

Allergen and Anaphylaxis Policy



Mission Statement

Newchurch will give every child a flying start by working in partnership with parents, staff and the community to develop well-rounded citizens who will contribute in a positive way to society.

Statement of intent

Newchurch Community Primary School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy must be adhered to rigorously by all staff members, parents, and pupils, with the absolute intention of minimising the risk of anaphylaxis occurring whilst at school. The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to systematically minimise the risk of exposure to allergens, encourage self-responsibility, and establish a robust, effective, and rapid response plan to possible medical emergencies.

Signed by:

Jayne Narraway

Headteacher

Date: 29.9.2026

Claire Howarth-Platt

Chair of governors

Date: 29.9.2026

Statutory and Legal framework

This policy has been updated to have due regard to all relevant national legislation and statutory guidance, including, but not limited to, the following:

- **Children and Families Act 2014 (Section 100):** Places a statutory duty on governing bodies of maintained schools and academy proprietors to make robust arrangements for supporting pupils at school with medical conditions.
- **Children's Wellbeing and Schools Act 2026 (Section 34):** Amends the 2014 Act by introducing a further mandatory requirement on local-authority-maintained schools, academies, and pupil referral units to establish, publish, keep under review, and have due regard to statutory guidance concerning allergy safety policies.
- **The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law):** Mandates that all food which is pre-packed for direct sale (PPDS) must display a clear label showing the name of the food and a full ingredients list with any of the 14 regulated allergens emphasized (e.g., in bold or italics).
- **The Human Medicines (Amendment) Regulations 2017:** Permits schools to purchase and stock 'spare' adrenaline auto-injector (AAI) devices without a prescription from a pharmaceutical supplier for emergency use on pupils who are at risk of anaphylaxis but whose own prescribed device is not available, broken, or expired.
- **The Human Medicines Regulations 2012 (as amended in 2014):** Allows schools to buy and stock emergency asthma reliever inhalers (salbutamol inhaler devices and spacers) without a prescription for emergency use on children diagnosed with asthma or prescribed a reliever inhaler.
- **Health and Safety at Work etc. Act 1974:** Imposes a legal duty on school employers to take reasonable steps to ensure that employees and non-employees (including pupils and visitors) are not exposed to risks to their health and safety.
- **Equality Act 2010:** Establishes that severe allergies can meet the legal definition of a disability if they have a substantial and long-term negative effect on an individual's ability to carry out normal day-to-day activities. Under the Act, schools must make 'reasonable adjustments' to prevent discrimination and ensure equal opportunities.

To ensure consistency and safety, this policy operates in close conjunction with the following school policies and documents: Health and Safety Policy, Whole-School Food Policy, Administering Medication Policy, Supporting Pupils with Medical Conditions Policy, Educational Visits and School Trips Policy, and the Allergen and Anaphylaxis Risk Register.

Key Definitions and Medical Distinctions

Allergy represents a wide clinical spectrum of disease. In order to respond safely and appropriately, all staff must understand the medical distinctions between different allergic and hyper-sensitive conditions. The school defines these conditions as follows:

- **Allergy:** A medical condition in which the body's immune system has an abnormal, exaggerated hypersensitivity response to normally harmless substances (allergens), such as foods, pollen, animal dander, or insect stings.
- **Allergen:** A substance that triggers an allergic reaction in a susceptible person.
- **Allergic Reaction:** The body's physiological response to an allergen, which can range from mild/moderate localised symptoms (hives, flushing, swelling of lips/face, itchy mouth, mild throat tightness, abdominal pain, or nausea) to sudden, life-threatening systemic collapse (anaphylaxis).
- **Anaphylaxis:** Also referred to as anaphylactic shock, this is a sudden, severe, and potentially fatal systemic allergic reaction affecting the Airway, Breathing, and/or Circulation ('ABC'). Anaphylaxis

progresses with extreme rapidity. Investigations reveal a critical 20-30 minute window of opportunity to administer adrenaline and save a life.

