesses;
- take account of incidents, near misses, complaints, changes in clinical advice, changes to legislation or statutory guidance and changes to the school environment;

- involve pupils with allergies, parents/carers and relevant staff in policy development and review where appropriate;
- ensure allergy-related risks are included on the school's risk register and actively managed;
- provide periodic reports to the Governing Body on significant allergy incidents, near misses and the effectiveness of allergy safety arrangements;
- At least once each year, the School will bring the policy to the attention of all pupils, parents/carers and all persons working at the School, whether paid or unpaid and will publish the current policy on the school website;
- make the policy available in hard copy on request; and
- communicate the policy to staff, pupils and parents/carers.

The school may conduct allergy safety drills or simulated anaphylaxis exercises to test emergency arrangements. Such exercises will be carefully planned, recorded and used to identify learning and improvements. Individual pupils with allergies will only be involved where appropriate and with consideration of their wellbeing.

Equalities Impact Assessment

The school will keep the impact of its allergy safety arrangements under review and will make reasonable adjustments where required to ensure that pupils with allergies are not disadvantaged or excluded from education or school life.

Related Policies and Documents

This policy should be read alongside:

- School Health and Safety Policy;
- School Safeguarding Policy;
- Supporting Pupils with Medical Conditions Policy;
- SEND Policy;
- First Aid Policy;
- Educational Visits procedures;
- Attendance Policy;
- Behaviour and Anti-Bullying Policy;
- Data Protection

- Individual Healthcare Plans (IHPs), Allergy Action Plans and Asthma Action Plans for individual pupils.

Where there is an individual pupil plan, staff must follow the arrangements set out in it.

Legislation and Statutory Guidance

The School's allergy safety arrangements have regard to relevant legislation and statutory guidance, including:

- **Children's Wellbeing and Schools Act 2026**, including s34 concerning allergy safety policies;
- **Children and Families Act 2014**, including s100 concerning arrangements for supporting pupils with medical conditions;
- **Department for Education, Allergy safety in schools statutory guidance (2026)**;
- **Department for Education, Supporting pupils at school with medical conditions statutory guidance**;
- **Health and Safety at Work etc. Act 1974**;
- **Human Medicines Regulations 2012**, as amended;
- **Human Medicines (Amendment) Regulations 2017**, concerning spare adrenaline auto-injectors;
- **Food Information Regulations 2014**, as applicable to food businesses and food supplied;
- **Equality Act 2010**; and
- **UK GDPR and Data Protection Act 2018**.

The School will also have regard to relevant guidance from the Food Standards Agency, NHS and appropriate professional allergy organisations.

Roles and Responsibilities

A Governors

The Governing Body will:

- ensure suitable arrangements are in place to support pupils with allergies;
- provide strategic oversight of allergy safety;

- ensure an Allergy Safety Policy is in place, implemented and reviewed;
- seek assurance that reasonable measures are in place to minimise allergen exposure;
- seek assurance that pupils with allergies can participate fully in school life;
- receive periodic information about serious allergy incidents and significant near misses;
- seek assurance that lessons from incidents and near misses are acted upon;
- seek assurance that staff receive appropriate allergy awareness and emergency response training;
- seek assurance that prescribed and spare emergency medication is appropriately managed;
- ensure that the school's complaints arrangements allow concerns about allergy safety to be raised and investigated.

B. Designated Allergy Lead

The School has a named member of the Senior Leadership Team responsible for leading and overseeing allergy safety.

Designated Allergy Lead: Jim Hartley

The Allergy Lead will:

- lead implementation of this policy;
- coordinate the school's whole-school allergy safety arrangements;
- ensure systems are in place to identify pupils with allergies;
- ensure relevant information is collected during admission and transition;
- maintain an appropriate record of pupils, staff and relevant visitors with known allergies;
- record whether pupils have IHPs and/or Asthma Action Plans;
- ensure relevant allergy information is communicated to staff who need it;
- coordinate the development, implementation and review of IHPs;
- work with parents/carers to obtain relevant information and healthcare-professional-issued action plans;
- liaise with catering providers;

- oversee the management of spare AAIs;
- ensure staff training arrangements are implemented;
- ensure incidents and near misses are recorded and reviewed;
- report significant concerns and incidents to the Governing body
- coordinate lessons learned following incidents and near misses;
- promote awareness of this policy;
- support age-appropriate pupil education about allergy safety;
- support the wellbeing and inclusion of pupils with allergies; and
- contribute to the annual review of this policy.