- **Asthma:** A chronic inflammatory lung disease characterised by the narrowing and tightening of the airways. It is frequently associated with allergy, as exposure to airborne or ingested allergens can provoke an acute asthma attack. Statistically, all children who died from anaphylaxis between 2019 and 2023 and had known food allergies were also diagnosed with asthma. Acute asthma symptoms can closely mimic or exacerbate food-induced anaphylaxis.
- **Food Intolerance:** A non-immune system reaction where the body struggles to digest a specific food or ingredient (e.g., lactose or gluten). While food intolerances can cause prolonged discomfort (abdominal pain, bloating, diarrhoea) occurring hours or days after ingestion, they are not immunologically mediated and cannot cause anaphylaxis.
- **Coeliac Disease:** An autoimmune condition where the small intestine is highly hypersensitive to gluten (found in wheat, barley, and rye). It is not an intolerance or an allergy. Ingestion of gluten causes structural damage to the gut lining and serious, prolonged illness. While coeliac disease carries long-term health risks and requires strict avoidance and cross-contamination controls like a wheat allergy, it is not an allergic reaction and cannot cause anaphylaxis.

Roles and responsibilities

The Governing Board

- Ensuring that robust, compliant policies, plans, and procedures are in place to support pupils with allergies and those at risk of anaphylaxis in line with Section 34 of the Children's Wellbeing and Schools Act 2026.
- Ensuring that staff receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, or immediately following any incident where a pupil experiences a severe allergic reaction or 'near miss' at the school.

The Headteacher

- Leading the development, implementation, and rigorous monitoring of this policy and its related procedures.
- Ensuring that parents/carers are fully informed of their responsibilities regarding their child's medical and allergy needs.
- Ensuring that all relevant kitchen and school-wide risk assessments have been conducted and proper mitigation controls are active.
- Ensuring that all designated first aiders are certified in the administration of Adrenaline Auto-Injectors (AAIs) and the management of anaphylaxis and acute asthma.

The School Business Manager

- Serving as the named school leader responsible for allergy safety, overseeing the implementation of this policy, and maintaining the master Register of AAIs.
- Seeking up-to-date medical and allergy information from parents/carers on an annual basis via a formal medical declaration form.
- Leading the co-production of Individual Healthcare Plans (IHCPs) with parents, pupils, and healthcare professionals.
- Ensuring that medical and allergy information is disseminated quickly and securely to classroom teachers, supply staff and the catering team.

The Kitchen Manager

- Monitoring the food allergen log and allergen tracking database for absolute completeness on a weekly basis.

- Enforcing Natasha's Law labeling compliance for all Pre-packed for Direct Sale (PPDS) foods prepared on site.
- Recording and reviewing any incidents of incorrect catering practices, packaging errors, or kitchen 'near misses' in the kitchen allergen incident log, and taking immediate corrective action.

Catering and Kitchen Staff

- Maintaining active awareness of the 14 regulated allergens and the specific dietary requirements of pupils on the lunch register.
- Ensuring all PPDS foods display clear, legible, complete labels detailing the food name and ingredients list with allergens emphasized in bold.
- Enforcing strict cross-contamination controls during storage, preparation, cooking, and service, using dedicated, colour-coded utensils and boards.

All School Staff Members

- Attending annual whole-school allergy awareness training to recognise symptoms of mild, moderate, and severe reactions (including anaphylaxis and acute asthma).
- Familiarising themselves with and implementing pupils' IHCPs and emergency plans.
- Responding immediately and decisively in a medical emergency, ensuring help comes to the child and not vice versa.
- Enforcing strict rules against the trading and sharing of food, drinks, and utensils among pupils.

Parents and Carers

- Notifying the school immediately of their child's allergens, the nature of their reaction, prescribed medications, and necessary control measures.
- Providing the school with an in-date prescribed AAI (and a secondary spare device if prescribed) and a reliever inhaler if diagnosed with asthma.
- Providing written consent on an annual basis for the administration of prescribed medicines, 'spare' AAI, and 'spare' asthma inhalers.
- Collaborating actively with the school business manager to co-produce and annually review their child's IHCP.

Pupils

- Strictly avoiding the sharing or exchanging of any food, drinks, or containers with peers.
- Avoiding any foods with unknown ingredients or those known to contain their allergens.
- Notifying any staff member immediately if they feel unwell, experience any symptoms of an allergic reaction, or believe they have been exposed to an allergen.

Risk Minimisation and Classroom Hazards

Non-Food Classroom Hazards

Exposure to allergens in a school setting is not limited to food provided at mealtimes. Curriculum activities can introduce hidden triggers. Staff must conduct pre-activity risk assessments and enforce the following controls:

- **Wheat in Play Dough:** Standard play dough contains wheat flour, which represents a severe contact or ingestion hazard for pupils with wheat allergies or coeliac disease. Staff must substitute wheat-free flour or safe commercial alternatives for all play dough and modelling activities involving these pupils. Alternatively, if modelling is a class-wide activity, the entire class must use wheat-free materials to prevent cross-contamination.

- **Milk, Wheat, or Soya in Adhesives:** Many school glues, craft pastes and liquid adhesives contain proteins derived from milk (casein), wheat, or soya. Staff must check the ingredients of all art and craft supplies. Any adhesive containing these allergen proteins must be barred from classrooms where sensitive pupils are present.
- **Nuts and Sesame in Bird Feed and Pet Care:** Standard wild bird feed, small animal feed, and pet care products frequently contain whole nuts, nut meal, or sesame seeds. These materials are strictly prohibited on the school site. Staff must check the ingredients of all feed used in science, nature, or outdoor learning activities to ensure they are 100% nut-free and sesame-free.

Indoor Air Quality and Ventilation Controls

Clean indoor air is recognised as a core asthma and allergen control measure under statutory guidance. Poor air quality, indoor pollutants and airborne dander significantly worsen asthma and increase the risk of severe acute exacerbations. The site manager and staff must systematically integrate the following air quality controls into daily operations:

- Enforcing a robust ventilation protocol, ensuring windows are opened regularly to maximise fresh outdoor air exchange, provided pollen counts are not extremely high.
- Systematic indoor air quality monitoring in high-density areas, including classrooms and the main hall.
- Ensuring that classrooms are thoroughly vacuumed, wet-dusted, and cleaned daily to eliminate dust mites, pet dander carried on clothing, and mould spores.

Animal Allergies and Hand Hygiene

In line with the school's Animals in School Policy, pupils with known, medically documented allergies to specific animals will have restricted access to any animals brought onto school premises. In the event of an approved animal visit:

- Classroom teachers must verify the allergy status of all participating pupils beforehand.
- Any pupil or staff member who come into contact with an animal or its enclosure must wash their hands thoroughly with warm, soapy water immediately after contact to prevent the spread of allergens.
- A supply of non-prescription antihistamine tablets will be kept in the school office in case of localised allergic symptoms (e.g., skin itching, watery eyes) arising from accidental animal exposure.

Seasonal and Aeroallergen Precautions

To protect pupils suffering from severe seasonal rhinitis (hay fever) or insect sting hypersensitivity:

- Grass mowing on school grounds is strictly prohibited while pupils are outdoors during playtimes or physical education lessons.
- Staff must monitor daily pollen counts. During periods of 'Very High' pollen, staff will exercise professional judgment to provide supervised indoor play and lunch spaces for severely sensitive pupils.
- Pupils with severe hay fever are encouraged to wash their hands and face after playing outdoors and bring a spare set of clothing to change into, minimising pollen transfer.
- Staff must be highly vigilant in identifying wasp, bee or ant nests on school grounds. Any nests must be reported immediately to the site manager, who is responsible for arranging their professional and prompt removal.
- Where a pupil with a known insect sting allergy is stung, medical attention and their prescribed AAI must be administered immediately.