C. School Staff

All staff will:

- comply with this policy;
- complete required allergy awareness and emergency response training;
- know how to access relevant allergy information and IHPs;
- follow relevant individual health plans;
- take reasonable steps to minimise exposure to known allergens;
- know how to recognise an allergic reaction and anaphylaxis;
- know how to locate and use emergency medication;
- respond promptly to suspected anaphylaxis;
- ensure that help comes to a pupil experiencing an emergency;
- report allergic reactions, anaphylaxis, incidents and near misses;
- support pupils to develop age-appropriate independence and self-management;
- promote inclusion and prevent allergy-related bullying; and
- ensure that pupils with allergies are not unnecessarily excluded from activities.

D. Parents/Carers

Parents/carers should:

- inform the school of their child's known allergies and relevant medical history;
- provide relevant healthcare information;

- provide prescribed medication in accordance with the school's procedures;
- ensure prescribed medication is replaced before expiry;
- inform FOJS promptly of changes to their child's allergy, treatment or medication;
- complete the Individual Health Plan F (IHCP) form and medical consent form for medicines to be kept in school and return it to the school;
- participate in the development and review of a health plan;
- inform the school of relevant incidents or near misses which become apparent after the pupil has returned home; and
- work with the school and healthcare professionals to support safe and inclusive participation.

The school will not require parents/carers to attend the school to administer medication or provide routine medical support where the school has responsibility for supporting the pupil.

Identification of Allergy

The school will maintain clear arrangements for identifying pupils, staff and relevant visitors with allergies.

Information may be obtained from: parents/carers; previous schools or settings; healthcare professionals; admission and registration information; transition information; and staff or visitors themselves.

The school will seek information about: known allergens; previous serious allergic reactions; history of anaphylaxis; prescribed adrenaline or other emergency medication; Allergy Action Plans; Asthma Action Plans; relevant dietary requirements; relevant risk-reduction measures; and whether an IHP is required.

Where a pupil joins outside the normal admissions process, relevant allergy information will be gathered and communicated to appropriate staff as soon as reasonably practicable and normally within two weeks of starting, or sooner where the risk requires it.

The school will not assume that a pupil does not require support simply because diagnosis is incomplete or medical investigations are continuing.

Information Sharing and Confidentiality

Allergy and medical information is classed as personal information and health information is special category data under UK GDPR.

The school will process and share information lawfully, securely and respectfully.

Information will be shared with staff and other people who need it to keep a pupil safe and enable them to participate fully.

This may include: all school staff; catering staff; sports coaches; relevant supply and cover staff;

Information will be shared on a need-to-know basis and with appropriate regard for the pupil's privacy and dignity.

Confidentiality will not prevent necessary information from being shared with staff who need it to respond to an emergency.

Transition arrangements will ensure that relevant allergy information, IHPs are passed to appropriate staff when a pupil changes class, year group or school.

Individual Healthcare Plans

Allergy Action Plans

Pupils with known food or insect-sting allergies who are at risk of anaphylaxis should have an appropriate health plan written by their parent and informed by their healthcare professional.

This plan is a clinical document that sets out how to recognise and respond to an allergic reaction and/or anaphylaxis.

The school will:

- seek a current health plan where appropriate;
- keep it securely on Meditracker alongside details of relevant medication;
- ensure relevant staff know where AAIs and spare AAIs can be accessed;
- ensure staff understand the emergency instructions;
- request an updated plan when there is a significant change in the pupil's condition or treatment.

The school will not replace clinical instructions with its own clinical advice.

Individual Healthcare Plans

A pupil should have an IHCP where:

- A pupil should have an IHP where the allergy has a functional impact in school, poses a risk of harm, and requires arrangements additional to or different from those generally provided."

The IHCP will set out the additional or different arrangements required to support the pupil, including emergency arrangements.

Where an individual plan has been issued by a healthcare professional, it will be attached to or incorporated into the pupil's IHCP arrangements.

The IHP will be developed collaboratively with the pupil, parents/carers and relevant professionals where appropriate.

It will be reviewed:

- at least annually;
- when the pupil's condition or treatment changes;
- when clinical advice changes;
- following a serious incident or significant near miss;
- following a significant change in the pupil's circumstances; or
- where existing arrangements are found to be inadequate.

The IHCP will be communicated to staff who need the information and will form part of transition arrangements.