Mealtime Safety and Pupil Identification

Lunchtimes represent a period of high risk for accidental allergen ingestion. To ensure absolute safety while maintaining an inclusive culture, the school has established the following mealtime safeguards:

- **The Dual-Identification Rule (Mandatory):** To guarantee catering staff can accurately identify at-risk pupils, the school implements a dual-identification system. First, pupils with known allergies must wear rainbow lanyards during mealtimes. Second, secure photo boards detailing pupils' names, classes, photos and exact allergens are displayed in the kitchen and serving areas, accessible strictly to staff to protect pupil privacy. No child may receive food without both checks being performed.
- **Absolute Prohibition of Mealtime Segregation:** In accordance with DfE statutory guidelines, pupils with food allergies must never be segregated from their peers (e.g., forced to sit at separate 'allergy tables' or isolated dining areas). Segregation induces severe anxiety, social exclusion and exacerbates bullying. Risks must be managed through table cleaning, peer education and staff supervision. All food tables must be thoroughly disinfected with anti-bacterial wipes and cleaning fluid before and after use.
- **Kitchen Utensil Controls:** To prevent cross-contamination, the kitchen maintains a dedicated set of color-coded knives, boards and cooking utensils reserved solely for preparing allergen-safe meals. Furthermore, a secondary, distinct set of color-coded utensils is kept exclusively for food containing wheat or bread products. Wheat and bread products must be stored in separate, sealed containers away from allergen-free ingredients.
- **Natasha's Law PPDS Compliance:** All food prepared on site and pre-packed for direct sale (PPDS)—such as grab-and-go sandwiches, salad pots or individual cakes—must clearly display a secure label detailing the name of the food and a full ingredients list with the 14 regulated allergens emphasized in bold. If a catering supplier substitutes ingredients at short notice, all matrices must be updated and kitchen staff trained prior to serving.

Medication and Spare Adrenaline Auto-Injectors (AAIs)

Adrenaline is the gold standard, life-saving treatment for anaphylaxis and must be administered without delay as soon as severe symptoms appear. Delay in administration is directly associated with fatal outcomes.

Prescribed AAIs and Storage

Pupils prescribed AAIs must have immediate, rapid access to their devices at all times. Pupils over the age of seven are encouraged to carry their prescribed AAIs in their school bags, ensuring they are protected during journeys. For pupils under seven, or where carrying is not appropriate, AAIs are stored in a central, unlocked, and clearly labelled location that is accessible immediately to all staff but kept safely out of reach of children. AAIs must never be locked away. All AAIs must be stored at room temperature, protected from direct sunlight and extreme temperatures.

School-Stocked 'Spare' AAIs (The 'Pairs' Rule)

Under the Human Medicines (Amendment) Regulations 2017, the school purchases 'spare' AAIs without a prescription for emergency use. The school enforces a strict statutory compliance rule: Spare AAIs must ALWAYS be stocked and stored in pairs at each storage location. In an emergency, if a pupil's condition does not improve or deteriorates after 5 minutes, a second dose of adrenaline must be administered immediately. If spare AAIs are split across locations, staff are forced to run to another part of the building to retrieve the second device, causing life-threatening delays. Keeping them in pairs ensures the vital second dose is instantly accessible.

The school stocks and maintains two pairs of spare AAIs (four devices in total) in an unlocked, central location: **the Staff Room and the ICT suite**. Each location contains one pair of 0.15mg devices (for pupils under age 6, e.g., EpiPen Junior or Jext 150) and one pair of 0.30mg devices (for pupils aged 6-12, e.g., EpiPen or Jext 300).