Supporting Pupils to Manage Their Allergy

The School will support pupils to understand their allergy and develop age-appropriate self-management skills.

Where appropriate, pupils will be encouraged and supported to:

- understand their allergy and known triggers;
- recognise symptoms;
- know how to seek help;
- carry prescribed medication where appropriate;
- understand how and when their medication is used;
- make safe choices around food and other known allergens; and

- take increasing responsibility for allergy management as their age, competence and circumstances allow.

The school recognises that independence must be balanced with safety. Pupils will not be expected to manage their allergy independently where this would place them at unnecessary risk.

Minimising the Risk of Allergen Exposure

The school will take reasonable steps to minimise the risk of pupils coming into contact with known allergens.

Risk reduction measures will be proportionate to the allergen and individual circumstances and may include:

- effective communication of known allergens;
- appropriate cleaning arrangements;
- safe food preparation and storage;
- avoiding unnecessary use of known allergens in activities;
- risk assessment of curriculum activities;
- appropriate controls during celebrations and events;
- safe arrangements for food brought into the school;
- controls around animals, latex, chemicals or other known non-food allergens;
- appropriate supervision;
- teaching pupils not to share food, drinks or utensils;
- safe arrangements during trips and extracurricular activities; and
- individual risk-reduction measures identified within an IHCP.

The school will avoid unnecessary blanket restrictions where proportionate individual controls can safely manage the risk.

Emergency Recognition and Management of Anaphylaxis

Anaphylaxis is a potentially life-threatening allergic reaction requiring immediate treatment.

Symptoms may include:

Airway

- swelling of the throat or tongue;
- difficulty swallowing;
- hoarse voice; or
- tightening of the throat.

Breathing

- sudden wheezing;
- difficulty breathing;
- noisy breathing; or
- severe breathing difficulty.

Circulation

- dizziness;
- feeling faint;
- pale or clammy skin;
- weakness;
- confusion;
- collapse; or
- loss of consciousness.

Other allergic symptoms can include:

- hives or a raised rash;
- itching;
- swelling of the lips, face or eyes;
- abdominal pain;
- vomiting; or
- other symptoms identified in the pupil's Allergy Action Plan.

Anaphylaxis can develop rapidly and must be treated as a medical emergency.

Emergency action

Where anaphylaxis is suspected:

1. **Stay with the pupil and call for assistance.**
2. **Help must come to the pupil. Do not send the pupil to the office or medical room.**
3. **Lay the pupil flat with their legs raised.** If breathing is difficult, they may be allowed to sit up, but they should not stand or walk.
4. **Administer adrenaline as soon as possible. Do not delay adrenaline while waiting for an ambulance.**
5. Use the pupil's prescribed adrenaline device where available.
6. If the prescribed device is unavailable, has misfired, or is otherwise unavailable, use a spare AAI where appropriate.
7. Immediately after administering adrenaline, call 999 and request an ambulance. State that the person is experiencing anaphylaxis." Record the time adrenaline was administered.
8. If there is no improvement after 5 minutes, or symptoms return, administer a second adrenaline device.
9. If the pupil becomes unresponsive and is not breathing normally, commence CPR and follow emergency service instructions.
10. Inform the parent/carer as soon as reasonably practicable.
11. The pupil must be assessed by emergency medical services and taken to hospital in accordance with medical advice, even if symptoms appear to have improved.

Staff must follow the pupil's Allergy Action Plan where one is available.

Where anaphylaxis is suspected, staff should not delay treatment while attempting to obtain parental consent.

Prescribed Adrenaline and Other Emergency Medication

Pupils prescribed adrenaline devices should have rapid access to them.

Where appropriate to the pupil's age, competence and circumstances, pupils should be supported to carry their own prescribed medication.

Where a pupil cannot safely carry medication themselves, medication will be stored in an appropriate, accessible location.

Prescribed adrenaline devices must not be inaccessible or unnecessarily locked away.

Where pupils are prescribed two adrenaline devices, both should be available in accordance with their individual arrangements. They are kept with the pupil at all times within an individual red bag.

The School will:

- check medication is in date;
- record medication supplied to the school;
- ensure staff know where prescribed emergency medication is stored;
- ensure medication accompanies pupils during relevant trips and activities;
- ensure arrangements are in place for medication at breakfast clubs, after-school clubs and other school activities; and
- communicate arrangements to relevant staff.

Parents/carers remain responsible for supplying and replacing prescribed medication, but the school has robust arrangements to manage emergencies where prescribed medication is unavailable.