Checking, Maintenance, and Register Oversight

To ensure all devices remain in-date and ready for immediate deployment:

- Michelle Waterman (Administrative Assistant) and Lee Singleton (Designated Lead) conduct monthly physical audits of the emergency anaphylaxis kits, checking batch numbers, expiry dates, and AAI appearance. Expired or used devices are disposed of in a designated sharps bin or handed to attending paramedics.
- Rachel Burns (School Business Manager) is responsible for maintaining the master Register of AAIs. This register records pupil names, classes, known allergens, written parental consent, medical authorisation, and required dosages. Rachel Burns checks and updates the register annually or immediately upon any change in a pupil's medical profile.
- Copies of the Register of AAIs are held securely in each classroom and a master copy is displayed in the school office, easily accessible to all permanent, temporary, and supply teachers.

Acute Asthma Management and 'Spare' Inhalers

In accordance with the Human Medicines Regulations 2012, the school has implemented a formal protocol to stock, store and administer emergency salbutamol reliever inhalers and spacers for use during acute asthma attacks.

Procurement and Storage of Spare Inhalers

The school purchases spare salbutamol inhaler devices and plastic spacer chambers without a prescription from a local pharmaceutical supplier, following a written request signed by the Headteacher. Spare asthma kits are stored alongside the emergency anaphylaxis kits in the Staff Room and the ICT suite. They are kept unlocked and accessible to staff at all times, stored at room temperature in line with manufacturer guidelines.

Administration Protocol and Consent

Unlike adrenaline, which may be administered to any individual in a life-saving situation without prior consent, emergency 'spare' asthma inhalers may only be administered to pupils who have been diagnosed with asthma and prescribed a reliever inhaler, and for whom written parental consent has been provided. The SBM maintains an up-to-date Register of Spare Asthma Inhaler Consent. If a child experiences an acute asthma attack (characterised by wheezing, breathlessness, coughing, chest tightness, or noisy breathing) and their personal prescribed inhaler is broken, empty, or lost, staff will verify consent and administer the school's spare inhaler using a clean, single-use spacer chamber. All spacer chambers must be single-use and disposed of or thoroughly washed and disinfected after use in line with infection control guidelines. Salbutamol inhaler plastic mouthpieces must be washed and dried thoroughly after each use.

Emergency Response Procedures

Mild to Moderate Allergic Reactions

Symptoms include swollen lips/face/eyes, itchy/tingling mouth, hives or itchy skin rash, abdominal pain, vomiting, or a sudden change in behaviour. If these symptoms occur:

- The nearest adult must stay with the pupil and immediately call for a trained first aider.

- The first aider will retrieve the pupil's Individual Healthcare Plan (IHCP) and administer prescribed non-drowsy oral antihistamines or local treatments.
- The pupil's parents/carers must be telephoned immediately to inform them of the reaction and medication administered.
- **CRITICAL SAFEGUARD:** The pupil must be closely monitored in a safe place (e.g., the snug) for at least 60 minutes. Mild reactions can progress rapidly into anaphylaxis. The pupil must never be left unattended or sent to the school office unsupervised.

Severe Allergic Reactions and Anaphylaxis

Anaphylaxis involves the Airway, Breathing, and/or Circulation ('ABC') and represents a medical emergency. Symptoms include swelling of the throat/tongue, hoarse voice, difficulty swallowing, persistent coughing, wheezing, noisy/difficult breathing, dizziness, feeling faint, pale clammy skin, or collapse. In the event of anaphylaxis, staff must follow the Emergency Anaphylaxis Response Sequence immediately:

- **LAY THE PUPIL FLAT:** Immediately lay the pupil flat on the floor with their legs raised to maintain blood pressure. If breathing is highly difficult, allow them to sit up slightly, but DO NOT let them stand up, walk, or be moved to another room. Standing up during anaphylaxis can cause sudden, fatal circulatory collapse.
- **BRING HELP AND MEDICINE TO THE CHILD:** Immediately call for a trained first aider and dial 999 to request an ambulance, stating 'ANAPHYLAXIS'. Bring the pupil's prescribed AAIs (or the school's spare AAIs if theirs are missing or fail) and the emergency kit directly to the child. Never walk an anaphylactic child to the office.
- **ADMINISTER ADRENALINE FIRST:** Administer the AAI into the outer thigh (through clothing if necessary) without delay. Note the exact time of administration. Do not wait for emergency services or parental contact before giving adrenaline.
- **CONTINUOUS MONITORING:** Stay with the pupil. If there is no improvement or symptoms deteriorate after 5 minutes, administer a second dose of adrenaline using a second AAI (the partner device in the stocked pair).
- **EMERGENCY ADVICE AND CPR:** Follow any telephone instructions from the 999 operator. If the pupil stops breathing or shows no signs of life, a trained staff member must initiate CPR immediately.
- **AMBULANCE HANDOVER:** Upon arrival of the emergency services, provide paramedics with clear details of the known allergens, the suspected trigger, the exact times both adrenaline doses were administered and hand over the used AAIs for safe disposal.

DfE 'Good Faith' and Protection Clause

The school recognises that managing a life-threatening medical emergency puts staff under extreme pressure. In line with Department for Education guidance, all staff, volunteers and bystanders who administer emergency medication (adrenaline or salbutamol) or perform first aid in good faith are fully protected by law. Mistakes, hesitation, or imperfect technique in a life-saving situation do not amount to serious or wilful misconduct. The governing board and leadership team fully support staff acting reasonably, to the best of their ability, in an emergency.

Wellbeing and Prevention of Allergy-Related Bullying

Addressing Allergy-Related Bullying

Living with a severe allergy can induce high levels of anxiety, which is frequently compounded if a child feels singled out by safety measures. Allergy-related bullying represents a major safeguarding concern. Bullying behaviours include:

- **Deliberate Exclusion:** Intentionally using or bringing known allergens into activities to exclude a peer.
- **Harassment and Ridicule:** Teasing, denigrating, or making fun of a peer's dietary restrictions, medical devices, or physical symptoms.
- **Physical Threats:** Making threats of exposure, or attempting to force-feed known allergens to a pupil.

The school's Anti-Bullying Policy applies strictly to allergen-related incidents. Any threat of force-feeding or deliberate allergen exposure is treated as a severe disciplinary and safeguarding breach, requiring immediate intervention by the Headteacher and a formal safeguarding review.

Wellbeing and Reassurance Strategies

To foster an inclusive, supportive 'allergy aware' culture and reduce pupil anxiety, the school implements the following proactive measures:

- **Kitchen and Canteen Tours:** The school business manager will arrange personal canteen tours and kitchen meetings for all new starters with severe allergies, allowing them to meet the kitchen manager, get comfortable with the dining hall environment and reduce lunchtime anxiety.
- **School-Wide Education:** Assemblies and PSHE lessons will regularly educate pupils on allergies, emphasising that severe reactions are medical conditions requiring empathy and collective responsibility, countering the misconception that food restrictions are a lifestyle choice.

Serious Incidents and 'Near Misses' Framework

A critical learning from historical child fatalities in schools is the failure to record, investigate, and learn lessons from near-miss events or minor incidents. The school approaches all incidents in a strict 'no blame' spirit to encourage transparent reporting, address system vulnerabilities, and protect lives.

Definitions

- **Serious Incident:** Any event where a pupil, staff member, or visitor is harmed or placed at immediate, significant risk of harm due to their medical condition, including situations requiring emergency medication, urgent clinical intervention, or attendance by emergency services (e.g., Jonah experiencing anaphylaxis and being given adrenaline).
- **Near Miss:** An event that did not result in harm but had the clear potential to do so, where an error, omission, or system failure would have led to a serious incident had circumstances been slightly different (e.g., Rachel being served food containing her allergen, but querying it and having it removed before ingestion). Near misses are treated with the same gravity as serious incidents.

Recording and Investigating

Every serious incident or near miss must be recorded immediately in the school Accident Book and a formal report compiled by the SBM within 24 hours. The report must detail who was affected; what, when, and where it happened; why it occurred; how staff responded; whether emergency services were called; and how it concluded. The SBM and Headteacher will lead a prompt review to identify systemic issues, revise policies, and update the pupil's IHCP.