School-Owned Spare Adrenaline Auto-Injectors

The School will maintain spare AAIs for emergency use in accordance with current statutory guidance. Currently the school maintains 8 spare devices, 4 of each dosage. (larger people need a stronger dose). 4 devices are always kept at school and 4 are to be taken on trips.

Spare AAIs:

- will be of appropriate dosage for the pupils and circumstances for which they may be required;
- will be stored in pairs;
- will be clearly labelled as spare/emergency devices;
- will be kept separate from medication prescribed to named pupils;
- will be readily accessible and not locked away (Ours are kept in a red bag behind the door in the office;
- will be protected from inappropriate temperature and direct sunlight in accordance with manufacturer instructions;
- will be checked regularly;
- will be replaced before expiry;

- will be replaced promptly after use; and
- will be disposed of safely through an appropriate sharps disposal route.

The school will ensure that spare AAIs can be brought to a person experiencing anaphylaxis **within five minutes**.

The school will review the number and location of spare AAIs following changes to the site, changes in pupil population, incidents, near misses or other relevant circumstances.

Use of spare AAIs

Spare AAIs may be used where:

- a pupil's prescribed device is unavailable;
- a prescribed device has misfired;
- a prescribed device has been used and a further dose is required;
- an individual does not have their prescribed device available; or
- an individual who is not known to have an allergy is experiencing suspected anaphylaxis and emergency treatment is necessary to save life.

Advance parental/young person consent for the use of spare AAIs should be obtained where practicable and recorded within relevant arrangements. However, emergency treatment must not be delayed because prior consent cannot be confirmed. Where practical, we will ring 999 on administering devices to get advice in real time.

The Human Medicines (Amendment) Regulations 2017 permit spare adrenaline devices to be used in an emergency to save life.

Emergency Asthma Medication

The school will maintain arrangements for pupils with asthma in accordance with relevant medical conditions and asthma guidance.

Where the school holds an emergency asthma reliever inhaler, it will be managed in accordance with the legal and guidance requirements governing emergency asthma inhalers, including requirements concerning written consent.

Emergency asthma inhalers are legally distinct from spare AAIs and will only be used in circumstances permitted by the relevant guidance.

Spare inhalers are kept behind the office door in a net bag.

Staff Allergy Awareness and Emergency Response Training

All staff present during times when pupils are scheduled to be on site will receive allergy awareness and emergency response training **at least annually**.

First aid training alone is not sufficient.

Training will cover:

- what allergy is and the risks it presents;
- food allergy, asthma, eczema, hay fever and other relevant allergic conditions;
- the difference between food allergy, coeliac disease and food intolerance. (Coeliac disease is not an allergy. The School will support pupils with coeliac disease through its wider arrangements for supporting pupils with medical conditions, while applying appropriate food safety and cross-contamination controls.);
- common allergens and triggers;
- how allergic reactions occur;
- recognising allergic reaction symptoms;
- recognising anaphylaxis;
- recognising acute asthma;
- emergency response;
- calling 999;
- informing parents/carers;
- locating emergency medication;
- administering prescribed adrenaline;
- using spare AAIs;
- relevant asthma emergency arrangements;
- the school's Allergy Safety Policy;
- how to check whether a pupil is recorded as having an allergy;
- how to access and use Allergy and Asthma Action Plans;
- responsibilities for reducing exposure to known allergens;
- the effect of allergy on pupil wellbeing;
- reporting incidents and near misses; and

- how to obtain further support.

New staff will receive allergy awareness information as part of induction and will complete required training as soon as practicable.

Training records will be maintained by the school.

Catering and Food Allergy Management

The school is committed to providing a safe and inclusive dining environment for pupils with food allergies.

Catering arrangements will comply with applicable food safety and allergen information requirements.

The school will:

- require catering providers to comply with relevant food safety and allergen legislation;
- ensure information about the regulated allergens present in food is accurate and accessible;
- provide menus and allergen information in advance where practicable;
- maintain effective communication between parents/carers, the school and catering provider;
- provide up-to-date pupil allergy information to relevant catering staff;
- operate a robust system for identifying pupils with allergies at the point of service;
- ensure the system does not rely on a single individual;
- ensure food used in curriculum activities has appropriate ingredient and allergen information;
- prevent or minimise cross-contamination through appropriate storage, preparation, handling and cleaning;
- train food preparation and serving staff in allergen management;
- ensure staff understand food labels and cross-contamination risks;
- teach pupils not to share food, drinks, utensils or lunchbox contents;
- support pupils with allergies to make safe food choices;

- risk assess food used in cooking, science, cultural activities, celebrations, rewards and fundraising;
- work with parents/carers to support safe participation in celebrations and events; and
- make reasonable adjustments where necessary to ensure pupils with allergies can access school meals, including where pupils receive benefits-based Free School Meals.