Statutory Reporting Paths

The school will execute the following reporting procedures immediately following a serious incident or near miss:

- **Parents and Carers:** Must be notified immediately via phone, followed by a copy of the incident report. They must be invited to contribute their views to the subsequent review.

- **The Governing Body:** The SBM/headteacher will submit formal reports of all incidents and near misses to the Governing Board at least termly, or immediately if a severe life-threatening reaction occurred.
- **Environmental Health (Local Authority):** Because the school operates as a food business, any allergen-related food safety incident (e.g., serving a declared allergen in error) must be reported to the local Environmental Health team under food safety laws, especially if unsafe food left immediate kitchen control.
- **Health and Safety Executive (HSE under RIDDOR):** Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, the school must report any incident arising directly from a school work activity (e.g., a staff member giving a child their allergen in error) that results in death or immediate hospitalisation for treatment.
- **Healthcare Professionals:** If the incident relates to a compromise or failure in delivering a care plan or action plan, the issuing clinical team must be notified immediately to review the child's medical management.

Staff Allergy Awareness Training and Inductions

Annual Whole-School Training

First aid certification is not sufficient to satisfy allergy safety requirements. All staff present when pupils are on site—including teachers, teaching assistants, peripatetic staff, catering teams, peripatetic coaches, and regular volunteers—must receive whole-school allergy awareness and emergency response training at least annually. Training will ensure staff:

- Understand that allergy is a multi-system spectrum that includes food allergy, eczema, asthma, and hay fever, which frequently co-exist.
- Recognise the symptoms of mild, moderate, and severe allergic reactions, and understand how quickly anaphylaxis can progress.
- Distinguish between food allergy, food intolerance and coeliac disease.
- Know how to access the Register of AAls, interpret Allergy and Asthma Action plans, and locate/administer emergency medications (AAls and salbutamol inhalers).
- Understand their direct responsibilities in minimising allergen exposure across the curriculum and school environment.

Inductions for New, Temporary, and Supply Staff

The SBM is responsible for ensuring that all newly appointed staff, long-term temporary staff, and supply/cover teachers receive a formal **Allergy Safety Induction** prior to taking their first class. This induction must cover the training via the National College, locations of emergency kits, the identities and IHCPs of highly sensitive pupils in their classes, and the emergency response sequence.

School Trips and Educational Visits

Pupils with allergies must be fully included in all school trips and educational visits. The school forbids barring a pupil from an activity purely due to their allergy. To manage risks safely during external visits:

- The trip leader must conduct a specific written risk assessment addressing the dietary and allergen safety of at-risk pupils.
- At least one adult trained in administering AAls and asthma inhalers must attend the trip.
- The pupil's prescribed medications (AAls and reliever inhaler) must be taken on the trip and carried securely at all times by a designated staff member. If a pupil's required life-saving medication is not present, they will not be permitted to attend the trip.

- The trip leader must carry two spare AAls on all trips to provide backup, ensuring this does not deplete the spare AAls stocked on the school premises.
- Where the trip venue cannot guarantee allergen-safe meal provision, the school will arrange for the pupil to carry a suitable packed lunch prepared under strict cross-contamination controls.



Annex A: Pupil Allergy Declaration Form

This form must be completed annually by parents/carers to ensure the school maintains accurate medical records. Please return to the school office immediately.

Name of Pupil:	
Date of Birth and Year Group:	
Name and Address of GP:	
Known Allergens:	
Symptoms of Allergic Reaction:	

Required Medical Attention:	
Medication Instructions:	
Control Measures / Avoidance:	
Is AAI Prescribed?	☐ Yes (Dosage: _____) ☐ No

Consent for School-Stocked Spare Devices

Adrenaline Auto-Injectors (AAIs): In the event of an emergency severe allergic reaction where my child's prescribed AAI is missing, broken, or fails, I consent to the administration of the school's spare AAI of the appropriate dosage.

☐ Yes, I consent. ☐ No, I do not consent.

Asthma Reliever Inhalers: If my child is diagnosed with asthma/prescribed a reliever inhaler, and their personal inhaler is missing, empty, or broken, I consent to the administration of the school's spare salbutamol reliever inhaler and spacer chamber.

☐ Yes, I consent. ☐ No, I do not consent. ☐ N/A (My child does not have asthma).

Name of Parent/Carer:	
Relationship to Child:	
Parent/Carer Signature:	Date: _____

Annex B: Individual Healthcare Plan (IHP) Template

This Individual Healthcare Plan (IHP) must be co-produced by the School Business Manager, parents, and relevant healthcare professionals. The completed plan is to be kept on the class medical file, with copies in the school office and kitchen.

Pupil Name and Photo:	[Place Child's Photo Here]
Date of Birth and Year/Class:	
Emergency Contacts (Name & Tel):	Primary: Secondary:
Staff Who Need to Be Aware:	Class Teacher, Teaching Assistants, Catering Staff, Midday Supervisors
Allergy Triggers and Diagnosis Status:	
Is Pupil Aware of Symptoms / Able to Alert others?	☐ Yes ☐ No ☐ Comments: _____
Allergy Management Plan:	Prescribed Medication: Storage Location: Adjustments Required:
Impact on Learning and Emotional Wellbeing:	Potential absence details: Wellbeing support:

Arrangements for Support at Mealtimes:	Wristband color: _____ Serving staff verification checks:
Educational Visits and Trips Protocol:	AAI lead on trip: _____ Backup AAIs carried: Yes / No
Emergency Response Actions:	Follow Attached BSACI Allergy Action Plan Emergency kit location: _____
Consent for Spare AAI and Spare Inhaler:	Spare AAI Consent: Yes / No / N/A Spare Asthma Inhaler Consent: Yes / No / N/A
Review and Authorisation:	SBM Signature: _____ Parent Signature: _____ GP/Clinician Name: _____ Review Date: September 2027

Annex C: Monthly Medicine Checking Log

This log must be completed monthly by Michelle Waterman or Lee Singleton. Record physical checks of all emergency kits (both prescribed and school-stocked 'spare' devices). Any expired or damaged devices must be disposed of safely in the sharps bin and replacements ordered immediately.

Date Checked	Storage Location	AAIs present & in-date? (Batch / Expiry)	Spare Inhalers present?	Checked By (Signature)
	☐ School Office ☐ Staff Room ICT SUite	☐ Spare AAI Pair 0.15mg ☐ Spare AAI Pair 0.30mg Exp Dates: _____	☐ Inhaler ☐ Spacer Exp: _____	
	☐ School Office ☐ Staff Room ICT SUite	☐ Spare AAI Pair 0.15mg ☐ Spare AAI Pair 0.30mg Exp Dates: _____	☐ Inhaler ☐ Spacer Exp: _____	
	☐ School Office ☐ Staff Room ICT SUite	☐ Spare AAI Pair 0.15mg ☐ Spare AAI Pair 0.30mg Exp Dates: _____	☐ Inhaler ☐ Spacer Exp: _____	
	☐ School Office ☐ Staff Room ICT SUite	☐ Spare AAI Pair 0.15mg ☐ Spare AAI Pair 0.30mg Exp Dates: _____	☐ Inhaler ☐ Spacer Exp: _____	
	☐ School Office ☐ Staff Room ICT SUite	☐ Spare AAI Pair 0.15mg ☐ Spare AAI Pair 0.30mg Exp Dates: _____	☐ Inhaler ☐ Spacer Exp: _____	
	☐ School Office ☐ Staff Room ICT SUite	☐ Spare AAI Pair 0.15mg ☐ Spare AAI Pair 0.30mg Exp Dates: _____	☐ Inhaler ☐ Spacer Exp: _____	