Where third-party organisations provide food as part of breakfast clubs, after-school clubs, holiday provision or other activities, the school will ensure that appropriate allergy safety arrangements are in place.

Food brought into the School

Food brought into the school by pupils, staff or others should be managed in accordance with the school 's individual allergy arrangements.

Pupils will be taught not to share or exchange food.

Where food is provided by the school or for an school-organised celebration/event, the school will take reasonable steps to ensure pupils with known allergies can participate safely.

Non-Food Allergens and Curriculum Activities

Allergy safety is not limited to food.

Where a pupil has a known allergy to a non-food allergen, the school will consider reasonable measures to reduce exposure.

This may include allergens associated with:

- latex;
- animals;
- plants;
- pollen;
- cleaning products;
- medicines;
- cosmetics;
- craft materials;

- science materials; or
- other substances identified through an individual risk assessment.

Curriculum activities involving food or other potential allergens will be appropriately planned and risk assessed.

The school will avoid unnecessary exclusion and will seek safe alternatives, where reasonably practicable.

Educational Visits, Trips, Sporting Fixtures and Extracurricular Activities

Pupils with allergies will be enabled to participate fully in trips, sporting fixtures, clubs and extracurricular activities wherever reasonably possible.

The risk assessment for the trip will consider:

- known allergens;
- food arrangements;
- medication;
- access to emergency services;
- transport;
- accommodation;
- activities;
- staff competence;
- emergency response;
- communication;
- location of emergency medication; and
- any individual arrangements contained within the pupil's IHCP.

Pupils at risk of anaphylaxis must have access to their prescribed adrenaline devices throughout the visit. These will be taken by the supervising adult. The child will need to be kept under the direct supervision of that adult. When returning from the trip, the adult will return the bag to the class teacher.

Staff trained to administer adrenaline will accompany the pupil where required.

The school will consider whether spare AAIs should also be taken on a particular visit, taking account of the nature, duration and location of the activity, while ensuring sufficient spare devices remain available on school premises.

Pupils will not be prevented from attending trips because of their allergy where the school can reasonably put appropriate arrangements in place.

Parents/carers will not be required to accompany their child as a condition of participation solely because of the child's allergy where the school has responsibility for making appropriate arrangements.

Where the school participates in a sporting fixture at another school or venue, relevant allergy information and emergency arrangements will be communicated appropriately.

Serious Allergy Incidents and Near Misses

The school will maintain clear arrangements for identifying, recording, reporting and learning from serious allergy incidents and near misses.

A serious allergy incident includes, but is not limited to:

- suspected or confirmed anaphylaxis;
- administration of adrenaline;
- an allergic reaction requiring emergency medical treatment;
- significant exposure to a known allergen;
- a delay or failure in accessing or administering emergency medication;
- provision of incorrect food or incorrect allergen information;
- significant cross-contamination;
- a failure in an agreed IHCP or Allergy Action Plan arrangement; or
- any event which indicates that existing allergy safety arrangements may have failed.

A near miss includes an event where exposure or failure of a safety control was identified before significant harm occurred.

All incidents and near misses will be recorded through the School's established reporting system.

Records will include, where appropriate:

- date and time;

- pupil/person involved;
- suspected allergen;
- circumstances;
- symptoms;
- medication administered;
- timing of medication;
- emergency service involvement;
- staff involved;
- immediate actions;
- contributing factors; and
- actions taken to prevent recurrence.

Parents/carers will be informed of serious incidents involving their child as soon as reasonably practicable.

Parents/carers are encouraged to report incidents and near misses which become apparent after the pupil has left the school.

Following a serious incident or significant near miss, the school will consider:

- whether the relevant policy was adequate;
- whether the policy was followed;
- whether the pupil's IHCP and/or Allergy Action Plan was adequate;
- whether staff had received appropriate training;
- whether the risk assessment was adequate;
- whether catering arrangements were adequate;
- whether information was shared appropriately;
- whether emergency medication was accessible;
- whether any safeguarding or disciplinary concerns arise; and
- whether changes are required to policy or practice.

The pupil and parents/carers will be involved in reviewing individual arrangements where appropriate.

Relevant healthcare professionals will be involved where appropriate.

Lessons learned will be reported to the allergy lead and incorporated into policy, risk assessments, IHPs, training and practice where required.

Unacceptable Practice

The school is committed to ensuring that only appropriate practice occurs.

Unacceptable practice includes, but is not limited to:

- preventing a pupil from accessing or administering prescribed medication in accordance with their agreed arrangements;
- assuming every pupil with the same condition requires identical support;
- assuming older pupils no longer require support;
- ignoring the views of the pupil or their parents/carers;
- ignoring relevant clinical advice;
- assuming a pupil does not require support because diagnosis is incomplete;
- sending a pupil experiencing an allergic emergency to the office or medical room rather than bringing help to them;
- failing to maintain appropriate access to emergency medication;
- unnecessarily excluding a pupil from activities because of their allergy;
- requiring a parent/carer to accompany a pupil on a trip solely because of their allergy where appropriate school arrangements can be made;
- requiring parents/carers to attend the school to administer medication where the school is responsible for the pupil;
- penalising a pupil for allergy-related absence, including excluding them from attendance rewards where absence is related to their medical condition;
- unnecessarily sharing confidential allergy information;
- failing to learn lessons from serious incidents or near misses.

Where unacceptable practice occurs, the school will investigate and take appropriate action in accordance with relevant school procedures.

Monitoring and Assurance

The Designated Allergy Lead will monitor implementation of this policy.

Monitoring will include:

- staff training completion;
- allergy register accuracy;
- IHCP and Allergy Action Plan arrangements;
- prescribed medication checks;
- spare AAI checks;
- emergency medication accessibility;
- catering arrangements;
- educational visit arrangements;
- serious incidents and near misses;
- pupil and parent/carer feedback; and
- actions arising from reviews and incidents.

The Governing Body will receive appropriate assurance about allergy safety arrangements and significant incidents.

Appendix 1: Emergency Anaphylaxis Procedure

If you suspect anaphylaxis:

1. Stay with the pupil.
2. Call for help.
3. Bring the pupil's prescribed adrenaline device or emergency kit to them.
4. Lay the pupil flat with legs raised. If breathing is difficult, allow them to sit up briefly, but do not allow them to stand or walk.
5. Administer adrenaline immediately.
6. Call **999** and state **"anaphylaxis"**.
7. Record the time adrenaline was administered.
8. If symptoms have not improved after 5 minutes, or symptoms return, administer a second adrenaline device if available and appropriate.
9. If prescribed medication is unavailable or has misfired, use a spare AAI where appropriate.
10. If the pupil becomes unresponsive and is not breathing normally, commence CPR.

11. Inform parents/carers as soon as reasonably practicable.
12. Follow emergency service instructions.
13. Ensure the pupil is medically assessed and transferred to hospital as advised.

Do not:

- send the pupil to the office or medical room;
- leave the pupil alone;
- delay adrenaline while waiting for an ambulance;
- allow the pupil to stand or walk;
- assume symptoms will resolve without treatment.

Appendix 2: Spare AAI Arrangements

Spare AAI location:

Behind office door in red bag

Responsible person: Admin Assistant Gemma Brown, overseen by the Designated Allergy Lead.

The school will ensure:

- appropriate dosage is available;
- devices are stored in pairs;
- devices are clearly labelled;
- devices are accessible and not locked away;
- devices can be brought to a person experiencing anaphylaxis within five minutes;
- expiry dates are checked regularly;
- used devices are replaced promptly;
- expired devices are disposed of safely; and
- the number and location of devices are reviewed where circumstances change.

Appendix 3: Staff Training Requirements

Annual allergy awareness and emergency response training will cover:

- allergy awareness;
- food allergy;
- asthma and acute asthma;
- eczema and other allergic conditions;
- food allergy, coeliac disease and food intolerance;
- common allergens;
- allergic reaction symptoms;
- anaphylaxis;
- emergency response;
- calling 999;
- prescribed adrenaline;
- spare AAIs;
- emergency asthma medication;
- Allergy and Asthma Action Plans;
- Individual Healthcare Plans;
- risk reduction;
- food and allergen management;
- wellbeing and bullying;
- information sharing;
- incident and near-miss reporting; and
- the school's Allergy Safety Policy.